**A close up of a flower

Description automatically generatedGogebic 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_