



# 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.

What is the amount of the grant you are requesting? \_\_\_\_

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](mailto:Healthcarefoundationhp@gmail.com) by June 1<sup>st</sup>.