

Step 1
Pre-Grant Application Form
For The Long Foundation's
Lozano Long Promise to Texas Hispanic Youth Program

Date of Application:

Organization Legal Name:

Name Organization Is Doing Business As:

Physical Address:

Mailing Address:

Telephone Number:

Website Address:

Year Charity Organized:

Organization's business year ends as follows: (please check one by double clicking to open check box, then choose 'Checked')

Calendar Year End (December 31)

Fiscal Year End, which occurs on the following date:

Executive Director, Director, or President (or equivalent):

Title:

Mailing Address:

Telephone Number:

Contact Person:

Title:

Mailing Address:

Telephone Phone:

Number of Board Members:

Number of Full-Time Staff:

Number of Part-Time Staff:

Number of Volunteers:

Geographic area served by your organization:

Are you a 501(c)(3) organization? Yes No (Double click to open check box, then choose 'Checked')

If no, has your organization submitted its IRS form 1023? Yes No

If yes, when was the IRS form 1023 submitted:

If no, are you a governmental or quasi-governmental organization: Yes No

Indicate by marking below all the categories that define your organization's goals toward benefiting Texas Hispanic Youth: (Double click to open check box, then choose 'Checked')

- Promoting ongoing relationships with caring adults – parents, mentors, teachers, tutors, coaches, etc.;
- Providing safe places with structured activities during non-school hours;
- Promoting healthy starts and futures;
- Providing marketable skills through effective education; and/or
- Providing opportunities to give back through community service.

Please provide a general summary of your organization, the various activities in which it engages, and the impact you have had. (Please limit to one page in length, if possible. Instead of typing this information into this form, you may include a brief attachment or provide a brief information sheet or pamphlet by mail or overnight service.

Please describe the program or project for which you are seeking funding, its basic purpose and its past effectiveness (if available), and its anticipated results. Be sure to provide details on timeline and duration of the program or project. If it is a pilot or start-up program or project that is based on, or modeled after, another existing program or project based elsewhere, please also describe that other program or project and its past effectiveness and any demonstrated measurable results.

Amount of funds (grant) being requested from The Long Foundation: \$

Specific time period for funds being requested:

Please describe the criteria that will be used for measuring your program's or project's success or effectiveness:

If not self evident, please define the geographic area at which your program or project will be directed:

Total annual budget for the program or project for the current year (if applicable): \$

Program's or project's actual costs or expenses for the prior year (if applicable): \$

Total annual budget of your organization for the current year: \$

Organization's actual cost or expenses for the prior year: \$

Total number of youth being served or expected to be served by the program or project during the year for which funding is being requested:

Number of Hispanic youth being served or expected to be served by your program or project during the year for which funding is being requested:

Administrative costs or expenses as a percentage (%) of your organization's total operating costs or expenses during its most recent complete year of operation: %

Fundraising costs or expenses as a percentage (%) of your organization's total operating costs or expenses during its most recent complete year of operation: %

Please indicate, as a percentage (%), the actual or anticipated sources of program funding for the indicated years (estimates are fine):

	Prior Year	Current Year	Next Year
Grants	%	%	%
Fees	%	%	%
General donations from the public	%	%	%
Endowment income	%	%	%
Government Funding (of any type)	%	%	%
Other Sources	%	%	%

Please specify the other sources of program funding (if indicated above):

Amount of Endowment (if any): \$

Total Reserves (if any): \$

Total Debt (if any): \$

Please provide the names of at least three other current or prior funders and the size of their donations:

Please list other organizations providing similar programs and describe how your priorities and goals are different from or complimentary to each other. Also note what lessons you have learned from their actions and/or inactions as well as their successes and/or failures:

Please mark the boxes indicating how you are sending us your organization's IRS determination letter, which show your recognized tax-exempt status: (Double click to open check box, then choose 'Checked')

- Included with this Pre-Grant Application.
- Being sent separately by the following:
 - e-mail to Mitchell@longfoundations.org
 - faxed to (512) 479-4182
 - U.S. Postal Service or overnight service to:
The Long Foundation
40 N. I-35, Suite 7C2
Austin, Texas 78701

Date when it should be received:

- Not being provided because our organization recently filed our Form 1023, Application for Exemption.
- Not being provided because of status as government agency.

Has your organization ever received a grant of any kind from the Long Foundation: Yes No
(Double click to open check box, then choose 'Checked')

If yes, please list the most recent date and amount of the previous grant your organization received from The Long Foundation: