Worksheet: Letter of Intent

To apply for a Responsive Grant to the Williamsburg Health Foundation (WHF), applicants must complete a letter of intent (LOI) through an online application process. The online LOI application link and the grants calendar with deadlines are available on WHF's website. *Applicants may use this worksheet to assist them in completing the LOI. However, this worksheet does not replace the online LOI application and should not be submitted to WHF.*

Organization Information

Organization Information
☐ Organization Name
☐ Address
☐ City
☐ State
☐ Zip Code
☐ Main Phone Number
☐ Website Address
☐ Brief Organizational Background
☐ Mission Statement of Applicant Organization

Contact Information

Main Staff Contact for Program
This is the primary person to whom WHF staff would direct any questions about the letter of intent. If the main staff contact person is unavailable, WHF staff will contact the Head of Organization.
☐ First Name
☐ Last Name
☐ Job Title
☐ Office Phone Number
☐ Office Phone Extension
☐ E-mail Address

Head of Organization

Examples: Executive Director, Chief Executive Officer, or President of Organization

- ☐ First Name
- ☐ Last Name
- ☐ Job Title
- ☐ Office Phone Number
- ☐ Office Phone Extension
- ☐ E-mail Address

Program and Grant Information

General Information

- ☐ Program Title
- ☐ Brief Description of Program (50 word limit)
- ☐ Total Program Budget Amount
- ☐ WHF Grant Request

Relation to the Foundation's Funding Priorities

- ☐ WHF's strategic plan guides all funding decisions with our focus in the following eight areas: behavioral health services, community capacity building, healthy aging, healthy eating active living, integrated care, two-generation family services, organizational capacity building, and public policy advocacy. Please select one or two of these funding areas you believe your grant request will best target and briefly describe how your organization proposes to address those funding areas. (150 word limit)
- ☐ WHF encourages collaboration within the community. Please identify partners or collaborating agencies contributing to this program. (150 word limit)

The Need and the Underlying Causes

In the two questions that follow, WHF is interested in understanding the evidence establishing the existence of the need and its underlying causes that will be addressed by the proposed grant. Please note, if the applicant is invited to submit a full application, there will be an opportunity to address more fully the evidence establishing the need.

☐ What specific need will the proposed program address with WHF funding? (150 word limit)

☐ How will the program address that need? (150 word limit)

Demographics

☐ How many individuals do you anticipate this program will serve?

☐ What percentage of the people served by this program live in WHF's service area (City of Williamsburg, James City County, and York County)?

☐ What percentage of the people served by this program is estimated to be below 200% of the Federal Poverty Level (FPL)?

☐ What other demographic characteristics of the people expected to be served by a WHF grant would you like to share with us? (150 word limit)

Attachments

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☐ WHF Program Budget Packet (online submission required)