

**NEIGHBORS AND FRIENDS OF TABLE ROCK LAKE
NONPROFIT SERVICE AGENCY
2015 APPLICATION FOR FUNDS**

NAME OF AGENCY: _____

WEB SITE ADDRESS: _____

ADDRESS: _____

EMPLOYER IDENTIFICATION NUMBER (EIN): _____

CONTACT PERSON/TITLE: _____ / _____

PHONE: _____ EMAIL: _____

AGENCY/SERVICE INFORMATION

AGENCY MISSION: (maximum 50 words) _____

WHO DOES YOUR AGENCY SERVE: _____

COUNTIES IN SERVICE AREA: _____

NUMBER OF CLIENTS SERVED (MONTHLY/ANNUALLY): _____

USAGE OF FUNDS

PROPOSED USE OF FUNDS: (maximum 50 words) _____

NUMBER OF CLIENTS YOU EXPECT TO SERVE WITH OUR FUNDS: _____

HAVE YOU RECEIVED FUNDS FROM US IN THE PAST: _____

WHEN: _____

HOW DID YOU USE THESE FUNDS: _____

FUNDING SOURCES

BRIEFLY DESCRIBE YOUR FUNDING SOURCES: _____

PERCENTAGE OF BUDGET USED FOR ADMINISTRATION: _____

PERCENTAGE OF BUDGET USED FOR CLIENT NEEDS & SERVICE: _____

PERCENTAGE OF BUDGET COMING FROM DONATIONS: _____

VOLUNTEERS

DOES YOUR AGENCY HAVE NEED FOR VOLUNTEERS: _____

DESCRIBE: _____

DO YOU HAVE TRAINING SESSIONS: _____

COUNSELORS

DOES YOUR ORGANIZATION HAVE COUNSELORS: _____

IF SO, DO YOU REQUIRE COUNSELING TO RECEIVE YOUR SERVICES: _____

WHAT QUALIFICATIONS & DEGREES DO YOU REQUIRE FOR YOUR COUNSELORS? _____

ADDITIONAL REQUIREMENTS:

TO BE CONSIDERED FOR FUNDING, THE FOLLOWING ADDITIONAL INFORMATION MUST BE INCLUDED WITH THIS APPLICATION:

1. LETTER CERTIFYING 501(c)3 TAX-EXEMPT STATUS
2. FINANCIAL STATEMENTS FOR THE AGENCY'S PRIOR FISCAL YEAR.

Please note that Financial Statements should consist of the following: (1) A balance sheet that details all assets, liabilities and net assets. Net assets should reflect the amount of any temporarily or permanently restricted funds. (2) An income or operating statement detailing revenues and expenses. If such revenue and expenses can be further broken down into monies received and expended for programs, events/fundraising, and administrative, it is most helpful.

PLEASE USE THE SPACE BELOW FOR ANY OTHER INFORMATION THAT MIGHT BE HELPFUL FOR OUR ORGANIZATION TO KNOW.

**Deadline for application is Saturday, August 1, 2015
Applications must be postmarked on or before August 1, 2015.**

**Return Application to:
Neighbors and Friends of Table Rock Lake, Inc.
Attn: Service Committee
PO Box 64
Kimberling City, MO 65686**

Name of person who prepared this application: _____ Date: _____

Phone: _____ E-mail: _____

**** Agencies eligible for funding consideration will be posted on the Neighbors and Friends website by November 1st, 2015.*