

FY 2020-21 NON-PROFIT FUNDING APPLICATION

*Applications must be received by the City Secretary by noon, May 15, 2020.
Application must be completed in its entirety to be considered*

AGENCY/ORGANIZATION INFORMATION

Name of Agency/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

E-mail address: _____

Phone #: _____ Fax: _____

PROJECT/PROGRAM INFORMATION

Program Title: _____

Amount of Funds Requested: \$ _____

Program Status (Check One): Existing Program Program Expansion New Program

Briefly describe the program: _____

Describe the services the program provides and what public service is being met: _____



If requested funds are used for matching funds or a match requirement, identify source and amount:

Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

Define the following terms as used by your agency:

Direct Clients: _____

Indirect Clients: _____

Number of clients served yearly: _____ Direct Clients _____ Indirect Clients

Total Number of Direct Clients served only in Elgin (should equal #7 A on questionnaire): _____

Does program participation depend upon income or any other _____ Yes* _____ No
determination of eligibility?

* If Yes, please attach a copy of the eligibility guidelines. If a sliding scale is used, attach a copy of the scale used.

****A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH PROGRAM REQUESTING FUNDING.**

SUBMITTED BY

APPROVAL

Signature of Executive Director

Signature of Board President

Printed name of Executive Director

Printed name of Board President

Date

Date



310 North Main Street
P.O. Box 591
Elgin, Texas, 78621



(512) 285-5721



www.elgintx.com

**NON-PROFIT FUNDING ADVISORY COMMITTEE
FY2020-21 FUNDING QUESTIONNAIRE**

Must be submitted with the 2020-2021 Non-Profit Funding Application

RESPONSES SHOULD BE TYPED AND NOT EXCEED 75 WORDS PER QUESTION.

1. What is the agency's mission?

2. What are the goals and objectives of the program for which you are requesting funding?

**3. How will you know you met these goals by the end of the funding year?
(Give examples of objective performance measures.)**

4. If requesting funding for a salary, describe the activities of this position?

5. What are your plans to sustain this program?



310 North Main Street
P.O. Box 591
Elgin, Texas, 78621



(512) 285-5721



www.elgintx.com

6. Describe any differences between the way you had proposed spending last year's allocation and the way you actually spent it? (Please provide supporting documentation showing how the funds were spent, if applicable.)

7. Number of unduplicated individuals to be served for FY2020-2021 and the number served in the previous fiscal year (October - September), if applicable, in the following areas and the amount of funding received from these areas:

| Source | # FY19-20 | # FY20-21 | Funding Level |
|--|-----------|-----------|---------------|
| Elgin | | | \$ |
| Bastrop | | | \$ |
| Smithville | | | \$ |
| Bastrop County | | | \$ |
| Outside County | | | \$ |
| Total of individuals served in all areas: | | | |

8. Provide information regarding your Board of Directors, how they are selected and how often they meet attendance figures.

9. What additional funding is your agency requesting for this project? (Please include the funding source(s), both definite and potential, and amounts.)

