



Instructions: Financial Appendix - 2022

Financial Data Appendix

Please complete this 3-page form and table, save as a pdf and upload in your Application

Financial Data Appendix:

- 1. IRS TIN or EIN for your organization (from your 990): # _____

- 2. Please fill in the following table and answer the questions:
Where possible utilize data from your 990 Federal Return of Organization Exempt From Income Tax filing:
 - a. If you do not file a 990 then check here: . And explain why:

 - b. For the current year please provide the date (mm/dd/yy) being utilized: _____

 - c. For projected year please utilize your annual budget and best guess, we understand that this an estimate.

 - d. For the “As of Date Submitted” column add the date being utilized on the top column, for most this will be from the most recent month’s financial statements.

 - e. If you do not have data for any earlier years give an explanation: (e.g.: new organization or began in 2021 therefore no 2020 data):

 - f. What month does your fiscal year end? (usually December): _____

 - g. If some of your assets are restricted such as endowment fund or capital building account, please list amounts and conditions of restrictions and/or send as attachment.
Check here if attachment:

 - h. If you have a legally separated associated entity that fundraises specifically and mainly for your organization or specifically associated with your organization, please list their names and Federal EIN. (e.g.: “non-profit U” that has “Auxiliary of U” or “Friends of U”; or “Building owner of U, LLC” that U pays money to for rent and the building was purchased with fundraisers or donations.):

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For Fiscal Date: Projected	Projected End of Current Fiscal Year	As of Date Submitted (Write in Date): _____	End of fiscal 2021	End of fiscal 2020	End of fiscal 2019
A. Total Assets:					
B. Net Assets or Fund Balance for that year:					
C. Total assets of Cash, savings, grants receivables, investments (Not land, buildings, equipment, intangibles):					
D. Total Amounts of Assets that are restricted: (list the restrictions type above in 1g)					
E. Total Revenue:					
F. % of funding derived from government or taxpayer resources:					
G. Total program expenses not including current project proposed:					
H. Total Salaries, compensation, employee benefits for organization:					

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3. If you expect a significant change in revenue or expenses NOT including the proposed project, please elaborate with projected amounts and reason:

4. Future funding for project. Please describe how you will continue funding this project after the upcoming year (If the need will be completely met and not expected to recur, then provide further description if not submitted elsewhere in the application).

5. Project Funding:

- a. Total Project Cost: _____
- b. Amount your organization has committed for this project: _____
- c. Amount requested from BACF for this application: _____
- d. At what minimum grant amount must you have before your organization will commit to raising the additional funds to begin/initiate the project? _____
(It is BACF intent where possible to provide the requested amount, but some grants in the past have been less and for a project that does not proceed, the granted funds must be returned to BACF and therefore should not be accepted without the intent to proceed)

6. Please remember to also submit your most recent Federal 990 (unless you checked 1a above), as well as your most financial statement (preferably an audited version from your accountant, however, if your current has not yet been reviewed, please submit this with your previous audited statement).

NOTE: For newer or smaller organizations that are challenged to fill out the above, please contact BACF for assistance. Please make sure that you allot additional time prior to the application due date to fully complete the application.