



2024-2025 NONPROFIT ASSISTANCE APPLICATION

Name of organization: _____ Tax ID Number: _____

Executive Director Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Fax: _____

Web Site: _____

Grant Contact Name: _____ Title: _____

Email: _____ Telephone: _____

Program title: _____ Program date(s): _____

Grant request for 2024-2025: \$ _____

Previous grants requested: 2023-24: \$ _____ 2022-23: \$ _____ 2021-22: \$ _____

Previous grants received: 2023-24: \$ _____ 2022-23: \$ _____ 2021-22: \$ _____

Number of paid staff: _____ Number of volunteers: _____

Tax Exempt: Yes No

Required to file form 990: Yes No If yes, please attach a copy or provide a link to the most recently filed 990: _____

ORGANIZATION DESCRIPTION: Provide a brief description of your organization, including a summary of mission statement and/or objectives.

PROGRAM DESCRIPTION: Provide a brief description of the program you are requesting funds for.



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	FISCAL YEAR 2023 BUDGETED	FISCAL YEAR 2024 PROJECTED
Total Operating Revenues:	\$ _____	\$ _____
Total Operating Expenses:	\$ _____	\$ _____

What percentage of the organization's annual revenues does this grant request represent? _____

Please quantify the number of residents your agency provided services for:

In the current year: _____ Next year: _____

Were the services that you provided in Addison successful? How can your efforts be evaluated?

Describe the impact of services if only partial funding is made available:

Has your organization received or is now receiving any in-kind support or other payments from the Town of Addison? Yes No If yes, please explain:

If applicable, who is the City Council member that is assigned as a liaison to your organization? In what ways do you keep him/her informed of activities within your organization?

I certify that the above information is correct and true to the best of my knowledge.

Name and Title (please print) Date

Signature



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In addition to a completed application, the following attachments must be submitted with this application:

1. A cover letter on your letterhead.
2. A completed and signed application form.
3. A current list of business and foundation donors with their contribution level.
4. Operating budget from the current year and proposed for next year.
5. *A copy of the organization's most current audited financial statements from an independent accounting firm.
6. A copy of your organization's nonprofit 501(c)(3) status.
7. A list of the members of your board of directors; including names, titles and affiliations.
8. A copy of the most recently filed form 990 if required to file and link not provided in application
9. Any additional documentation that would provide additional information about your organization.

**For Organizations with annual gross receipts less than \$500,000:*

- *Must provide Compilation report or most current annual financials prepared by an accountant or financial officer of the Organization.*

Grant applicants may be requested to provide a Compilation report. If needed, contact Ismael Villalta regarding the process and requirements before submitting an application.

Send completed applications to:

**Town of Addison
Finance Department
Attn: Ismael Villalta
5350 Belt Line Road
Dallas, TX 75254**

For questions, please contact:

Ismael Villalta
Accounting Manager
ivillalta@addisontx.gov
(972) 450-7071