**AILA Texas/New Mexico/Oklahoma Chapter GRANT/FUNDING REQUEST FORM**

**General information about applicant and applicant’s contacts**

**Legal name of organization:**

**DBA (if applicable):**

**Mailing address, City, State, and Zip:**

**Phone: Fax:**

**Website: EIN:**

**Name of CEO or Executive Director:**

**Phone: Email:**

**Application contact and title** (if *not* the CEO or Executive Director)**:**

**Phone: Email:**

**Organization information**

**Mission statement:**

**Geographic area served** (specific to this proposal)**:**

**Description of populations and communities served:**

**Tax exemption status: Number of board members: Year founded:**

501(c)(3)

Other than 501(c)(3), describe:

**Number of employees: full-time**  **part-time volunteers**

**Funding/ Grant Request Information**

**Type of funding/grant requested** (select one)**: Amount of request**: $

* General operating support
* Program support
* Capital request
* Other

**For requests other than general operating support, describe what the grant will be used for:**

**Financial Information**

**Organization’s (please provide the program budget/financials/sources of income if your program is included under the tax return of a national organization but is not fully funded by the national organization) current budget for fiscal year ending:**

**Income: Expenses: Fiscal year (**dates**):**

**AND, if other than a general operating request,**

**Program or capital budget: Dates: from to**  **Income:** **Expenses:**

**Besides funding your grant request, what other assistance may our AILA Chapter provide to your organization?**

**I have read and understand the information contained in this application package and its attachments. By signing below, I certify that the information contained in this application package and its attachments is true and correct.**

**Full Name of CEO/Executive Director Date**