LAGO VISTA
TEXAS

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

JUN 30 2025

Name of Agency/Organization: Northlake Hope Center

Address: 20513 Dawn Drive

City, State & Zip: Lago Vista, Texas 78645

Contact Person: Daphne Zuniga Title: Executive Director

E-Mail Address: daphne@northlakehopecenter.com

Phone: (512)432-5925 Cell: (361)648-8924

Project Title: Hope Center Medical Clinic

Amount of Funds Requested: $3,000.00

Project Status: (check one) __ Existing X__ Expansion __ New

Briefly describe the program:

Northlake Hope Center is seeking funding for its No Cost Pediatric Medical Clinic.

Describe the services the program provides:

The No-Cost Pediatric Medical Clinic provides basic medical services to patients who are 0-17 years old. Services offered include wellness exams, blood pressure & glucose screenings, health education, referrals, mental health support, and bilingual staff assistance. We also provide education, healthy nutrition information, a piece of fruit, and a flyer with helpful, budget-friendly meal ideas — all in an effort to empower families to make prevention a priority in their health and in their communities.

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

Year Received: 2024 Dollar Amount $2,500.00

Project Supported Free Medical Clinic

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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?**

Northlake Hope Center is a Community Non-Profit dedicated to providing Health, Hope and Healing to every man, woman and child on the Northshore.

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

The goals will be to provide healthcare to patients who are uninsured or under insured.

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

We will consider the project successful if we are able to:

Serve at least 100 patients using the medical supplies and patient assistance funds provided through this grant.

Equip and train 10 - 15 volunteers, improving their ability to deliver care efficiently and

4. **Describe the impact of services on the community**

100 uninsured or underinsured individuals—people who are often forced to choose between their health and basic necessities like food or housing.

This grant will:

Prevent emergencies by helping patients manage chronic conditions.
Provide dignity and hope to individuals who feel forgotten by the healthcare system.
Remove barriers to care by offering medications, lab work, and transportation for those who cannot afford them.

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

The additional funds will assist with providing medication and other services that we do not offer.

6. Provide information on the overall financial position of the organization.
Include: annual budget, sources of funding (e.g., fund raisers, charitable donations)

Our annual Budget is $600,000.00
We are blessed to receive funding from Northlake Church, local businesses, grants as well as fundraisers.

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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:** _____