



2017 LETTER OF INTENT COVER PAGE (FOR ALL GRANTS)

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Page 1 of _____

REQUESTING ORGANIZATION

Is the Requesting Organization tax-exempt under IRS code section 501(c)(3)? YES NO

Requesting Organization's Name: _____

Project Name: _____

Is this project: NEW EXISTING Is it related to a project previously funded by the JWF? YES NO

Type of Grant Request: First Time for this Project Renewal Challenge Super Grant

Contact Person / Title: _____ Backup Contact/Title: _____

Phone: _____ Email: _____ Phone: _____ Email: _____

Requesting Organization's Address: _____

Collaborating Partners (if any): _____ Requesting Organization's Founding Year: _____

Percent of women on Requesting Organization's Board of Directors: _____ %
(ON A SEPARATE PAGE, ATTACH A LIST OF REQUESTING ORGANIZATION'S BOARD MEMBERS)

Percent of women on Requesting Organization's staff: _____ % On the project staff: _____ %

Total project budget: \$ _____ Total requested from JWF: \$ _____

On a separate page, please list past JWF Grants and Applications. Check here if not applicable:

Total Requesting Organization's Annual Budget: \$ _____

REQUIRED SIGNATURES: *(COLLABORATING PARTNERS – SEE NEXT PAGE)*

Chief Professional Employee/Executive Director: _____
PRINT OR TYPE NAME AND TITLE

Original Signature: _____ Date: _____

Chief Lay Leader/Board President: _____
PRINT OR TYPE NAME AND TITLE

Original Signature: _____ Date: _____

REQUIRED: One paragraph description of the project in this space:



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Project Name: _____

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COLLABORATING PARTNER ORGANIZATION 1

Organization's Name: _____

Organization Address: _____

Organization's Founding Year: _____

Percent of women on Organization's Board of Directors: _____ %

Percent of women on Organization's staff: _____ % On the project staff: _____ %

Total Organization's Annual Budget: \$ _____

REQUIRED SIGNATURES:

Chief Professional Employee/Executive Director: _____

PRINT OR TYPE NAME AND TITLE

Original Signature: _____ Date: _____

Chief Lay Leader/Board President: _____

PRINT OR TYPE NAME AND TITLE

Original Signature: _____ Date: _____

COLLABORATING PARTNER ORGANIZATION 2

Organization's Name: _____

Organization's Address: _____

Organization's Founding Year: _____

Percent of women on Organization's Board of Directors: _____ %

Percent of women on Organization's staff: _____ % On the project staff: _____ %

Total Organization's Annual Budget: \$ _____

REQUIRED SIGNATURES:

Chief Professional Employee/Executive Director: _____

PRINT OR TYPE NAME AND TITLE

Original Signature: _____ Date: _____

Chief Lay Leader/Board President: _____

PRINT OR TYPE NAME AND TITLE

Original Signature: _____ Date: _____

If there are additional Collaborating Partner Organizations, please continue on another page.