MRHT Reapplication Letter of Inquiry

Cover Page

This application is for organizations that have a current grant from the Health Trust and are requesting another grant.

Please review the information below from your last application and make changes as necessary.

Organization Information

Tax ID
If you are using a fiscal sponsor, use the sponsor's Tax ID number.

Legal Name of Applicant Organization
This is the name associated with IRS records. If you are using a fiscal sponsor, use the sponsor's legal name.

Organization Name, if different than legal name
The name by which your organization is commonly known, if different from the IRS legal name. If you are using a fiscal sponsor, use your own organization's name.

Address

City **State** **Zip Code**

Phone Number **Fax Number**

Organization's internet address

Select the Chicago Community Area or County where your organization is located

Organization Type

Please select the one category that best characterizes your organization.

What is your organization's annual operating budget (expenses)?

Organization Primary Contact

Please provide information on the organization's president/ executive director/ CEO. For larger institutions, such as a university or hospital, a senior department head may be used.

Prefix **First Name** **Middle Initial or Name**

Last Name **Suffix**

Title

Address
Please provide the primary contact's address if it is different than the organization's address given above.

City **State** **Zip Code**

Phone Number **Extension**
When possible, provide the direct dial number

E-mail address

Primary Contact for Request

If different than the organization's primary contact, please provide information on the primary contact for this request.

Check here if same as Organization Primary Contact
No

Prefix **First Name** **Middle Initial or Name**

Last Name **Suffix**

Title

Address

City **State** **Zip Code**

Phone **Extension**
When possible, list the direct dial number.

E-mail address

Information about your Program/ Project

Name of Program or Project for which you are reapplying

Total Amount of Support Requested (whole dollars)

What is the length of time funds are requested?
(In whole months)

Type of Support
Select the type of support/services for which you are requesting a grant. (If none of the categories apply, please select Other.) If grant funds will support multiple categories, please select the one category that will use the most resources.

Population Served
Identify the population that your program serves. You may choose up to two populations,

If your program targets a specific ethnic or racial group, please identify the group.
If the program does not serve a specific ethnic or racial group, please select Not Applicable.

Please identify the geographic area mainly served by your program. You may select up to three areas.

Narrative

Letter of Inquiry Narrative

To spell check your responses, please click the red checkmark.

Brief Description (2-3 sentences) of the project for which funding is sought. If appropriate, note any major changes for the coming year. (100 words or less)

Please provide a brief description (3-5 sentences) of your organization, its mission, and the community it serves. (125 words or less)

Please list goals and objectives for your previous grant and describe progress you have made towards them. If the word limit prohibits you from describing progress toward all objectives, please describe progress toward the most signficant components. (500 words or less)

If you are not on target to reach your objectives, please describe challenges and corrective actions you have taken, or plan to take, and/ or how you are addressing the situation. (200 words or less)

Goal(s)

Based on the progress you have made with your current grant, please describe your program's (or organization's, if request is for general operating support) overall goal(s) for the coming year. If you are requesting support for a different program, please describe goals for that program. (125 words or less)

Objectives

Based on progress you have made with your current grant, please list key program (or organization, if request is for general operating support) objectives for the coming year that will help achieve the overall goal(s). For each objective, please list an expected outcome and/or indicator associated with reaching the outcome. (300 words or less)

Staff and Qualifications

Have there been any changes to program/project staff in the past year or anticipated changes? Please list the staff person(s) responsible for this project on a day-to-day basis and his or her experience/qualifications. (125 words or less)

Project Budget

Total cost of the program/project (round to nearest dollar)

Use of Health Trust Funds

Please describe specifically how Health Trust funds would be used (e.g., support a defined portion of existing staff member's time, purchase materials, support staff or volunteer training, provide transportation, etc.). (100 words or less)