Print Form

Competitive Human Services Funding Program- Letter of Intent

I. ORGANIZATION

Name:

Address:

City: State: Zip Code:

Phone Number: Website:

II. PRIMARY CONTACT FOR ORGANIZATION: PRESIDENT/CEO

Name: Title:

Address:

City: State: Zip Code:

Email: _____

III. PRIMARY CONTACT FOR APPLICATION:

Name: Title:

Address:

City: State: Zip Code:

Email: _____

IV. PROGRAM INFORMATION:

Program Name:

Number of Program Staff: Full Time: Part Time:

Provide a brief description of the population and geographic area to be served (The full description must fit in the box below):

Please check the box for the Funding Priority category this program falls within; understanding that some types of services fall into more than one category (Please check all that apply):

I. Safety Net: Emergency & Basic Needs

These human services activities link to and support the city's role in public health

☐ Examples of programs in this category include:

- Food, shelter, clothing and other basic material needs; and
- Information & referral

II. Economic Success: Employment & Self Sufficiency

These human services activities link to and support the city's role in economic development, job creation, and increasing the tax base.

Examples of programs in this category include:

☐
- Barrier removal/benefit gap programs: child care other than pre-K, adult education (skills/higher education, transportation, and language;
- Independent living services: basic living supports and life skills training; and
- Workforce development, employment training, and job placement services

III. Social Success: Safe & Healthy Individuals, Relationships and Neighborhoods

These human services activities link to and support the city's role in public health, maintenance services, code enforcement, infrastructure investments, and homeownership

Examples of programs in this category include:

☐
- Special population programs (child, youth, family, seniors, special needs;
- Physical, behavioral, and mental health services (prevention & treatment; substance abuse treatment;
- Housing & homeownership services;
- Neighborhood & community safety programs

Program Description including Goals and Objectives (the full description must fit in the provided space below and on the following page):

Program Description Continued:

If the program is a collaborative project please provide the following:

Lead Organization:

Partner Organizations (Attach additional page if needed):

Organization	Contact Name	Email Address

PLEASE NOTE: If the collaborative is invited to submit a full proposal, some or all of the partners may be contacted to provide further information on the project.

Please identify the level of collaboration that best describes the level of collaboration between you and your partners for the proposed program:		
☐	**Networking**	Loose/flexible link, roles loosely defined; dialogue and common understanding
☐	**Cooperation of Alliance**	Semi-formal links, roles somewhat defined; match needs & provide coordination
☐	**Coordination or Partnership**	Roles are defined, links are formalized; share resources to address common issues
☐	**Coalition**	Links are formal, all members involved in decision-making, share ideas and pull resources from existing systems
☐	**Collaborative**	Roles, times and evaluation are formalized; accomplish shared vision and impact goals.

Provide a brief description of the Collaborative's history, structure, role of the partners and their scope of work. Specifically discuss what the partners can achieve as a collaborative vs. independently; outline how accountability, performance and resources are shared:

V. Financial Information:

Organization's 2014-15 Total Annual Budget:

Program's 2014-15 Total Annual Budget:

Approximate level of funding being requested (Project Costs Apr. 2014-2015):

Please provide the top five contributors for a. the organization and b. the program outlined above. Provide the secured and projected contribution amounts for 2014 and 2015:

Organization:

Organization	2014: Secured Amount	2014: Projected Amount	2015: Secured Amount	2015: Projected Amount

Program:

Organization	2014: Secured Amount	2014: Projected Amount	2015: Secured Amount	2015: Projected Amount

Please submit a hardcopy of the following documents with the completed Letter of Intent:

- **501c3 Determination letter**
- **Signed and Dated IRS W9 Form**