



Gogebic Range Health Foundation: Letter of Intent

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: _____