John Gogian Family Foundation

LETTER OF INQUIRY

Organizations must submit the LOI via U.S. Mail or commercial carrier. It must be postmarked by the day of the deadline.
<mark>Please review the *How to Apply section* under the Grants Program tab on our website for NEW changes.</mark>

GENERAL INFORMATION

1. Date: _____ Tax ID Number: _____ Year Founded: _____

2. Organization Name: _____

3. Phone Number: _____ Website: _____

4. Mailing Address: _____

5. City: _____ Zip: _____

6. Contact Name: _____ Title: _____

7. Email: _____ Phone Number: _____ Ext: _____

8. Population Served: Developmentally Disabled ◯   Abused or Neglected Youth ◯   Elderly ◯

9. Total Number of Staff: _____ Full-time: _____ Part-time: _____

10. Grant Amount Requested: $_____

11. Type of Request: Program ◯   Capital Expenditure ◯   General Operating Support ◯

12. Name of Program (if applicable): _____

13. Total Number Served (unduplicated):   Agency: _____   Program: _____

14. Total Annual Organizational Budget: $_____ Total Program/Capital Budget: $_____

15. Principal Sources of Income:

    Fundraising:

        Foundations/Corporations: _____%   Interest: _____%

        Individual Donors: _____%   Participant Fees: _____%

        Fundraising Events: _____%   Private Sector Contracts/Sales: _____%

    Government Sources: _____%   Other: _____ _____%

16. Financial Data from IRS 990 Tax Return (for most recent year): 20_____

    Total Revenue: $_____   Total Expenses: $_____

    Net Assets/Fund Bal: $_____   Total Liabilities: $_____

    Investments/Securities: $_____   Total Cash: $_____

    Do you have an endowment? No ☐ Yes ☐   Endowment Balance: $_____

    Permanently restricted?   No ☐ Yes ☐   If YES: By board? ☐   By donor? ☐

Name of Organization: Date:

17. Does your organization utilize a *fund-raising arm* (a supporting organization or foundation) for support and/or fundraising? No☐ Yes☐ Name: _____

18. How did you learn about the Foundation? _____

19. Briefly describe your organization's history and current programs in the space provided.

20. Describe the purpose of this funding request in the space provided.

Name of Organization: Date:

LETTER OF INQUIRY

If you have been funded by the Foundation a minimum of two times within the past four years and are applying for Core Operating Support, please attach a current annual organizational budget. If you are requesting program or capital support, either fill in the budget below or attach your own budget for the program/project.

PROGRAM/CAPITAL EXPENDITURE BUDGET

REVENUE	AMOUNT
Government Grants/Contracts	
Foundations/Corporations	
Fundraising Events	
Individual Donations	
Participant Fees	
Other	
Other	
Other	
TOTAL REVENUE	**$ 0.00**

ITEMIZED EXPENSES	AMOUNT
TOTAL EXPENSES	**$ 0.00**

Revenue and expense totals must match. If you need more space, you may attach your own budget following the same format as above.