

MRHT Letter of Inquiry

Cover Page

To complete a Letter of Inquiry application, please fill in the requested information.

Organization Information		
Tax ID If you are using a fiscal sponsor, use the sponsor's Tax ID number.		
Legal Name of Applicant Organization This is the name associated with IRS records. If you are using a fiscal sponsor, use the sponsor's legal name.		
Organization Name, if different than legal name The name by which your organization is commonly known, if different from the IRS legal name. If you are using a fiscal sponsor, use your own organization's name.		
Address		
City	State	Zip Code
Phone Number	Fax Number	
Organization's internet address		
Select the Chicago Community Area or County where your organization is located		
Organization Type Please select the one category that best characterizes your organization.		
What is your organization's annual operating budget (expenses)?		

Organization Primary Contact

Please provide information on the organization's president/executive director/CEO. For larger institutions, such as a university or hospital, a senior department head may be used.

Prefix **First Name** **Middle Initial or Name**

Last Name **Suffix**

Title

Address

Please provide the primary contact's address if it is different than the organization's address given above.

City **State** **Zip Code**

Phone Number **Extension**

When possible, provide the direct dial number

E-mail address

Primary Contact for Request

If different than the organization's primary contact, provide information on the primary contact for this request.

Check here if same as Organization Primary Contact

No

Prefix **First Name** **Middle Initial or Name**

Last Name **Suffix**

Title

Address**City** **State** **Zip Code****Phone****Extension**

When possible, list the direct dial number.

E-mail address**Information about your Program/Project****Name of Program or Project for which funding is sought**

The Health Trust does accept requests for general operating support. Generally, those receiving general operating support have a funding history and established relationship with the Health Trust.

Total Amount of Grant Request (whole dollars)

If you are requesting a multi-year grant, please include the total amount requested for all years.

What is the length of time funds are requested?

(In whole months)

Type of Support

Select the type of support/services for which you are requesting a grant. (If none of the categories apply, please select Other.) If grant funds will support multiple categories, please select the one category that will use the most resources.

Population Served

Identify the population that your program serves. You may choose up to two populations,

If your program targets a specific ethnic or racial group, please identify the group.

If the program does not serve a specific ethnic or racial group, please select Not Applicable.

Please identify the geographic area mainly served by your program. You may select up to three areas.

*Narrative***Letter of Inquiry Narrative**

To spell check your responses, please click the red checkmark.

Brief Description (2-3 sentences) of the project for which funding is sought. (100 words or less)

Please provide a brief description (3-5 sentences) of your organization, its mission, and the community it serves. (125 words or less)

Health Problem/Issue

Please provide a brief description (3-5 sentences) of the health problem, opportunity or issue to be addressed and its impact on the community served. (125 words or less)

Overview

Please provide an overview of the program for which funds are requested, including key program activities. If the program is currently operating, describe its successes and/or challenges, and how Health Trust funding would impact the program (e.g., sustain program, expand program, improve program elements, etc.). If request is for general operating support, please describe primary organizational services and related activities. (225 words or less)

Goal(s)

Please describe your program's (or organization's, if request is for general operating support) overall goal(s). (125 words or less)

Objectives

Please list key program (or organization, if request is for general operating support) objectives for the coming year that will help achieve the overall goal(s). For each objective, please list an expected outcome and/or indicator associated with reaching the outcome. (250 words or less)

Evaluation

Please describe how you evaluate the program (or organization, if request is for general operating support) and identify data sources used to evaluate results. (150 words or less)

Staff and Qualifications

Please list the staff person(s) responsible for this project on a day-to-day basis and his or her experience/qualifications. (125 words or less)

Project Budget

Total cost of the program/project (round to nearest dollar)

Use of Health Trust Funds

Please describe specifically how Health Trust funds would be used (e.g., support a defined portion of existing staff member's time, purchase materials, support staff or volunteer training, provide transportation, etc.). (100 words or less)

Funding Sources

Please describe current funding sources for this program (specific government funding sources and/or philanthropy, program fees). For general operating support, provide the organization's major funding sources. (100 words or less)

Sustainability

If applicable, please briefly describe how you project the program will be sustained beyond a grant from the Health Trust. Be sure to include other funding sources for the program, including government funding and/or philanthropy, program fees. (100 words or less)

