Date:		



Organization Funding Request

Please answer all questions carefully and provide additional information if necessary. You may attach additional pages to this application if needed.

Organization name:	
Date Established:	
Full Address:	
Telephone Number:	
Fax Number:	
Email Address: Website Address:	
Person in Charge and Title:	
How did you learn about Houston Children's Charity? (Please list organiza name:	tion
Does your organization come under a Local Authority, Management Comm controlling body? Yes No	nittee, Board or other
If yes, please explain	
If no, how is the organization financed?	

Is there an active Parent/Teacher/Friends Association? Yes No How many children are in your care or receive your services? Now:	Who refers children to your organization?		
Now: In 12 months: Please state physical age range, broken into the following – stating number of 0 – 5 years 5 – 11 years 11 – 18 years 18 + years Is your facility a residential facility? Yes No If yes, how many children reside at your facility? From what handicaps do the children suffer? Is your organization a 501 (c)(3)? Yes No How did you learn about Houston Children's Charity?	Is there an active Parent/Teacher/Friends Association?	Yes	No
In 12 months: Please state physical age range, broken into the following – stating number of 0 – 5 years 5 – 11 years 11 – 18 years 18 + years Is your facility a residential facility? Yes No If yes, how many children reside at your facility? From what handicaps do the children suffer? Is your organization a 501 (c)(3)? Yes No How did you learn about Houston Children's Charity?	How many children are in your care or receive your ser	rvices?	
Please state physical age range, broken into the following – stating number of 0 – 5 years	Now:		
0 – 5 years	In 12 months:		
5 – 11 years	Please state physical age range, broken into the followi	ng – stating n	umber of each.
If yes, how many children reside at your facility? From what handicaps do the children suffer? Is your organization a 501 (c)(3)? Yes No How did you learn about Houston Children's Charity?	5 – 11 years 11 – 18 years		
From what handicaps do the children suffer? Is your organization a 501 (c)(3)? Yes No How did you learn about Houston Children's Charity?	Is your facility a residential facility? Yes	No	
Is your organization a 501 (c)(3)? Yes No How did you learn about Houston Children's Charity?	If yes, how many children reside at your facility?		
How did you learn about Houston Children's Charity?	From what handicaps do the children suffer?		
How did you learn about Houston Children's Charity?			
	Is your organization a 501 (c)(3)? Yes	No	
What type of assistance are you requesting of Houston Children's Charity?	How did you learn about Houston Children's Charity?		
What type of assistance are you requesting of Houston Children's Charity?			
	What type of assistance are you requesting of Houston	Children's Ch	narity?

No

Is the organization a United Way Agency? Yes

In applying for financial aid, I certify that the statements contained herein are true and correct and that I have filled out the application in sufficient detail so that it will not be misleading. Houston Children's Charity is authorized to obtain any information, which it deems necessary for the review of my application, and by the signing of this application.

Signed	Title
Please print name	
•	

Please forward completed application along with a copy of your $\underline{\text{current financial statement}}$ $\underline{\text{and } 501(c)3 \text{ status}}$ and return to:

Houston Children's Charity 1600 West Loop South, Suite 610 Houston, TX 77027 Phone: 713-524-2878

Fax: 713-524-3199