

# Waxahachie Foundation, Inc.

A Non-Profit Benevolent Organization  
P.O. Box 3251, Waxahachie, TX 75168  
[www.waxahachiefoundation.com](http://www.waxahachiefoundation.com)

## THIS APPLICATION MUST BE COMPLETE AND ATTACHED TO ALL FINANCIAL REQUESTS AND SUPPORTING DOCUMENTS

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the total cost of your project? \_\_\_\_\_

What funds are you requesting from the Waxahachie Foundation? \_\_\_\_\_

List any additional sources of funding: \_\_\_\_\_

Please attach your most recent fiscal year-end statement of income and expenses. Date of statement: Mon-  
th \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**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.

Date of application \_\_\_\_\_ Email address \_\_\_\_\_

\_\_\_\_\_  
Printed name of authorized representative

\_\_\_\_\_  
Authorized Representative of Applicant