

**Houston Foundation  
Funding Request Form**

Date:

**Part I.**

Name of Organization

Address

Contact person: Name/Position/Phone

Telephone:

Fax:

Email:

Type of Non-profit:

Date Received 501(c)(3) Status:

Service agency provides:

Current Annual Budget

\$

Major Funding Sources and Amount

\$

\$

\$

\$

\$

\$

\$

\$

\$

(use additional page if necessary)

Part II.

From latest complete budget year:

Total salaries (including benefits)

Number of paid employees

Fund raising expenses

Number of years Executive Director has been in position

Brief project description

Total project cost

Amount of this request

(Detailed project/program budget and funding should be included with proposal)

Purpose of Requested Funding:

Expected Outcome of Project:

Estimated percent of clients who are over age 55:

Estimated percent of clients in City:

in Harris County

Estimated number of clients served per year

References: Name/Title/Address/Phone

1)

2)

3)

The undersigned warrants that all information provided in this application is true and correct.

Signed:

Date:

Print Name: