



AID THE
HOMELESS, INC.

Funding Application

2850 Farrell Crescent Drive
Owensboro KY 42303
(270) 685-4977

aidthehomeless.com

1.) BASIC INFORMATION

Name of non-profit organization: _____

Address: _____

Contact name: _____ Contact position: _____

Contact information: email _____ Phone _____

Applicants tax exempt status: _____

2.) SERVICE INFORMATION

A.) How many clients can/does your organization serve? _____

B.) Do you serve distressed clients? _____

C.) If you provide meals, how many do you feed per day? _____

D.) What/how many days are meals served? _____

E.) How many per day? _____

F.) How many beds does your organization provide daily? _____

G.) Do you provide either of the following opportunities (select all that apply)?

_____ Counseling _____ Educational Opportunities _____ Career Guidance

H.) Who does your organization provide for (select all that apply)?

_____ Families _____ Men _____ Women _____ Other (describe) _____

I.) How many potential clients can/does your organization turn away daily? _____

J.) What is the reason for turning potential clients away? _____

K.) Do you have future plans to accommodate these potential clients? _____

L.) What is the most important priority for your nonprofit to address over the next 12 months? _____

3.) FUNDING INFORMATION

A.) Do the clients pay for any of your organizations services? _____

B.) Do you receive government funding for your services? Please explain. _____

C.) What percentage of your organizations budget are government funds? _____

D.) How are the monies you receive utilized? _____

E.) Do you see the number of clients using your service increasing/decreasing in the future? _____

F.) Does your organization have a strategic plan to address funding for the future? _____

G.) Does your organization have a program plan to address services? _____

H.) Are your Board of Directors and staff knowledgeable about the fundraising process and their roles in the organization? _____

I.) Does your organization evaluate annually its activities to determine progress toward funding goals? _____

J.) What is the outcome of your latest evaluation? _____

K.) What agencies or projects are doing similar work and how are you different? _____

L.) How do board members contribute? _____

M.) Please provide the following; Budget Statement, Funding Sources percentages – Grants, Event Income, Board Contributions, other sources. Is there any additional information you would like to provide? _____

Please attach your most recent 990.