



## 2018/2019 LETTER OF INTENT APPLICATION

Date of Application \_\_\_\_\_ Tax ID \_\_\_\_\_  
*(Unless a fiduciary organization is required.)*

Name of Applicant/Organization \_\_\_\_\_

Address \_\_\_\_\_

Executive Director/Program Administrator \_\_\_\_\_

Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

Email Address \_\_\_\_\_

Contact Person Name and Title \_\_\_\_\_  
*(If different than the Executive Director / Program Administrator)*

Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

Email Address \_\_\_\_\_

*If your project requires a fiduciary, please complete the following:*

Fiduciary Organization \_\_\_\_\_

Fiduciary Address \_\_\_\_\_

Executive Director/Program Administrator \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Fiduciary Tax ID # \_\_\_\_\_

Title of Proposal \_\_\_\_\_

Purpose of Grant (one sentence) \_\_\_\_\_

\_\_\_\_\_

Estimated Total Project Costs \$ \_\_\_\_\_

Will you accept partial funding? Yes No

Is your organization a 501(c)3? Yes No

Geographic Area Served \_\_\_\_\_

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The Jackson Junior Welfare League has chosen the following Community Priority as the focus of our grant making for 2018/2019:

### ***Building Bright Futures***

Vision: The Jackson Junior Welfare League seeks to collaborate with organizations and participate in programs that provide opportunities for our community youth to reach their full potential and become active, healthy and engaged citizens as adults through one or more of the following means:

- Provide scholarships or financial support to youth to overcome challenges (serious illness, poverty, abuse, discrimination, learning disabilities) and reach success;
- Mentor youth in cultivating a strong sense of confidence in their value and potential
- Provide resources to youth that promote positive decision making;
- Mentor youth in identifying a pathway for their future and providing support through this journey;
- Provide unique educational opportunities that enhance and expand upon their core educational experience

\*Please be sure to describe how your project relates to this area within your narrative.\*

### **NARRATIVE**

Please include the following information, limiting your response to **two pages or less**. Please label your sections accordingly.

- What is the proposed time frame for the project?
- Basic information about your organization; particularly 501 (c)3 status.
- Description of the need for your proposed project or service.
- Description of how your program or service will fill the need described.
- A statement regarding how your organization's mission and the proposed project or service correlates with the JJWL's community priority.
- Project Budget
- Organizational Budget

### **ADDITIONAL ATTACHMENTS**

Please include a copy of your IRS determination letter indicating 501(c)3 tax-exempt status and your most recent 990.

**\*\*Complete Letters of Intent and Attachments should be emailed as a *single PDF* to [communityprojects@jjwl.org](mailto:communityprojects@jjwl.org) on or before Wednesday, August 1, 2018, at 5:00 PM.\*\***