



The Healthcare Foundation of Highland Park

Letter of Intent

Organization Name

Primary Office Address: Street

City, State, Zip

Program site address, if different: Street

City, State, Zip

Phone Number Tax Identification No.

Contact Name

Phone (if different)

Email Address

How long has the organization been in existence? ____ How many years has this program been in existence? ____

In a few sentences, please describe the mission of your organization and the specific program for which you will be requesting funds.

What need in our community does the program meet?

Referring to the map on the Guidelines page, is your organization located in Zone 1, 2, or 3? ____

In which zone does the overall population served by the organization reside? ____

In which zone does the population served by the specific program you're requesting funds for reside? ____

What percentage of the total number of participants you serve, does this population represent? ____

Please be specific.

How much does the entire program cost? ____

What percentage of the funding will you be asking the HFHP to provide? ____

What other sources of funding do you anticipate receiving?

Please email this application and a copy of the organization's 501(c) (3) letter to

Healthcarefoundationhp@gmail.com by June 1st.