

**FAYETTE RESALE, INC. (SECOND CHANCE EMPORIUM)
FINANCIAL SUPPORT REQUEST FORM**

Name of Organization: _____
Physical Address: _____
Mailing Address: _____
Contact Person: _____
Phone: _____ E-Mail: _____
Is your organization a non-profit? _____ Non-profit ID # _____

1. Name of specific Program/Project for which funding is requested: _____

2. Amount of funding requested: _____

3. Brief history and mission of the organization: _____

4. Description of the Program/Project: _____

5. Amount budgeted for Program Project: \$ _____

If this is an on-going activity, please give amount spent previous year: \$ _____

6. Is your organization sponsored or partially supported (sponsored) by a group such as a division of government, a church, etc.? _____

If so, please give the name of the organization _____

7. Financial Support Information:

A. Current organizational operating budget \$ _____

B. Specific budget for Fayette County (if different) \$ _____

C. How much of the total budget for this project comes from the sponsor? _____

D. List other sources of support including amounts:

Total: \$ _____

8. If your organization aids residents of counties other than Fayette, please provide information as to how many Fayette County residents are/were helped by each category of service provided.

9. Describe the proposed method by which this program/project will be evaluated.

10. If you have received financial support from Second Chance before, please specify:

- Amount of funding received:** _____
- Approximately when:** _____
- How many people were served?** _____
- How many volunteers were involved?** _____
- How was the money spent?** (Please write on the back or attach another sheet of paper if necessary.)

Signature

Date

Please mail application to:
Funds Review Committee
Second Chance Emporium
529 W. Travis St.
La Grange, TX 78945