



Letter of Inquiry

Be thorough but please do not repeat information in multiple responses. Please be certain you adhere to all character limits and note that bullets and line breaks count as characters.

ORGANIZATION INFORMATION

Name of Organization:

Year Incorporated:

Tax ID #:

Address:

City, State, Zip:

Phone:

Fax:

Website:

Number of staff: Full time Part Time

MISSION STATEMENT

State the organization's mission and whether independent or part of a larger organization and number of sites. *(500 characters maximum)*

BACKGROUND

Briefly describe target population; and scope of current programs/projects and services offered. *(500 character maximum)*

FINANCIAL INFORMATION

Current agency budget:

Total Income based on the last fiscal year:

Total Expenses based on last fiscal year:

CONTACT INFORMATION

Chief Staff Officer (example: CEO, COO or Executive Director)

First Name:

Last Name:

Title:

E-mail:

Office Address:

Office City, ST, ZIP:

Office Phone:

Office Fax:

Person submitting/preparing this Letter of Inquiry, if different from above

First Name:

Last Name:

Title:

E-mail:

Office Address:

Office City, ST, ZIP:

Office Phone:

Office Fax:

PROGRAM TITLE

Describe the program in one succinct sentence.

PROGRAM SUMMARY *(1000 character maximum)*

EVALUATION

Describe the proposed outcomes of the program and how they will be measured. *(500 characters maximum)*

GEOGRAPHIC AREA OF PROGRAM FOCUS

Indicate the geographic area that this program will serve.

PROGRAM BUDGET

Provide the total cost of the program for which funding is being sought.

Describe how funding **not to exceed \$15,000** from TPC would be used (salaries, new hires, equipment, supplies, etc.). *(500 characters maximum)*

FUNDING IS FOR (CHOOSE ONE):

Existing program

Expansion of existing program

New program

TOTAL AMOUNT RAISED TO DATE TOWARD PROGRAM

(In cash, pledges, and in-kind contributions)

AMOUNT REQUESTED

CERTIFICATION/ AUTHORIZATION

I certify that I am authorized to submit this Letter of Inquiry on behalf of the organization that will operate the proposed program.

First Name:

Last Name:

Title: