



**City of Lago Vista  
Charitable Contribution and Non-Profit  
Funding Application**

Name of Agency/Organization: Hill Country Singers

Address: PO Box 4510

City, State & Zip: Lago Vista, TX 78645

Contact Person: Roy Moore Title: Treasurer

E-Mail Address: hillcountrysingers@gmail.com

Phone: 512-289-8536 Cell: \_\_\_\_\_

Project Title: Choral Music Performances

Amount of Funds Requested: \$7,500.00

Project Status: (check one)     Existing     Expansion     New

**Briefly describe the program:**

Hill Country Singers is a choral music performance organization dedicated to enriching the quality of life of our community through the power of music. Our group ranges in age from 5 to 85+ and brings people together to share in the joy of singing and performing.

**Describe the services the program provides:**

The Hill Country Singers enhances our community through a variety of musical performances and educational opportunities. We present two major concerts annually, reaching hundreds of audience members, and participate in 5-10 public events such as tree lighting ceremonies, veterans activities, and chamber of commerce functions.

Our program also offers significant benefits to our participants:

- **Youth Engagement:** We provide young children with the chance to participate in a group activity that builds teamwork and fosters an appreciation for the arts.
- **Educational Enrichment:** High school students gain access to choral music opportunities not available in their school, enhancing their musical education.
- **Skill Development:** Our adult vocal musicians continually develop new skills and expand their repertoire through each major concert, fostering personal growth and artistic expression.

If organization received support from the City of Lago Vista previously, provide the following information:

Year Received: 2024 Dollar Amount \$7,500.00

Project Supported Choral Music Performances

## Charitable Contributions and Nonprofit Funding Request Application Questionnaire

The City strongly requests that all answers be typed.

Submission of a completed questionnaire is required for application consideration.

### 1. What is the agency's mission?

Our mission is to build a vibrant community through the trans-formative power of music. We perform two major concerts each year, alongside numerous appearances at nursing homes, Christmas events, and other community gatherings. We are driven to bring people together, enrich lives, and foster a love for music across generations.

### 2. What are the goals of the program for which you are requesting funding?

Our program goals for the upcoming year are:

1. **Membership Growth:** Retain all current adult members and achieve a minimum 5% annual increase in membership.
2. **Financial Sustainability:** Maintain a cost-neutral budget each year. Increased membership and donations will be reinvested to:
  - o Expand outreach through additional performances.
  - o Enhance performance quality with more supporting musicians.
  - o Acquire newer and more challenging musical numbers.
3. **Community Engagement:** Boost our community presence by increasing participation in local events, including tree lighting ceremonies, veterans activities, chamber functions, and performances at the Texas State Capitol.

### 3. How will you know you met these goals by the end of the funding year?

We will measure our success through the following evaluation methods:

1. **Membership Tracking:** Periodic evaluation of membership numbers and retention rates.
2. **Financial Reviews:** Monthly financial reviews to ensure we remain cost-neutral and track reinvestment of funds.
3. **Performance Assessments:** Feedback from audiences and participants after each concert and event to gauge performance quality and community impact.
4. **Board Oversight:** Our board of directors meet monthly to review progress, address challenges, and adjust strategies as needed to ensure we meet our goals.

### 4. Describe the impact of services on the community

We have a profound impact on our community through our performances and educational initiatives:

- **Public Performances:** Our two major concerts and numerous public outings, such as tree lighting ceremonies, veterans activities, and chamber of commerce functions, bring people together and foster a sense of community.
- **Youth Engagement:** We offer young children the opportunity to participate in group activities that promote teamwork and a love for the arts, laying a foundation for lifelong appreciation of music.
- **Educational Enrichment:** High school students benefit from learning and performing choral music not available in their school curriculum, enhancing their artistic education and broadening their musical horizons.
- **Skill Development:** Our adult vocal musicians continuously develop new skills, gain expertise, and explore new repertoire with each concert, fostering personal growth and artistic expression.

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5. If the request for funding for the proposed fiscal year is an increase from the previous fiscal year, please justify such increase:

We are not asking for an increase from the previous fiscal year.

6. Provide information on the overall financial position of the organization.

Include: annual budget, sources of funding (e.g., fund raisers, charitable donations)

Hill Country Singers was impacted by the pandemic shutdown as so many non-profit organizations were. We were able to continue to pay our employees and sustain our financial health through the generosity of our members, patrons and donors.

Over the last year have grown our membership and are providing more performances to the community. Unfortunately our fundraising has fallen short over the last year. The excellent support we have enjoyed from the City of Lago Vista has been vital to our success.

City of Lago Vista  
Charitable Contribution and Non-Profit  
Funding Application

Submitted By: |

  
\_\_\_\_\_  
Signature of Executive Director (if applicable)

6-10-2025  
\_\_\_\_\_  
Date

Roy N. Moore  
\_\_\_\_\_  
Printed Name of Executive Director (if applicable)

Approval:

  
\_\_\_\_\_  
Signature of Organization Representative

6-10-2025  
\_\_\_\_\_  
Date

Roy N Moore (Treasurer)  
\_\_\_\_\_  
Printed Name Organization Representative

For Office Use Only

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Submit for Board Review: Yes \_\_\_\_\_ Council Meeting Date: \_\_\_\_\_

Ineligible? Yes \_\_\_\_\_ Reason: \_\_\_\_\_

Council Decision: Approve \$ \_\_\_\_\_ Date: \_\_\_\_\_

Council Comments: \_\_\_\_\_

Finance Officer Reviewer: \_\_\_\_\_ Fund Distribution Date: \_\_\_\_\_