Morgan Family Foundation

Letter of Inquiry Form

Please email completed form, along with the responses to the points on page 2, to info@morganfamilyfdn.org on or before January 12 or August 12 (tentative), 2010. You will be notified via email whether or not you are invited to submit a full proposal.

Organization Information	
Legal name of organization	
Other name, if different	
Street address	
City	State Zip
Employer Identification Number (EIN)	
Phone	Fax
Web site	
Name of top (paid) staff	
Title	
Phone	E-mail
Name of contact person regarding this application	
Title	
Phone	
Is this organization an IRS 501(c)(3) public charity? ☐ Yes	□ No
If yes, is this organization an IRS 509(a)(3) supporting organ	ization? Yes No
If not a 501(c)(3), is this organization a public agency/unit o	f government? □ Yes □ No
If not a 501(c)(3) public charity or unit of government, list n	name of fiscal sponsor
Fiscal sponsor's EIN number	
Please give a 2-3 sentence summary of organization's purpose	
Proposal Information	
Please give a 2-3 sentence summary of request:	
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Population served	
Geographic area served	
Funds are being requested for (check all that apply):	
□ General operating support □ Start-up costs □ Capital	□ Project/program support □ Technical assistance
□ Other (list)	
Project start-end dates (if applicable)	Fiscal year end (MM/DD/YY)
Budget	
Dollar amount requested: \$ Total	annual organization budget: \$
For requests other than general operating support, what is th	
Authorization	- total project outagett #
Name of top paid staff or board chair	
Title	
Signature	
oignature	Date