Letter of Inquiry

1. **Date of LOI:** *Calendar*
2. **Organization Name:***Field*

1. **Mailing Address:** *Fields*
	1. Street Address
	2. Street Address Line 2
	3. City, State, Zip
2. **EIN:** *Field*
3. **Project/Request Title:** *Field `*
4. **Type of Support:** *Dropdown*
	1. Capital
	2. General Operating
	3. Project
	4. Program
	5. Other
5. **Amount Requested and Length of Grant (i.e. $20,000 over 2 years):** *Field*
6. **Cost of Total Project (if applicable):** *Field*
7. **Request Contact:** *Fields*
	1. First Name:
	2. Last Name:
	3. Title:
	4. Phone
	5. Email:
8. **Organization Mission:** *Text Box*
9. **Geographic area served:** *Text Box*
10. **Description of the purpose of the organization, the population being served, and the focus of the funding request:** *Narrative Text Box*

Application

Date of Application:

**Section I: Organizational Information**

1. **Organization Website:** *Field*
2. **ED/CEO Name:** *Fields*
	1. ED/CEO Title:
	2. ED/CEO Email:
3. **Year Established:** *Field*
4. **# of FT Employees (local org/affiliate):** *Field*
5. **If applicable, # of PT employees (local org/affiliate):** *Field*
6. **If applicable, # of Volunteers (local org/affiliate):** *Field*
7. **Racial composition of Staff (percentage):** *Field*
8. **Gender composition of staff (percentage):** *Field*
9. **Please provide a brief overview of your organization’s key programs and services:** *Text Box Narrative*
10. **Please list relevant key service statistics for the last year (i.e., number of people reached):** *Text Box Narrative*
11. **Racial composition of people served in the last year (percentage):** *Text Box*
12. **Please upload a copy of your organization’s most current strategic plan:** *Attachment*
13. **If you do not have a strategic plan, please list your top 3 organizational (programmatic and/or operational) priorities?** *Text Box Narrative*
14. **Please upload a copy of your organization’s current operating/organizational budget:** *Attachment*
15. **Financial Information**

Please enter information in the table below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Current Fiscal Year** | **Previous Fiscal Year** | **Year Before** | **Year Before** |
| **Year** |  |  |  |  |
| **Revenue** |  |  |  |  |
| **Expenses** |  |  |  |  |
| **Surplus/Deficit** | Auto Calculate (Revenue-Expenses) | Auto Calculate (Revenue-Expenses) | Auto Calculate (Revenue-Expenses) | Auto Calculate (Revenue-Expenses) |
| **Total Reserves** |  |  |  |  |
| **Debt at Year End** |  |  |  |  |

1. **Please upload your most recent audit.** *Attachment*
2. **Please upload a P and L statement from the last fiscal year** *Attachment*
3. **If your organization's staff/volunteers interact with children and if so, do you train them in child sexual abuse prevention, beyond mandated reporting? What program is used and how often?** *Text Box Narrative*

**Section II: Request Information**

1. **Please upload a budget for your request/project:** *Attachment*
2. **Please provide a brief overview of your request’s project plan and/or timeline (if applicable):** *Narrative Text Box*
3. **Please list the objectives and anticipated outcomes of your request. In other words, at the completion of the work, how will you know you have been successful?** *Narrative Text Box*

**Section II: Optional Information**

1. **If you would like, you may include a supplemental resource that helps showcase your request. The nature of that resource is up to you. It could include a photo, video link, research report, infographic, outcome studies, accreditation information or anything else that would enhance the written narrative. If you decide not to submit anything, it will not be perceived as a strike against your application.** *Attachment and Narrative*

1. **If you would like to elaborate on your request, please do so here:** *Narrative Text Box*