

**TULIA UNITED COMMUNITY FUND  
APPLICATION PACKET FOR GRANT AWARD**

All applications must provide the information requested in this application packet. All attachments should be noted and included with this application packet.

**NOTE: Incomplete applications will not be accepted. Please ensure all attachments are included and all narrative questions answered. If you have any questions about the narrative or attachments, please contact Lynett Walker using the information provided below.**

Applications are due on or before **Monday, December 1, 2025 by 5 PM** to:

Electronic versions of this application packet are acceptable and preferred for submission via email. To submit in this manner, attach a copy of your completed application along with all required information in an acceptable electronic format (Word, PDF, Excel) to:

[tuliaunitedcommunityfund@gmail.com](mailto:tuliaunitedcommunityfund@gmail.com)

Applications can also be mailed to the following address:

Tulia United Community Fund  
PO Box 671  
Tulia, TX 79088

For questions or requests for additional information regarding the Grant Application, please contact Lynett Walker by phone at 806-774-2058 or via email at [tuliaunitedcommunityfund@gmail.com](mailto:tuliaunitedcommunityfund@gmail.com).

**Checklist of required information:**

- 1) Applicant Cover Page
- 2) Program Narrative
- 3) Financial Attachments
  - a. Organization's current budget
- 4) Organizational Attachments
  - a. Board of Directors
  - b. IRS Designation Letter

## APPLICANT COVER PAGE

Applicant Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

### Previous Awardee

☐ No ☐ Yes

### Applicant Structure

☐ Nonprofit Entity (501(c)(3)) ☐ Government Entity

### Funding Priority

<input type="checkbox"/> Disabled, Low-Income, and/or Elderly Support	<input type="checkbox"/> Early Childhood and/or Teen Support and Development	<input type="checkbox"/> Public Safety	<input type="checkbox"/> Community / Economic Development
<input type="checkbox"/> Other (Explain):   			

### Amount of Funding Requested

\$ \_\_\_\_\_

### Certification

Printed Name of Authorized Representative:	Signature of Authorized Representative:	Date:

### **Program Narrative**

Please address the following questions – please be concise and limit each response to less than 500 words.

**Question 1:** Provide a brief description of your organization. State its mission or purpose.

**Question 2:** Provide a brief description of your organization's current programs, activities, and clients. Approximately how many people do you work with annually?

**Question 3:** What are the community needs or problems to be addressed by this organization? Why is this issue(s) important to the area?

**Question 4:** Provide a brief description of the specific program, activity or supplies for which you are requesting funding. What are your project goals?

**Question 5:** What will this funding help your organization to accomplish? Approximately how many people will your organization be able to assist if your request is funded?

**Question 6:** Are you a previous grant awardee?

- a) If yes, please explain in detail how previous TUCF grant funds were used by your organization? What was the specific project or program and how many people that benefitted? Please provide verification by attaching receipts and/or any other documentation to highlight this. (If you have received grant awards for multiple years, please address your most recent funding proposal)
- b) If no, please include any additional info to highlight the estimated expenses for your request including quotes, associated program costs etc...

**Question 7:** Have you volunteered or donated goods, items, or money to any of the TUCF annual fundraising campaign activities? If yes, please describe your contribution(s) (i.e. the activity(ies) you and others from your organization participated in, time spent, donation description, etc.).

## **Required Attachments:**

### **Financial Attachments**

Attachment 1: Provide a copy of your organization's current budget.

### **Organizational Attachments**

Attachment 1: Provide a list of your Board of Directors. Include the following information:

- Name
- Position
- Address
- Phone Number

Attachment 2: IRS Designation Letter certifying 501(C)(3) Status.