

Waxahachie Foundation, Inc.
P.O. Box 3251, Waxahachie, TX 75168
www.waxahachiefoundation.com

The mission of Waxahachie Foundation, Inc., as stated in our bylaws, is to assist, encourage, and promote the wellbeing of the inhabitants of Waxahachie and the surrounding area.

**THIS APPLICATION MUST BE COMPLETE WITH
ALL REQUESTED SUPPORTING DOCUMENTATION ATTACHED.**

Applicant's Name _____
Mailing Address _____
Is your organization 501 (c)(3) certified by the IRS? Yes _____ No _____
IRS Tax ID# _____
Do you have paid employees? Yes _____ No _____ If yes, how many? _____
Name the two highest paid employees and annual salary:
Name _____ Salary _____
Name _____ Salary _____
State your total annual revenue _____ Expenses _____
Do any organizations or individuals contribute over 10% of your gross revenues?
Yes _____ No _____ If yes, who? _____
Are you a membership organization? Yes _____ No _____ If yes, number of members? _____
Annual dues _____ Members current _____ Members delinquent _____

Describe the project for which you are requesting funds:

Does the project primarily serve inhabitants of Waxahachie? ____ Yes ____ No
How many inhabitants of Waxahachie does your organization or project serve each year? _____

What is the total cost of your project? _____
What funds are you requesting from Waxahachie Foundation, Inc.? _____

List any additional sources of funding: _____

Please attach your most recent fiscal year-end statement of income and expenses.
Date of statement: _____

COMPLETE BUDGET INFORMATION REGARDING YOUR REQUEST IS REQUIRED. On a separate document, please provide detailed budget information indicating all funds required to complete each phase of your project, anticipated sources of funding, and projected time of project completion.

By signing below, Applicant agrees that any funds Applicant receives from Waxahachie Foundation, Inc. will be used solely for religious, charitable, scientific, and educational purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986.

Printed name of authorized representative

Date of Application

Signature

Email address