

LETTER OF INTENT

Date of Application: _____

Name of Organization Applying: _____

Does your organization have 501 © 3 status? ___ Yes ___ No

Executive Director: _____ **Phone Number:** _____

Contact Person/Title/Phone Number (If different from Executive Director)

Address: _____

City/State/Zip: _____

FAX Number: _____ **Email Address:** _____

Project Name: _____

Dates of Project: _____ **Amount Requested: \$** _____

Signature, Administrator

Date

Typed Name and Title

Need:

Current Status:

Current Funding Sources:

Potential Funding Sources: