**Gogebic Range Health Foundation: Letter of Intent**

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| **Organizational Information** |
| **Organization Name:** **Tax Id #:** **Type of Organization****501c3, government, municipality, other?**  | **Address:** **City: State: Zip:**  |
| **Contact Person:**  | **Telephone:**  |
| **Email Address:**  |
| **Organizational Mission and Vision:**   |
| **Funding Amount Requested: $ Total Project Budget: $** |
| **Matching Dollars**Will this request be used to match other funding? Please explain |
| **Project Overview** |
| Summarize the proposed project including overall goals.  |
| Describe how the project aligns with the Gogebic Range Health Foundation’s stated priorities. |
| If the proposed project has an existing development plan, please attach. If there is not a development plan available, please explain efforts or challenges to completing.  |

I verify that the information in this application is correct to the best of my knowledge and that I have completed all the items necessary for my application.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_