



**LETTER OF INTENT**

Submission Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Zip Code \_\_\_\_\_

Website: \_\_\_\_\_

*Brief description of your organization's work and mission:*

**NAME OF PROJECT/PROGRAM** \_\_\_\_\_

*Brief description of the program/project for which your organization is requesting funding:*

Total program/project budget: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Total Organizational Budget: \_\_\_\_\_ Fedl. Tax ID \_\_\_\_\_

Executive Director: \_\_\_\_\_  
(Please Print) (Executive Director Signature)

E-Mail Address: \_\_\_\_\_