



Town of Flower Mound
Community Support Funding Application: Social Services
FY 2019-2020
DUE: January 15, 2019

Your responses must be completed in the space provided. Do not modify these spaces and do not use "See Attached," as it could result in the form being considered incomplete. Always verify that your entire response is completely contained in the boxes provided. Please note that the Town also retains the right to review the organization's books upon request.

GENERAL INFORMATION

NAME OF ORGANIZATION:

ADDRESS:

DIRECTOR'S NAME:

DIRECTOR'S TITLE:

DIRECTOR'S EMAIL:

DIRECTOR'S PHONE:

TAX ID NUMBER:

YEAR ESTABLISHED:

GRANT CONTACT (NAME AND EMAIL):

GRANT REQUEST

TOTAL GRANT AMOUNT REQUESTED:

BRIEF DESCRIPTION OF REQUEST (TWO SENTENCES MAXIMUM):

FY 2018-2019 APPROVED BUDGET AMOUNT:

FY 2018-2019 AMOUNT CONTRIBUTED BY THE TOWN:

FY 2018-2019 ACTUAL EXPENDITURES:

RESERVE LEVEL (MOST RECENT YEAR END):

IF RESERVE LEVEL IS MORE THAN 6 MONTHS, PLEASE EXPLAIN:

ARE OTHER FUNDS AVAILABLE FOR THIS REQUEST?

FY 2019-2020 PROPOSED BUDGET AMOUNT:

FY 2019-2020 AMOUNT REQUESTED FROM THE TOWN:

% OF TOTAL BUDGET:

STATISTICS ON SERVICE LEVELS PROVIDED TO THE TOWN OF FLOWER MOUND

OF TOTAL SERVICES PROVIDED TO FLOWER MOUND RESIDENTS:

% OF TOTAL SERVICES PROVIDED TO FLOWER MOUND RESIDENTS:

EXPLANATION:

DESCRIPTION OF REQUEST

Define the “who, what, where, and how” of the request. Include a timeline when applicable.

ANTICIPATED BENEFITS TO TOWN/ JUSTIFICATION OF THE REQUEST

BRIEF ORGANIZATION DESCRIPTION

Describe the mission and activities of the organization, and explain how your request fits in with your mission.

HOW DID THE ORGANIZATION PERFORM IN RELATION TO THE GOALS LISTED FOR ITS MOST RECENT COMPLETED FISCAL YEAR?

GOALS AND OBJECTIVES FOR FY 2019-2020

ADDITIONAL INFORMATION

Provide any other information that may be pertinent to this request but was not stated in previous questions.

ATTACHMENTS

1. IRS DETERMINATION LETTER FOR MOST RECENT FISCAL YEAR
 2. FORM 990
 3. AUDITED FINANCIAL STATEMENT, CPA REVIEW FOR MOST RECENT FISCAL YEAR
 4. BUDGET FOR CURRENT FISCAL YEAR OR PROPOSED BUDGET FOR UPCOMING FISCAL YEAR
 5. LIST OF OTHER FUNDS AVAILABLE FOR THIS REQUEST
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OFFICER'S SIGNATURE: _____ DATE: _____