Request for **Capital Improvement** Funding

Preview of information requested in full application

Please note: This document is provided to prospective applicants for preview purposes only.

We will review and reply to applications submitted via GivingData in accordance with our application process as explained on our website. Please note that if you use other methods to provide information or request funding, you are unlikely to receive a response.

For more information, please see [www.houstonendowment.org/applicant-information/how-to-apply/](https://www.houstonendowment.org/applicant-information/how-to-apply/)

**All entries marked with \* are required.**

Organizations completing an application for funding from Houston Endowment will be asked to provide the following information as part of the application process. Please ensure you have the most current version of the information requested below.

**General Organization Information**

\*Legal Name

\*Doing Business As

\*Tax ID (EIN)

\* Primary Phone

Fax

\*Website Address

\*Mailing Address

Mailing Address Line 2

\*City

\*State

\*ZIP Code

Physical Address Line 1 (optional, enter if different from mailing address)

City

State

Zip Code

**Your Work**

*Please limit responses to 8-10 sentences.*

Describe the organization's mission.

Describe the organization's vision.

\*Summarize the organization's goals and work.

\*Describe the organization's most significant achievements over the last three years.

\*Areas Served: select from the following:

Houston Area, Brazoria County, Chambers County, Fort Bend County, Galveston County, Harris County, Liberty County, Montgomery County, Waller County

**Management & Board Contact Information**

*Contacts require full name, title, email, and phone. If your organization does not disclose board contact information, please enter the phone number and email address of your organization for the board members' phone and email.*

\*CEO/Executive Director

\*Primary Contact for Request

\*Governing Board’s Primary Contact

\*Names of Governing Board (may enter contact information, if available)

**Board Information**

\*How many times a year does your board meet?

\*What was average board meeting attendance rate during the last fiscal year?

\*What is the maximum number of years a member may serve consecutively?

\*Specify any members of your board who are related to your organization's CEO/Executive Director.

\*Does your organization have a board-approved Conflict of Interest policy?

\*What total amount did your board members contribute in the last fiscal year?

\*What percentage of your board members made a cash contribution in the last fiscal year?

Does your organization have any of the following committees?

Audit, Executive, Fund Development, and/or Governance

List any other committees not specified in the above list.

**Organization Budget and Funding Information**

General Operating Budget for the most recently completed fiscal year:

\*Budget Summary

\*Fiscal Year Ending

\*Revenue

\*Expenses

\*Data Source

\*Notable Sources of Revenue, if available.

*These sources may include, but are not limited to, government grants, foundation grants, United Way allocations, earned income, investment income, proceeds from special events and individual contributions. If you have many small donors, provide an approximate count and aggregate amount (e.g., 36 individual donors; $12,500). If you are unsure where a source belongs, include it in the Contributions section with a clear description in the “name” field.*

*Please provide a clear description of each source (e.g., United Way of Greater Houston, ABC Foundation, Membership Revenue, Rental Income, City of Houston HOT Funds, State of Texas Farm and Ranch Lands Conservation Program) along with the amount granted.*

\*Notable Sources of Revenue: (enter “None” and “0” if this does not apply)

* Foundation Support
* Contributions
* Earned Income
* Public Support

\* Notable Expenses

\* Describe the financial and operational plans that ensure your organizational sustainability over the next three to five years.

\* Most recently filed IRS Form 990 or other relevant financial statements.

Most recently audited financial statements.

\* Organizational budget for the current fiscal year

**Project Budget and Funding Information** *Enter at least one year.*

\*Project Year: \*Revenue, \*Expenses, \*Requested Amount

\*Notable Sources of Revenue: (enter “None” and “0” if this does not apply)

* Foundation Support
* Contributions
* Earned Income
* Public Support

\* Notable Expenses

**Capital Improvement Project Information**

\* Project Title

\* How many months of support are you requesting?

\* Describe this capital improvement project.

\* Why is this something the community needs?

\* What are the specific results that you aim to achieve?

\* What steps or activities are critical to the overall success of this project?

\* How will you measure success?

\* Describe the stakeholders and community partners with whom you work.

\* Identify any possible conflicts of interest with all parties involved in this project.

*Parties may include but are not limited to partners, intermediaries and/or stakeholders, and those that have current or pending employment or contracts with your organization.*

\* If resources will be required beyond the term of the grant, how will you sustain this effort?

Project Budget: Upload if available, any format: Word, PDF, etc.

\* What impact will this capital improvement request have on your ongoing operating budget? If there are increased costs, how will you pay for them?

Upload Additional Documents: *You may upload any additional documents you would like us to review.*