



Charitable Bingo Operations Division

Request to Increase Operating Capital Limit

(Rev. 8/10)

WHO SHOULD SUBMIT THIS FORM

This form may be completed by a licensed authorized organization or accounting unit to request that the maximum operating capital permitted to be maintained in their bingo account be increased.

FORM SUBMISSION

By mail: Charitable Bingo Operations Division, Texas Lottery Commission, PO Box 16630, Austin, TX 78761-6630 Via Fax: (512) 344-5142
FOR ASSISTANCE in completing this form, please call 1-800-BINGO-77 (1-800-246-4677) or visit our Web site at www.txbingo.org.

TAXPAYER INFORMATION PLEASE PRINT LEGIBLY OR TYPE

1. Taxpayer Number 2. Name of Organization or Accounting Unit
3. Mailing Address (Street Address, PO Box, or Rural Route. Do not give directions, i.e., 5 miles north of I-20)
City State ZIP Code County
Individual's Name to Contact Phone Number (Area Code & Number)
Alternate Phone Number (Area Code & Number) E-mail Address (optional)

OPERATING CAPITAL INFORMATION

- 4. What is the total amount of operating capital you are requesting to retain in your bingo account? \$
5. Which quarter(s) are you requesting that the operating capital listed in item 4 encompass?
6. Under which statutory provision are you requesting to increase your operating capital limit?
7. List the specific reason that an increase to your operating capital limit is needed.

REQUIRED SUPPLEMENTAL INFORMATION ATTACHMENTS

If the request is due to force majeure or circumstances beyond the control of the organization or accounting unit, submit:

- Documentation from outside sources supporting force majeure or evidence of circumstances beyond the control of the organization or unit. Examples of acceptable documents include newspaper articles, copies of local ordinance changes, police or fire department reports, notification of road construction, or photographs.

If the request is based on a credible business plan for the conduct of bingo or for the organization's or accounting unit's existing or planned charitable purposes that an increase in operating capital will reasonably further, submit:

- A credible business plan.* Please note that an organization that has been licensed to conduct bingo for less than one year may provide a detailed explanation of why the increase in the operating capital limit is necessary with supporting documentation in lieu of a credible business plan.

A credible business plan may include the following:

1. the stated project goal of the organization as it applies to the request,
2. a detailed description of the charitable activities of the organization for the four quarters immediately preceding the request,
3. a detailed description of the proposed charitable activities for the time period of the request,
4. a current balance sheet and income statement for the four quarter period immediately preceding the request,
5. projected cash flow from the conduct of bingo and from sources other than bingo that may be used to supplement the bingo proceeds towards the accomplishment of the project for the time period of the request,
6. a cash flow analysis for the organization's or accounting unit's bingo account for the four quarter period immediately preceding the request,
7. a market analysis for the local economy, in general, and the local bingo industry, specifically, conducted within six months of the date of the request,
8. a cost analysis for project goal,
9. the total amount of additional retained operating capital,
10. the period of time required to accomplish the project goal, and
11. documentation from outside sources supporting the reason for the request, the total project cost, and any additional resources that will be used towards the accomplishment of the project.

* Please note, a credible business plan should present the commission with enough information to justify the increase in operating capital.

SIGNATURES

The information and documentation provided is true and complete to the best of our knowledge and belief.

sign here ▶ _____ | _____
Bingo Chairperson, Designated Agent or Unit Manager | Print Name | Date

sign here ▶ _____ | _____
Officer of the Organization or Officer of the Unit Trustee Organization | Print Name | Date