

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 organization name): _____

Does your organization come under a Local Authority, Management Committee, Board or other controlling body? Yes No

If yes, please explain _____

If no, how is the organization financed? _____

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 **current financial statement and 501(c)3 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
