

The Letter of Intent, which may not exceed three pages double-spaced, must include the information requested below. Please present your responses in the order they are requested, identifying each by the number indicated:

1. Please describe your organization's mission and purpose.
2. Describe the project, including a statement of need, the target population, your implementation plan and an approximate timetable.
3. Describe the project budget and explain how the requested funds will be used.
4. List any collaborating or partner organizations, indicating their roles in and financial contributions to the project.
5. Original signatures of the Requesting and each Collaborating Partner organization's (or each fiscal agent's) Chief Professional Employee/Executive Director or CEO and Chief Lay Leader/Board President or Board Chairperson are required.

You must complete the [Letter of Intent Cover Page](#) in addition to the Letter of Intent. Please be sure to check the correct box, indicating the type of grant you are requesting.

The JWF will review all Letters of Intent at the beginning of March 2017, after which your organization will receive either an invitation to complete a final grant application and a request for a site visit/interview, or a rejection letter.

Please refer to the Grants Process Timeline as stated in our Grant Guidelines for further details.

We encourage all applicants to call or email JWF director Susan Cassels Kamin at 248.203-1524 or kamin@jfmd.org to ask questions or to discuss your projects.



2017 LETTER OF INTENT COVER PAGE (FOR ALL GRANTS)

You may scan, reproduce, photocopy or download this form from www.jwfdetroit.org.

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.