**People With Disabilities Foundation**

**Pilot Grant Program, Phase 2**

**Letter of Interest Form**

**Please provide completed LOI Form in 14 point font. Completed LOI Form may not be longer than 3 pages.**

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| **Applicant Organization Overview** | |
| Organization Name: |  |
| Address: |  |
| City: |  |
| State: |  |
| Zip: |  |
| Web site: |  |
| Tax ID no.: |  |
| Organization’s Mission Statement: |  |
| Brief Overview of Organization: |  |
| Year Founded |  |

|  |  |
| --- | --- |
| **Contact Information** | |
| Primary Contact Name & Title: |  |
| Primary Contact Email Address: |  |
| Primary Contact Phone: |  |
| Director/CEO Name: |  |
| Director/CEO Email Address: |  |
| Director/CEO Phone: |  |

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| **Statement of Organization’s Services & Need** | |
| Is organization an IRS approved § 501(c)(3) nonprofit organization? |  |
| If organization is not an IRS approved § 501(c)(3) nonprofit organization, describe the type of organization and provide a clear statement of need. |  |
| What past or current advocacy, education, or other relevant program work does your organization provide to help individuals with psychiatric and/or developmental disabilities integrate into the whole of society? |  |
| What is the grant amount you anticipate requesting? |  |
| Describe with specificity how you will use the funds requested and how much will be accomplished within 12 months. |  |