



CHILD HEALTH Letter of Intent Cover Sheet

Instructions:

Cover sheet information should fit on one page with no more than two additional pages of narrative.

Please attach IRS letter certifying 501(c)(3) status

Date of Application: _____

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Website: _____

Executive Director: _____

Email: _____

Contact Person/Title (if different from ED): _____

Brief Description of the Organization: _____

Year Founded: _____ Current Annual Operating Budget: \$ _____

Major benefactors of the organization: _____

Project: _____

Amount Requested: \$ _____ Total Project Cost: \$ _____

Project Goals: _____

Beginning and Ending Dates of the Project: _____

Population to be Served: _____

Geographic Area to be Served:
