## Contact Information

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| --- | --- |
| Primary Grant Contact | Click here to enter text. |
| Title | Click here to enter text. |
| Work Phone | Click here to enter text. |
| E-Mail Address | Click here to enter text. |
| Executive Director | Click here to enter text. |
| Organization (Legal) Name | Click here to enter text. |
| Year Organized | Click here to enter text. |
| DBA Name(s) | Click here to enter text. |
| Street Address | Click here to enter text. |
| Website | Click here to enter text. |
| Federal Tax ID # | Click here to enter text. |
| Organization Type(indicate below) | **Please include a copy of IRS Tax Exempt Determination Letter with this form.** |
| Yes, 501(c)(3)  | No, will be using a fiscal agent to apply for grant. See Tax ID# above. Name of fiscal agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Foundation Focus Areas

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| --- |
| Please indicate below the ONE Foundation Focus Area with which your project most closely aligns: |
| \_\_ **Human Health** |
| \_\_ **Education**\_\_ **Community Well-Being****\_\_ Environmental Sustainability** |

## PROJECT TITLE

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## PROPOSED PROJECT DESCRIPTION (500 Word Maximum) \*\*\*If photos help tell the story of your proposed project, please attach 1-3 jpgs.

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## BASIC FINANCIAL INFORMATION (If invited for Full Application, an organization budget and project budget will be required.)

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|  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_ What is the total dollar amount of the **proposed project**? |
| \_\_\_\_\_\_\_\_\_\_\_\_\_ What is the total dollar amount of the **grant request**? |

Letters of Interest (LOI) may be submitted anytime during the calendar year. LOIs will be reviewed on a Semi-Annual Cycle with submission deadlines for each cycle falling on the 15th of February and the 15th of July. Applicants will be notified after the review process is complete. If invited for Full Application, an in-depth organization budget and project budget will be required.