Special Interests First-Time Funding Application

Date: _____

Organization Name: _____

Person Completing Information: _____

At a Glance Summary

Amount Requested (FY25/26): _____

Narrative of Request/Scope of Service Provided: _____

_____

_____

_____

_____

Explain Reason(s) for Funding Request: _____

_____

_____

_____

Explanation of Any Past/Current Funds Received from Coppell: _____

_____

Total Number of Individuals Receiving Service: _____

Number of Coppell Residents Receiving Service: _____

Percentage of Coppell Residents vs. Total Number Receiving Service: _____

Total Operating Budget: Prior Year: _____ Current Year: _____ Proposed: _____

Dollar Value of Services Provided to Coppell Residents: _____

Percentage of Operating Budget From Coppell: _____

Overhead Percentage: _____

Number of Persons in Organization: Employees: _____ Volunteers: _____

501.c.3/Non-Profit Number: _____

Please contact Jesica Almendarez, Budget Officer, at Jesica.Almendarez@coppelltx.gov or (972) 462-5305 with questions.

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The following three questions may require additional space or documentation. Please submit that with the application in a standardized format.

Please provide the organization's mission statement and list the services, programs, and/or aid that directly benefits the citizens of Coppell.

Describe the long-term financial plan for the organization as it relates to outside funding; specifically outline any fundraising, sustainability plans, or partnerships, including Coppell.

Provide an anticipated time frame for the funding requests to increase, decrease, or cease as it relates to the organization's long-term financial goals.

Partner Cities/Agencies	Amount	Percentage of Funds Received	Percentage of Svcs. Rendered

To the best of my knowledge, the information submitted accurately reflects the financial status of the requesting organization.

Signed: _____

Name: _____ Title: _____ Date: _____

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