



## 2020 LETTER OF INTENT (LOI) WORKSHEET

The IMPACT THE PALM BEACHES LOI is an online form submitted through The Community Foundation for Palm Beach and Martin Counties ([www.yourcommunityfoundation.org](http://www.yourcommunityfoundation.org)).

This worksheet details the information you will be asked to provide on the form. Please use this worksheet to prepare your responses prior to completing the form. If you have any questions, please contact [info@impactpalmbeaches.org](mailto:info@impactpalmbeaches.org).

NOTE: The project must serve Palm Beach County within the boundaries of Lake Worth Road north to the Martin County line, and east from the ocean and west to the Palm Beach County line.

### FOCUS AREA INFORMATION

Please choose the focus area you will designate for your application.

- ☐ **ARTS AND CULTURE** - Projects that cultivate, develop, educate, or enhance cultural and artistic climate.
- ☐ **EDUCATION** - Projects that further the ability to educate and improve education.
- ☐ **ENVIRONMENT** - Projects that improve, enhance or restore the surroundings and promote conservation of our natural resources; promote the protection and welfare of animals; and encourage research, public awareness and education relating to the environment and animals.
- ☐ **FAMILY** – Projects that strengthen and enhance the lives of children and families living in our community.
- ☐ **HEALTH AND WELLNESS** – Projects that positively impact the physical and/or mental health and wellness of the members of our community.

### GENERAL INFORMATION (NO CHARACTER RESTRICTIONS)

1. Legal Name of the Agency
2. Employer Identification Number
3. Mailing Address
4. Website
5. Executive Director Name
6. Executive Director Email
7. Contact Name (if other than Executive Director)
8. Contact Phone
9. Contact Email

### PROPOSAL SUMMARY

1. Project Title
2. Brief description of the project (MAX: 150 Words)
3. Type of Request (capital, program, start-up, significant expansion)
4. Is this a new project or the expansion of an existing one?

### PROPOSAL NARRATIVE

1. Is this project transformational - creating an innovative solution that will drive social change? Please explain how and the specific need that the project addresses. (MAX: 200 Words)
2. Why are you applying now? Why is this juncture the time when \$100,000 would have the most impact? (MAX: 200 Words)



3. Has this been done in the past? If yes, please provide results. What makes you confident this will be successful? (MAX: 200 Words)
4. Is the project a collaborative effort? If yes, provide specifics and list all partners. (MAX: 200 Words)
5. Please address how this project complements the agency's overall mission? (MAX: 200 Words)
6. Who is the target population for this project? (Include the number of individuals expected to be served.) (MAX: 100 Words)
7. What are the measurable goals this project hopes to achieve? Preferably in bullet point format. (MAX: 200 Words)
8. When do you expect the project to start? (If the project for which you are requesting funds is part of a larger project, please indicate when the specific Impact portion of the project will start.) (MAX: 100 Words)
9. Has the Board of Directors authorized submission of this LOI? Yes or No.

### FINANCIAL INFORMATION

Please submit the total proposed budget for this project and how Impact's grant will be utilized. (Add additional lines if necessary.)

LIST EACH LINE ITEM	TOTAL PROJECT EXPENSE	IMPACT FUNDS
<b>TOTAL GRANT</b>		<b>\$100,000</b>

1. If the project budget exceeds \$100,000 how will additional funding be secured? Please be specific. (MAX: 100 Words)
2. How will the project be sustained after Impact funding is exhausted? (MAX: 100 Words)

### ATTACHMENTS

- Form 501(c)(3)
- Florida Department of Agriculture Solicitation Permit
- Most recent IRS Form 990 with supporting schedules
- Most recent audited financial statements
- Most recent Board approved operating budget (Please include year-to-date actuals vs. year-to-date budget if available.)