



## **CHARITABLE CONTRIBUTIONS AND NON-PROFIT FUNDING APPLICATION**

The City of Lago Vista evaluates funding applications for projects and programs that address community needs.

Applications are due by **June 30<sup>th</sup> of each year**. Deliver the completed application to the Finance Department located at 5803 Thunderbird Street, Lago Vista, TX, 78645. Applications will be provided to the Council for review and to determine the amount of funding during the budget process. If you have any questions or need additional information, please contact the City Secretary.

**Please provide information on all funding sources for your proposed budget so that the City can evaluate this information.**

The City of Lago Vista accepts funding requests for projects or programs that meet one or more of the following:

- Are likely to have an impact on the quality of life of a substantial number of people in the Lago Vista community.
- Address issues or problems that the City of Lago Vista as a governmental agency does not currently address.
- Propose practical ways to address community issues and problems.
- Stimulate others to participate in addressing community problems.
- Are cooperative efforts and minimize or eliminate duplication of services.
- Are sustainable over time.

There are restrictions on the scope of the activities the City of Lago Vista can support. In general, the City does NOT provide funding for:

- The use of and payment for services of a fiscal agent.
- Endowment funds.
- Religious organizations for religious purposes.
- Fundraising activities or events.
- Umbrella funding organizations that intend to distribute funds at their discretion.
- Political lobbying or legislative activities.
- Brick and mortar projects.



**City of Lago Vista  
Charitable Contribution and Non-Profit  
Funding Application**

Name of Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Project Title: \_\_\_\_\_

Amount of Funds Requested: \_\_\_\_\_

Project Status: (check one)    ☐ Existing                      ☐ Expansion                      ☐ New

**Briefly describe the program:**

**Describe the services the program provides:**

If organization received support from the City of Lago Vista previously, provide the following information:

Year Received:	_____	Dollar Amount	_____
Project Supported	_____		

## Charitable Contributions and Nonprofit Funding Request Application Questionnaire

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The City strongly requests that all answers be typed.

Submission of a completed questionnaire is required for application consideration.

1. What is the agency's mission?

2. What are the goals of the program for which you are requesting funding?

3. How will you know you met these goals by the end of the funding year?

4. Describe the impact of services on the community

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5. If the request for funding for the proposed fiscal year is an increase from the previous fiscal year, please justify such increase:

6. Provide information on the overall financial position of the organization.

Include: annual budget, sources of funding (e.g., fund raisers, charitable donations)

**City of Lago Vista  
Charitable Contribution and Non-Profit  
Funding Application**

**Submitted By:**

\_\_\_\_\_  
Signature of Executive Director (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Executive Director (if applicable)

**Approval:**

\_\_\_\_\_  
Signature of Organization Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name Organization Representative

**For Office Use Only**

**Date Received:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Date Reviewed:** \_\_\_\_\_ **Reviewed By:** \_\_\_\_\_

**Submit for Board Review: Yes** \_\_\_\_\_ **Council Meeting Date:** \_\_\_\_\_

**Ineligible? Yes** \_\_\_\_\_ **Reason:** \_\_\_\_\_

**Council Decision: Approve \$** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Council Comments:** \_\_\_\_\_

**Finance Officer Reviewer:** \_\_\_\_\_ **Fund Distribution Date:** \_\_\_\_\_