

**NON-PROFIT ORGANIZATION
REQUEST FOR WILLIAMSON COUNTY FUNDS
2010-11 FISCAL YEAR**

Organization Name: _____ **Phone:** _____

Contact Person & Title: _____

Mailing Address: _____

Federal Identification # (if applicable): _____

Number of Active Participants in Organization: _____

Does this organization charge fees to participants? Yes ____ No ____

If Yes, please itemize the structure utilized (use a separate sheet if necessary): _____

If No, please explain: _____

Please provide the approximate number of clients served by your program on a yearly basis and an estimate of how many are Williamson County residents: _____

List ANY agency (or agencies) in Williamson County which you consider may directly, or indirectly, provide the same or similar services as those provided by your agency. If such an agency exists, please list the similarities (use additional sheet, if needed): _____

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Organization: _____

Personnel & Salary Information

Personnel (list by Positions)	Salary 2008-09	Salary 2009-10	Salary 2010-11

List any equipment owned by this organization funded, in whole or in part, by Williamson County. Please indicate what it is used for, how it is maintained and where it is stored (use a separate sheet if necessary): _____

