



2017 LETTER OF INTENT WORKSHEET

IMPACT THE PALM BEACHES Letter of Intent is an online form. This worksheet details the information you will be asked to provide in the form. Please use this document to prepare your responses prior to completing the form. If you have any questions, please contact info@impactpalmbeaches.org.

FOCUS AREA INFORMATION

Please choose the focus area you will designate for your application.

- ARTS AND CULTURE** - Projects that cultivate, develop, educate, or enhance cultural and artistic climate.
- EDUCATION** - Projects that further the ability to educate and improve education.
- ENVIRONMENT** - Projects that improve, enhance or restore the surroundings and promote conservation of our natural resources; promote the protection and welfare of animals; and encourage research, public awareness and education relating to the environment and animals.
- FAMILY** – Projects that strengthen and enhance the lives of children and families living in our community.
- HEALTH AND WELLNESS** – Projects that positively impact the physical and/or mental health and wellness of the members of our community.

GENERAL INFORMATION (NO CHARACTER RESTRICTIONS)

1. Legal Name of the Organization
2. Employer Identification Number
3. Mailing Address
4. Website
5. Executive Director Name
6. Executive Director Email
7. Contact Name (if other than Executive Director)
8. Contact Phone
9. Contact Email

PROPOSAL SUMMARY

1. Project Title
2. Brief description of the project (MAX: 500 characters with spaces)
3. Type of Request (capital, program, start-up, significant expansion)
4. Is this a new project or the expansion of an existing one?

PROPOSAL NARRATIVE

1. Please explain how this project will create an innovative solution that will be transformational to the community? (MAX: 1,000 characters with spaces)
2. Why are you applying now? Why is this juncture the time when \$100,000 would have an impact? (MAX: 1,000 characters with spaces)
3. Please address what makes your project compelling. Has this been done in the past? What makes you confident this will be successful? (MAX: 1,500 characters with spaces)
4. Is the project a collaborative effort? If yes, provide specifics and list all partners. (MAX: 1,000 characters with spaces)
5. What specific need does the project address? And how does the project impact that need? (MAX: 1,500 characters with spaces)
6. Please address how this project complements the organization's overall mission? (MAX: 1,000 characters with spaces)



7. Who is the target population for this project? (Include the number of individuals expected to be served) (MAX: 500 characters with spaces)
8. What are the measurable goals this project hopes to achieve? (MAX: 2,000 characters with spaces)
9. When do you expect the project to start? (if the project for which you are requesting funds is part of a larger project, please indicate when the specific Impact portion of the project will start.)
10. Has the Board of Directors authorized submission of this LOI?

FINANCIAL INFORMATION

Please submit the total proposed budget for this project and how Impact’s grant will be utilized. (add additional lines if necessary)

LIST EACH LINE ITEM	TOTAL PROJECT EXPENSE	IMPACT FUNDS
TOTAL GRANT		\$100,000

1. If the project budget exceeds \$100,000 how will additional funding be secured? Please be specific. (MAX: 1,000 characters with spaces)
2. How will the project be sustained after Impact funding is exhausted? (MAX: 500 characters with spaces)

ATTACHMENTS

- Form 501(c)(3)
- Florida Department of Agriculture Solicitation Permit
- Most recent IRS Form 990 with supporting schedules
- Most recent audited financial statements
- Most recent Board approved operating budget (please include year-to-date actuals vs. year-to-date budget if available)