



## Letter of Inquiry for Health Access Grant

\*\*\*Please use this document for preparation purposes only. LOIs *must* be submitted through the online application system.\*\*\*

### **About the Organization**

Date of Request:

Organization Name:

Legal Name of Organization:

Street Address:

City:

Zip/Postal Code:

Main Area Code and Phone Number:

Main Area Code and Fax Number:

Website Address:

Organization's Purpose or Mission (Please limit to 55 words):

Organization's Annual Budget (Provide dollar amount for total revenues in line below. Attach a complete Agency Budget when you submit the application):

### **Contact Information**

Executive Director or Chief Executive of Organization:

First Name:

Last Name:

Title:

Email Address:

## **Project Request**

Project Title (Please provide title only):

Amount of Request (Please provide specific dollar amount):

Project Budget (Provide dollar amount for total expenses in line below. Attach a full Project Budget when you submit the application):

Program Area (select from drop-down menu):

Type of Support (select from drop-down menu):

Population Served (select from drop-down menu):

Geographical Area Served (by county) (select from drop-down menu):

Specific Purpose of Project (Please limit to 8 sentences):

Briefly describe need for project (Please limit to 5 sentences):

Briefly describe project (Please limit to 250 words):

What exactly will SDCHF funding pay for in proposed project?

Number of People to Be Served by Project during Grant Period:

Project's Key Staff and their Roles (Please include education levels and licensure of key staff):

### **Please attach the following documents before submitting your Letter of Inquiry:**

1. Most recently approved Agency Budget
2. Complete Project Budget. Please indicate the amount to be assumed by the grant recipient, other organizations, and the amount requested from St. David's Community Health Foundation
3. List of the organization's board members. Please include names, officer titles and contact information.