

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:			
Is your organization a 501 (c)(3)?	Yes	No	
Date Established:		-	
Full Address:			
Telephone Number:			
Organization Leader's Name and Title:			
Email Address:			
How did you learn about Houston Child name):	-	•	
Does your organization come under a Locontrolling body?	ocal Authority Yes	, Managemen No	at Committee, Board or other
If yes, please explain			
If no, how is the organization financed?			

Is the organization a United Way Agency? Yes No
Who refers children to your organization?
Is there an active Parent/Teacher/Friends Association? Yes No
How many children are in your care or receive your services annually?
Now:
In 12 months:
Please provide number of children served annually by age range.
0 – 5 years 6 – 11 years 12 – 18 years >18 years
Does your organization operate a residential facility? Yes No
If yes, how many children reside at your facility?
From what handicaps do the children suffer?
What type of assistance are you requesting of Houston Children's Charity? Operating Program Capital Amount of request: \$ Please describe WHY you are requesting assistance and HOW it will be used.

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

Signed	Title
Please print name	
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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