



## Wounded Warrior Project Program Grants Letter of Interest

Please refer to all instructions in the full Request for Proposals (RFP) and FAQ on the Wounded Warrior Project® (WWP) website at <http://www.woundedwarriorproject.org/grants.aspx>. Please save this document as “Your Organization Name\_LOI.”

Name of Organization:	Date of Submission:
Name of Program:	Amount Requested:
Contact Person:	Contact Person's Title:
Phone:	Email:
Organization Address:	Organization City/State/Zip:

Have you submitted a LOI to WWP before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, when (MM/DD/YY)?
Were you subsequently asked to submit a grant application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Have you received WWP grant funding in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If so, when (MM/DD/YY) and what was the amount?		
Does your organization have 501(c)(3) status? <b>Tax exemption status must be current at the time of letter of interest submission in order to be eligible. No exceptions will be made.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What is your current organizational budget?			\$
What percentage of your total organizational budget would this requested amount cover?			%
What is the geographic area impacted by your program?	<input type="checkbox"/> National	<input type="checkbox"/> Statewide	<input type="checkbox"/> Local community
	Please specify.		



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Would your organization be able to provide outcome metrics as listed in the RFP, including the WWP Standard Demographics as outlined in Final Report Form B?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you worked with the military and veteran population in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you collaborate/network with local VA Hospitals & Clinics, VA Regional Benefits Offices, Vet Centers, Veterans' Courts, local/nationwide Veteran Organizations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please explain.			
Do you have a clear plan for recruiting veterans and/or family members for your program? (Please note that WWP does not send direct referrals to Grant Recipients however we do encourage Recipients to serve as a resource in the WWP Resource Center database.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please provide details of your recruitment plan in the space below.			
What is the projected number of wounded service members or veterans and their family members and/or caregivers that your program will serve? (You may select more than one.)	____ wounded service members or veterans	____ Family Members and/or Caregivers	
Do you provide Financial Assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, do you have a vetting process in place? Do you provide budget/financial counseling? Please explain.			



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Describe your organization's mission.

Describe the grant purpose — Please succinctly summarize the purpose of the grant request. Please specify how funds will be used, distinguishing between program expenditures and administrative costs. For example: to support an employment training and placement program for Wounded Warriors in Jacksonville, Florida.

Provide a brief description of the program for which you are seeking support.



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Describe how the mission of your organization and the specific program for which you are requesting funding addresses one or more of the needs identified in the RFP and fits into larger mission of WWP to honor and empower Wounded Warriors. Which specific RFP are you fulfilling? Please indicate which category (Mind, Body, Economic Empowerment, Engagement) and Sub-Category (A-H).

In your area of expertise, what would you characterize as common trends and major issues warriors and their family members face?  
Please describe in the space provided.