



Homer's Backyard Ball Foundation, LLC
P.O. Box 20200
Amarillo, Texas 79114
Phone: 806-340-5077; FAX: 806-467-8475
www.homersbackyardball.com

GRANT APPLICATION

Applicant Profile:

Organization Name: _____

Amount Requested: \$ _____

Purpose (one sentence): _____

Target Population/Clients Served: _____

Service Area: _____

Programs Offered: _____

Agency Facts and Figures:

Year Founded: _____

Total Number Served Annually: _____

Staff: Full-time: _____ Part-time: _____ Volunteers: _____

Current Operating Budget: _____

Agency Leadership:

List officers, then directors in alphabetical order from left to right. Insert additional rows if necessary.

President or Chair:	VP or Vice Chair:	Secretary:
Treasurer :	Board Member:	Board Member:
Board Member:	Board Member:	Board Member:

Financial Information: (current fiscal year)

Dates of fiscal year: Calendar year? Yes or No

If no, please indicate the dates of your current fiscal year: _____

Please complete the following table with figures from your most recent IRS Form 990 or Year-End Financial statements, whichever is more current. Feel free to insert additional rows if necessary and/or change the Sources of Income categories to best suit your organization.

The total amount listed here should match the income listed below for the most recent fiscal year end.

<u>Item</u>	<u>Amount</u>	<u>Description</u>
Operating Budget	\$	
Reserves	\$	
Endowment(s)	\$	

Please complete the following table with figures from your IRS Form 990, Audited Financial Statements, or Year-End Financial Statements for the past three consecutive years. In the

first column, note which type of document you are referencing and the reporting dates, e.g., IRS Form 990 1/1/2012-1/31/2012.

Project Description: *Please thoroughly, but succinctly, describe you project or program here. This is your opportunity to “make your case” for funding.*

Summary:

Timeline and Evaluation: _____

Project Budget: _____

Agency Contact Information:

Name and Title: _____

Mailing address (include city, state, and zip): _____

Physical Address (if differs from mailing address): _____

Phone: _____ Fax: _____ Email: _____

Cell Phone: _____ Website: _____

Checklist of Attachments *(must be submitted for application to be considered for review):*

- Cover Letter Signed by an Individual Authorized to Act for the Applicant Organization
- IRS Letter of Determination*
- Most Recent Form 990 Tax Return with Support Schedule A*
- Current Detailed Budget of the Organization
- Most Recent Financial Statement of the Organization Including:
 - Balance Sheet
 - Income/Expense Statement
- Audit (Applicable to organizations with budgets of \$100K or more)
- Year-End Financial Statement (Applicable to organizations with budgets of less than \$100K)
- Organizational Chart
- List of Staff including Salary or Hourly Wage, Title or Position (Indicate if position is full or part-time)
- List of Board of Directors including Name and Occupation as well as a Description of the Board's Responsibilities
- Letters of Support (optional)
- Mission Statement

** Not applicable for educational institutions or governmental entities*

Submit completed applications to:

Homer's Backyard Ball Foundation LLC
% Grant Requests
P.O. Box 20200
Amarillo, TX 79114

For inquiries, contact: (806)340-5077

www.homersbackyardball.com

Or Email Application To:

HBBF2010@gmail.com

(indicate in the subject line that the e-mail is a grant application)

For Office Use Only

Date Application Received: _____

Received By: _____

Application Initial Review By: _____

Date Reviewed: _____

Application Meets All Requirements: Yes No

▪ If No, Date deficiencies reported back to Applicant: _____

▪ If Yes, Board Application scheduled for review: Date: _____ Time: _____

Application Approved: Yes No

If No, Denial Letter Send Date: _____

If Yes, Please complete the following:

▪ Amount Approved: \$ _____

▪ Disbursement Check Issue Date: _____

▪ Check #: _____