



## Special Interests Funding Application

Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Person Completing Information: \_\_\_\_\_

### At a Glance Summary

Amount Requested (FY16/17):	_____	Amount Granted (FY15/16):	_____	Amount Requested (FY15/16):	_____
-----------------------------	-------	---------------------------	-------	-----------------------------	-------

Narrative of Request/Scope of Service Provided: \_\_\_\_\_

---

---

---

---

Explain Reason(s) for Increase/Decrease in Funding Request: \_\_\_\_\_

---

---

---

Total Number of Individuals Receiving Service: \_\_\_\_\_

Number of Coppell Residents Receiving Service: \_\_\_\_\_

Percentage of Coppell Residents vs. Total Number Receiving Service: \_\_\_\_\_

Total Operating Budget:	Prior Year:	Current Year:	Proposed:
_____	_____	_____	_____

Dollar Value of Services Provided to Coppell Residents: \_\_\_\_\_

Percentage of Operating Budget From Coppell: \_\_\_\_\_

Overhead Percentage: \_\_\_\_\_

Number of Persons in Organization: Employees: \_\_\_\_\_ Volunteers: \_\_\_\_\_

501.c.3/Non-Profit Number: \_\_\_\_\_



## Special Interests Funding Application (Page 2)

The following three questions may require additional space or documentation. Please submit that with the application in a standardized format.

Please provide the organization's mission statement and list the services, programs, and/or aid that directly benefits the citizens of Coppell.

---

---

---

Describe the long-term financial plan for the organization as it relates to outside funding; specifically outline any fundraising, sustainability plans, or partnerships, including Coppell.

---

---

---

Provide an anticipated time frame for the funding requests to increase, decrease, or cease as it relates to the organization's long-term financial goals.

---

---

---

---

Partner Cities/Agencies	Amount	Percentage of Funds Received	Percentage of Svcs. Rendered
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

To the best of my knowledge, the information submitted accurately reflects the financial status of the requesting organization.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_