

Williamsburg Health Foundation Letter of Intent Worksheet

Please Note: This worksheet is meant to assist applicants with completing the Letter of Intent (LOI) step of the Responsive Grant application process. All of the questions from the LOI are listed below in the same order and under the same categories as they appear on the LOI online, and question word limits are indicated where applicable. **This document is not meant to replace the LOI and should not be submitted to the Foundation.**

Organization Information

- Organization name
- Street address
- City
- State
- Zip
- Main Phone Number
- Main Fax Number
- Website Address
- Brief organizational background
- Please provide the mission statement of the applicant organization

Contact Information

The information listed below must be submitted for the main point of contact for the project, the head of the organization, and the board chair.

- Prefix
- First Name
- Middle Name or Initial
- Last Name
- Suffix
- Title
- Office Phone Number
- Office Phone Extension
- Office Fax Number
- Email Address

Program and Grant Information

- Program Title
- Brief Description of Program (please limit to 35 words or fewer)
- Requested Funding Amount
- Total Program Budget Amount

Relation to the Foundation's Priorities

- This program will contribute towards which of the following goals of the Williamsburg Health Foundation (select one):
 - Promoting lifelong wellness and informed individual choices for all who live in Greater Williamsburg
 - Meeting the health care needs of Greater Williamsburg's most vulnerable community members
 - Advocating for consideration of health opportunities in community decisions and strengthening agencies influencing health in Greater Williamsburg.
- The Foundation encourages collaboration within the community. Please identify partners or collaborating agencies contributing to this program (please limit responses to 150 words or less).

The Need and the Underlying Causes

Please limit responses to 150 words or less. If the applicant is invited to submit a full application there will be the opportunity to address the evidence establishing the existence of the need and the underlying causes of the need.

- What specific need will the proposed program address?
- How will the program address that need?

Demographics

Please limit responses to 50 words or less unless otherwise noted.

- How many individuals do you anticipate this program will serve?
- What is the demographic profile (150 word limit)?
- What percentage is estimated to be below 200% of the Federal Poverty level?
- What percentage of the people served by this program live in the Williamsburg Health Foundation's service area for responsive grants?

Attachments

- Program Budget Form (Online submission required)
- Program Expense Narrative (Online submission required)
- Program Income Form (Online submission required)
- IRS Determination Letter – can be submitted with the online application or delivered to the Foundation by the due date. An IRS Determination Letter is not required for government entities.