# EXHIBIT B

## Houston Foundation Funding Request Form

Name of Organization:

Physical Address of Organization:

Contact Person Name: Contact Person Position:

Contact Telephone Number:

Fax:

Contact Email: Type of Non-profit: Date Received 501(c)(3) Status:

Service Agency provides: Current Annual Budget $

|  |  |
| --- | --- |
| **Major Funding Sources and Amount** | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
| (use additional page if necessary) | **$** |
| **From recently completed budget year:** |  |

Total Salaries (including benefits):

1 Revised 12.21.22

Continuation - Organization Name:

Number of Paid Employees: Fundraising expenses: Number of years Executive Director has been in position:

Brief Project Description:

Total project cost: Amount of this funding request:

***(Attach details of funding amount requested with this proposal)***

Purpose of Requested Funding:

Expected Outcome of Project:

Overall number of clients your agency serves per year: Number of clients serving for this project:

Percentage of clients servicing for this project that resides in the Houston city limits: Percentage of clients servicing for this project over age 60 that resides in the Houston City limits:

Continuation - Organization Name**:**

**References: (Name/Title/Address)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Title** | **Address** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

Were you referred by a Houston Foundation Board Member? (Yes or No)

*If Yes, please provide Board Member’s name:*

Acknowledgement: I attest that the information we have provided above is accurate and that I have read and understand the process and requirements for obtaining this award.

**Signature:**

**Print Name:**

**Date:**

Eligibility Questionnaire

1. Does your organization have an IRS Tax Determination Letter that qualifies the organization for a tax exemption under the IRS Code Section 501(c)(3). If yes, please attach a copy.

Yes No

1. Under your 501(c)(3), is your organization classified as:

Private Foundation Public Charity

Other – Please explain:

1. Have your organization ever been reported to the regulatory non-profit body?

Yes No

If yes, please identify:

1. Does your organization exclude based on race, color, gender, religion, sexual orientation, national origin, age or disability?

Yes No

Organization Name:

Signature:

Printed Name:

Date: