

Example Grantee Organization

Austin, Texas

Tax ID:
Website:

Primary Contact: Grantee User

Organization Status

New

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▼ Organization Information

Organization County:

Organization Type:

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Street Address:

Street Address 2:

City:

State:

Postal Code:

Country:

Organization Phone:

Email:

Website:

Tax ID:

Tax Class:

Primary Contact:

Secondary Contact:

▼ Executive Director/CEO Information

Prefix:

First Name:

Last Name:

Suffix:

Title:

Work Phone:

Work Phone Extension:

Email:

▼ Organization Overview

What are your organization's top five revenue sources? (Please name the source and the amount of annual funding.)

Funding Source	Amount
1.	
2.	
3.	
4.	
5.	

What percent of your Board contributed financially to your organization in the prior calendar year, and what was the total combined amount their giving?

What has been the average percentage of Board members attending your Board meetings in the prior calendar year?

▼ Organization Background

Year your organization was established:

Clinic Type:

Briefly describe your organization, including mission:

Racial and ethnic diversity of your Board and Staff:

	Board	Staff
American Indian or Alaska Native	%	%
Asian	%	%
Black or African American	%	%
Hispanic or Latino	%	%
Native Hawaiian or Other Pacific Islander	%	%
White	%	%

What are the primary programs/services provided by your organization?

▼ **Background of Success**

Note in Workbook to include these fields on the Grant vs. Org Form.

▼ **Organization Documents**

DOCUMENTS

▼ **Bank Account**

Bank Accounts

No bank accounts available