

INDIANAPOLIS Letter of Intent for JLI Community Assistance Grants

ALL BLANKS MUST BE COMPLETED. NO ATTACHMENTS ARE TO BE INCLUDED.

Applicant Information			
Organization Name:			Date:
Address:			
Street Address			
County	City	State	ZIP Code
Phone: ()	FAX ()	Website Address:	
EIN (IRS Tax ID number):		Year Established:	
Operate in Calendar Year or Fiscal Year:		Year From:	/ to/
Number of Paid Staff:		Number of Full-time staff:	
Number of Volunteers:		Number of Part-time staff:	
Number of Board Members:		Number of Board Meetings:	
Percentage of Board Contributing Annually:		Percentage of Board Meeting Attendance	:
Current Executive Director Term in Years:		<u> </u>	
Contact Information			
Name:			
First	Last		
Phone: ()		Email Address:	_
FAX: ()		Position:	
Section 1 – Organization Summary			
Total Monetary Request (please enter request and one option for funding):	the December (Requesting in grant funding	\$50,000 and willing to participate in a site vi General Membership meeting, if selected to from \$5,000 and up to \$10,000 and will not g; will not be required to participate in a sit eral Membership meeting.	do so. be eligible for more than \$10,00
Line A - Total Monetary Request:	Determine Gene	\$	
Line B – Total Organizational Budget for Project	Year:	\$	-
Line C – Total Project/Initiative Budget:		\$	
Line D – Request as percentage of Organizational Budget: (Divide Line A by Line B)		y Line B) %	
Line E – Request as percentage of Project/Initiativ	e Budget: (Divide Line A	by Line C) %	
Line F – Age of program (indicate if new or years	in existence):		
Line G – Number of TOTAL unduplicated childre	#		
Line H – Number of unduplicated children to be se	ing: #		
Line I – Number unduplicated children served by	his proposal living in Mar	rion County: #	
Line J – Program's TOTAL cost per participant (Divide Line C by Line G)		\$	
Line K – Program's JLI Funded cost per participal	nt (Divide Line C by Line	H) \$	
County(s) Served by Project:			

Section 2 – Project Description Select which of the following JLI focus areas the project for which funding is being requested supports. You may select both if applicable.			
Provide families with knowledge and resources to guide their children toward academic success Equip students, families and/or education provides with age-appropriate educational materials			
Briefly describe the project concept and how the project for which funding is being requested supports the focus area(s) selected above in the space provided. The Letter of Intent should not exceed 3 pages in total.			
Section 3 – JLI Historical Information To assist the JLI in determining whether any potential conflict of interest exists, please indicate whether you currently have, or have had in the past three years, any JLI members employed by your organization, volunteering for your organization, or serving on your Board of Directors. (NOTE: Answering "yes" will not disqualify your organization from receiving assistance, but will allow the JLI to ensure that proper screening measures are implemented in reviewing your application, to ensure fairness for all applicants.)			
☐ No ☐ Yes If yes, please list those individuals, including names and positions.			
2. Has your organization ever received funding or volunteers from the JLI? If yes, please indicate dates, amounts, and/or services received.			
Section 4 – Signature – This section must be completed by the applicant's Executive Director.			
Signature: Date:			
Printed Name & Title:			

LETTER OF INTENT SHOULD BE COMPLETED AND SUBMITTED: By 5:00pm on August 16, 2019 by email to grants@jlindy.org and include "2019 CAG Letter of Intent" in the subject line Letter of Intent must be saved and attached as a PDF