

**DENTON BENEFIT LEAGUE
2019-2020 GRANT APPLICATION**

**APPLICATION AND ATTACHMENTS MUST BE RECEIVED
ELECTRONICALLY AND ONE COPY OF THE APPLICATION
MUST BE POSTMARKED BY SEPTEMBER 22, 2019**

Send to Carolyn Ferguson, Grant Allocations Committee Chair,

Grants@dentonbenefitleague.org

P.O. Box 2938, Denton, Texas 76202-2938

Review DBL Grant Policy before submitting this application

Use the spaces provided for responses

SECTION 1: GENERAL INFORMATION	
Organization Name	
Physical Address	
Mailing Address, if different	
Contact Person	
Email Address	
Phone Number	

SECTION 2: GRANT SUMMARY	
Grant Title	
Amount of Funding Requested	

Grant Description

SECTION 3: TAX EXEMPTION			
Type of Organization			
<input type="checkbox"/> Community Service/Social Service	<input type="checkbox"/> Educational		
<input type="checkbox"/> Cultural	<input type="checkbox"/> Local History		
Type of Exemption			
<input type="checkbox"/> 501(c)(3)	Other (Specify)		
Federal Tax ID Number	__-____	Date of IRS Determination Letter	(MM/DD/YY)

SECTION 4: ORGANIZATION INFORMATION

Organization's Mission

Organization's Goals

Organization's current annual budget
 Organization's number of employees

Full-time	Part-time
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Whom does the organization serve?

What geographical area(s) does the organization serve in Denton County north of Lake Lewisville?

How do clients qualify to receive the organization's services?

How many clients in the DBL geographic area did the organization serve during 2018?

<p>Was the organization unable to serve any potential clients during the past year? If so, please explain below.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do other local organizations provide the same or similar services? If so, please list those organizations below.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>(1) (2) (3)</p>	
<p>In what ways do the organization's services improve the community?</p>	

<p>SECTION 5: GRANT INFORMATION</p>
<p>Describe how this grant will further the organization's mission and goals and its expected results.</p>

Describe how the organization will measure whether and to what extent this grant achieves its expected results?

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SECTION 6: GRANT BUDGET

Breakdown of Grant Costs* (Note: For Attachment F provide a detailed summary of all requested items along with two written bids)

Description	
Anticipated Total DBL Grant Cost	
Identification and Status of Other Funding Requests for this Grant (If Applicable)	
Anticipated Total Grant Funding	
*If only partial funding is obtained, will the project go forward?	Yes No

SECTION 7: ORGANIZATION'S FUNDRAISING

Who in the organization is responsible for fundraising?

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What are the organization's major fundraising activities?

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In the past fiscal year, how much funding did the organization raise from fundraising events and activities?

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SECTION 8: FINANCIAL INFORMATION

Are the organization's financial statements audited?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, by whom are the financial statements audited?	
If no, are the financial statements examined by an audit committee? By a board review committee?	Submit a letter from the committee as part of Attachment D
Have the organization's financial statements for the past three years been audited?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, have the auditors qualified any opinion on those financial statements, found a material misstatement or material internal control weakness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain how these issues have been addressed.	
Has the organization received grants from other organizations during the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please list the three largest grants received during the past 12 months:	
Source	Amount
Has the organization been required to return or refund any grant monies during the past 12 months? If so, please explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 9: PREVIOUS DBL GRANTS		
	Grant Year	Amount
Grant Year/Amount of Award	2018-19	
Grant Year/Amount of Award	2017-18	
Grant Year/Amount of Award	2016-17	
Has the organization been ever been required to return DBL grant monies in excess of \$100? If yes, please explain below.		<input type="checkbox"/> Yes <input type="checkbox"/> No

ATTACHMENTS

- Attachment A List of Governing Board members (including home addresses)
- Attachment B Evidence of tax exempt status, e.g.501(c)(3) determination letter from the Internal Revenue Service
- Attachment C Current year financial statements, including balance sheet, income statement, statement of cash flows, and operating budget
- Attachment D Audited financial statements for the past two years, with auditor’s opinion letter or statement from the audit or board committee
- Attachment E Form 990 or other tax form for the most recent fiscal year
- Attachment F Detailed summary of all requested items along with two itemized bids or other cost documentation for each item requested in Section 6, with the preferred bid or vendor highlighted*

* Please note that the total of the highlighted items on invoices must match the total funds required.
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ATTESTATION & SIGNATURE

By signing below, the undersigned hereby attests to the following:

- The undersigned is the duly-elected or appointed incumbent of the position listed below;
- The undersigned is duly authorized to submit this application to Denton Benefit League on behalf of the organization identified below;
- The undersigned has read and understands the grant policies of Denton Benefit League and the organization agrees to abide by such grant policies;
- The statements in this application and the attachments listed above are true, accurate and complete in all material respects;
- Denton Benefit League may rely on the accuracy of statements made in this application and the attachments listed above; and
- No representative of Denton Benefit League has made any representation or promise to the undersigned or the organization identified below concerning whether Denton Benefit League will or will not act favorably with respect to this application.

Name of Organization Making this Application	
Name of Person Signing this Application	
Position of Person Signing this Application	
Signature of Person Signing this Application	
Signature of Board Chair	

Send an **electronic copy** of the completed **application**, including **all attachments** to Grants@dentonbenefitleague.org by September 22, 2019.

Mail **one copy of the application** to Carolyn Ferguson, Grant Allocations Committee Chair, Denton Benefit League, P.O. Box 2938, Denton, TX 76202-2938. The material must be postmarked by September 22, 2019.