



# Funding Application

**Basic Information**

Name of organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact name: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicants tax exempt status: \_\_\_\_\_

Website/Facebook page: \_\_\_\_\_

**Service Information**

1 a. How many clients can your organization serve? \_\_\_\_\_

b. How many clients did your organization serve in the last 6 months? \_\_\_\_\_ In 2020? \_\_\_\_\_

2. Do you serve distressed clients? \_\_\_\_\_

3 a. If you provide meals, how many clients do you feed per day? \_\_\_\_\_

b. What/how many days are meals served? \_\_\_\_\_

4 a. Do you provide overnight shelter? \_\_\_\_\_

b. If yes, how many beds does your organization provide daily? \_\_\_\_\_

c. How many beds are occupied on average each day? \_\_\_\_\_

5. Do you provide any of the following services? (select all that apply)

\_\_\_\_\_ Counseling    \_\_\_\_\_ Educational Opportunities    \_\_\_\_\_ Career Guidance

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

\_\_\_\_\_ Families    \_\_\_\_\_ Men    \_\_\_\_\_ Women    \_\_\_\_\_ Other (describe) \_\_\_\_\_

7 a. How many potential clients does your organization turn away daily? \_\_\_\_\_

\_\_\_\_\_

b. What is the reason for turning potential clients away? \_\_\_\_\_

\_\_\_\_\_

c. Do you have future plans to accommodate these potential clients? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. What is the most important priority for your nonprofit to address over the next 12 months? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Funding Information**

- 1 a. Do the clients pay for any of your organization's services? \_\_\_\_\_  
b. If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
- 2 a. Do you receive government funding for your services? Please explain. \_\_\_\_\_  
\_\_\_\_\_
- b. If yes, what percentage of your organization's budget is government funds? \_\_\_\_\_
- c. How are the government monies you receive utilized? \_\_\_\_\_

**Organization Outlook**

- 1 a. Do you see the number of clients using your service increasing/decreasing in the future? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. Does your organization have a strategic plan to address funding in the future? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Does your organization have a program plan to address services? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3 a. How does your organization evaluate its activities to determine progress toward funding goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. What is the outcome of your latest evaluation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What agencies or projects are doing similar work and how are you different? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please attach a yearly balance sheet.  
More financial information may be requested.