

Financial Status Report for Organizations Requesting a Grant - Page 1

Form "A" - To Be Completed By Organizations That File Federal Form 990

This form is to be completed and accompany each grant request. It should be prepared from information included on the requesting organizations most recent federal form 990.

Name of Organization _____

Year End Date of Form 990 (e.g. December 31, 2016) _____

Name of Person Completing This Form _____

Balance Sheet Information (This Information Should Come From Part X, Col. B of Form 990)

End of
Year

Assets

Cash - Checking & Savings (combine amounts on lines 1 & 2)	_____
Pledges & Grants Receivable (line 3)	_____
Accounts Receivable (line 4)	_____
Loans & Notes Receivable (combine amounts on lines 5,6 & 7)	_____
Inventories & Prepaid Expenses (combine amounts on lines 8 & 9)	_____
Land, Buildings & Equipment (line 10c)	_____
Investments (combine amounts on lines 11, 12 & 13)	_____
Intangible Assets (line 14)	_____
Other Assets (line 15)	_____
Total Assets (line 16)	=====

Liabilities & Equity

Accounts Payable & Accrued Expenses (line 17)	_____
Grants Payable (line 18)	_____
Loans & Notes Payable (combine amounts on lines 22, 23 & 24)	_____
Other Liabilities (combine amounts on lines 19, 20, 21 & 25)	_____
Total Liabilities (line 26)	_____
Total Net Assets or Fund Balances (line 33)	_____
Total Liabilities and Net Assets (line 34 - must equal total assets, line 16 above)	=====

Revision Date: 5-24-17

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Name of Organization _____

Income & Expense Information (This Information Should Come From Part I of Form 990)

General Information

Description of Organization's Mission (line 1) _____

Number of Voting Members of Governing Body (line 3) _____

Number of Individuals Employed (line 5) _____

Number of Volunteers (line 6) _____

Revenue

The following information should be taken from the "Current Year" column:

Contributions & Grants Received (line 8) _____

Program Service Revenue (line 9) _____

Investment Income (line 10) _____

Other Revenue (line 11) _____

Total Revenue (line 12) _____

Expenses

Grants & Similar Amounts Paid (line 13) _____

Benefits Paid To or For Members (line 14) _____

Salaries, Other Compensation & Employee Benefits (line 15) _____

Professional Fund Raising Expenses (line 16a) _____

Other Expenses (line 17) _____

Total Expenses (line 18) _____

Revenue Less Expenses (line 19) _____

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Form "B" - To Be Completed By Organizations That File Federal Form 990EZ

This form is to be completed and accompany each grant request. It should be prepared from information included on the requesting organizations most recent federal form 990EZ.

Name of Organization _____

Year End Date of Form 990 EZ (e.g. December 31, 2016) _____

Name of Person Completing This Form _____

Balance Sheet Information (This Information Should Come From Page 2, Part II of Form 990 EZ)

	<u>End of Year</u>
Assets	
Cash, Savings & Investments (line 22)	_____
Land & Buildings (line 23)	_____
Other Assets - Describe (line 24) _____ _____	_____
Total Assets (line 25; must equal total of above amounts)	_____
Liabilities & Equity	
Total Liabilities - Describe (line 26) _____ _____	_____
Net Assets or Fund Balances (line 27; must equal line 25 minus line 26)	=====

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Name of Organization _____

Income & Expense Information (This Information Should Come From Part I, Page 1 of Form 990 EZ)

Revenue

Contributions, Gifts, Grants and Similar Amounts Received (line 1) _____

Program Service Revenue (line 2) _____

Membership Dues & Assessments (line 3) _____

Investment Income (line 4) _____

Gain On Sale of Assets Other Than Inventory (line 5c) _____

Net Income From Gaming & Fund Raising Events (line 6d) _____

Gross Profit or (Loss) from Sales of Inventory (line 7c) _____

Other Revenue - Describe (line 8) _____

Total Revenue (line 9) _____

Expenses

Grants & Similar Amounts Paid (line 10) _____

Benefits Paid To or For Members (line 11) _____

Salaries, Other Compensation & Employee Benefits (line 12) _____

Professional Fees & Other Payments to Independent Contractors (line 13) _____

Occupancy, Rent Utilities & Maintenance (line 14) _____

Printing, Publications, Postage and Shipping (line 15) _____

Other Expenses - Describe (line 16) _____

Total Expenses (line 17) _____

Excess or (Deficit) for the Year (line 18) _____