



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 30th 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

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: _____