

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.)