FY2026-2027 NON-PROFIT FUNDING APPLICATION
Local Service Organizations Category

ORGANIZATION

Name of Organization: _____ Tax ID Number: _____

Executive Director Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Website: _____

Grant Contact Name: _____ Title: _____

Email: _____ Telephone: _____

Number of paid staff: _____ Number of volunteers: _____

Tax Exempt: ☐ Yes ☐ No

Required to file form 990: ☐ Yes ☐ No If yes, please attach a copy or provide a link to the most recently filed 990: _____

ORGANIZATION DESCRIPTION: Provide a brief description of your organization, including a summary of mission statement.

VISION AND STRATEGIC GOALS: Provide a brief description of your organization's vision and strategic goals.

FUNDING REQUEST

Program and/or Project Title: _____ **Date(s):** _____

Funding Request for FY 2026-2027: $_____

- **Provide a cost breakdown of the request for each program and/or project(s).**

Town of Addison Funding History (if applicable):

	FY 2025-26	FY 2024-25	FY 2023-24
Previous Funding Requests			
Previous Funding Received			

Provide an explanation if an increase in funding is requested from the prior year.

Has your organization received or is now receiving any in-kind support from the Town of Addison?
☐ **Yes** ☐ **No**
If yes, please list:

Has your organization received or is now receiving any other revenue or payments from the Town of Addison? (*e.g. sponsorships for events/tables, etc.*)
☐ **Yes** ☐ **No**
If yes, please list:

Organization Budget:

	FY 2025 Actuals	FY 2026 Budgeted	FY 2027 Projected
Total Operating Revenues			
Total Operating Expenses			

What percentage of the organization's annual revenues does this funding request represent?

If you received funding from other municipalities, please provide the following information:

Municipality	Annual Amount	Percentage of Residents Served from that Municipality

PROGRAM AND/OR PROJECT

PROGRAM AND/OR PROJECT DESCRIPTION: Provide a brief description of each program and/or project(s) you are requesting funds for.

PROGRAM MEASURES:

Please quantify the number of Addison residents your agency provided services for:

In the current year (FY25-26): _____

Projected for next year (FY26-27): _____

Provide measures showing the outcomes of the program for the last 2 years and for the proposed year.

Please provide any other relevant measures or data.

PROGRAM IMPACT:

Were the services that you provided in Addison successful? How can your efforts be evaluated?

Please describe the community impact and/or economic benefit to the Addison community from the proposed program and/or project. (e.g. could include impact to Addison residents, employees working in Addison, visitors, or businesses)

Please describe if the proposed program and/or project aligns and helps achieve strategic goals and objectives contained within the Town's strategic plan.

Describe the impact of services if only partial funding is made available:

REQUIRED DOCUMENTATION

In addition to a completed application, the following attachments must be submitted with this application:

1. A cover letter on the organization's letterhead.
2. A current list of business and foundation donors with their contribution level.
3. Operating budget from the current year and proposed for next year.
4. A copy of the organization's most current audited financial statements from an independent accounting firm.
    a. **For organizations with annual gross receipts less than $500,000: Must provide a Compilation report or most current annual financials prepared by an accountant or financial officer of the organization.*
5. A copy of the organization's nonprofit 501(c) status.
6. A list of the members of your board of directors, including names, titles, and affiliations.
7. If required to file, a copy of the most recently filed form 990, unless a website link to the most recently filed 990 is provided on the application form.
8. Any additional documentation that would provide additional information about the organization.

CERTIFICATION:

I certify that the above information is correct and true to the best of my knowledge.

Name and Title (please print) Date

Signature

APPLICANT QUESTIONS

For questions, please contact:
Ismael Villalta
Accounting Manager
ivillalta@addisontx.gov
(972) 450-7071

SUBMISSION

Completed applications must be sent by mail or e-mail and must be received by Friday, May 22, 2026:

Mail
Town of Addison
Finance Department
Attn: Ismael Villalta
5300 Belt Line Road
Dallas, TX 75254

Email
Ismael Villalta, Accounting Manager, at ivillalta@addisontx.gov