Additional Information Requested by The Long Foundation

Name of Organization: Date: 

Organization’s business year ends as follows (please check one):
☐ Calendar Year End (December 31)
☐ Fiscal Year End, which occurs on the following date: 

Are you a 501(c)(3) organization? Yes ☐ No ☐
If no, has your organization submitted its IRS form 1023? Yes ☐ No ☐
If yes, when was the IRS form 1023 submitted:
If no, are you a government organization: Yes ☐ No ☐

Indicate by marking below all of the categories that define your organization’s goals toward benefiting Texas Hispanic Youth:

☐ Promoting ongoing relationships with caring adults – parents, mentors, teachers, tutors, coaches, etc.;
☐ Providing safe places with structured activities during non-school hours;
☐ Promoting healthy starts and futures;
☐ Providing marketable skills through effective education; and/or
☐ Providing opportunities to give back through community service.

Total annual budget of your organization for the current year: $ 

Organization’s actual cost or expenses for the prior year: $ 

Total annual budget for the program or project for the current year (if applicable): $ 

Program or project’s actual cost or expenses for the prior year (if applicable): $ 

Specific time period for funds being requested: 

Total number of youth being served or expected to be served by the program or project during the year for which funding is being requested:

Number of Hispanic youth being served or expected to be served by your program or project during the year for which funding is being requested:

Administrative cost or expense as a percentage (%) of your organization’s total operating cost or expense during its most recent complete year of operation: %

Fundraising cost or expense as a percentage (%) of your organization’s total operating cost or expense during its most recent complete year of operation: %
What percentage (%) of your organization’s operating funds are collected or raised from your organization’s local community (i.e., within 30 miles of the organization): %

Amount of Endowment (if any): $

Total Reserves (if any): $

Total Debt (if any): $

Estimated number of youths served by your organization (if applicable):

Estimated number of youths served by this program or project (if applicable):

Estimated cost per youth served by your organization (if applicable): $

Estimated cost per youth served by this program or project (if applicable): $

Please provide the names of at least three other current or prior funders and the size of their donations:

(Please note that a Microsoft Word version of this Additional Information form is available by e-mail upon request. Request should be addressed to mitchell@longfoundation.org.)