

# LETTER OF INTENT TEMPLATE



Indiana State  
Department of Health

## Project Overview (2 pages)

Applicant Organization:	
Address:	
City/State/Zip	
Project Title:	<b>Baby and Me – Tobacco Free™</b>
Contact Name :	
Phone:	
Fax:	
E-mail:	

Institution Type (choose one):

- Clinic
- Community-based Organization
- Educational Institution
- Health Department (State/Local)
- Other For-Profit Organization
- Professional Association
- Other \_\_\_\_\_

**For Staff Use ONLY**  
**Applicant Identification Number:**

Have you previously received Indiana State Department of Health grant funding for the same project in the last 5 years?  Yes, please specify years \_\_\_\_\_  No

Please provide a brief synopsis of your project (2 sentences are sufficient):

Approximately how many **unduplicated** individuals will be served during year one\*?

\*Continuation of funding is contingent on funding availability, as well as grantee meeting agreed goals and objectives, including enrollment goals within agreed upon time frames.

Select the race/ethnicity of the *majority* of individuals expected to be served by this project (if applicable):

RACE:

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Other

ETHNICITY:

- Hispanic

Total amount requested:    \$ \_\_\_\_\_                      Cost per individual:    \$ \_\_\_\_\_

Is your agency willing to accept partial funding?    Yes     No

\_\_\_\_\_                      \_\_\_\_/\_\_\_\_/\_\_\_\_                      \_\_\_\_\_  
Signature - Primary Staff Person                      Date                      Type Name and Title

**Project Abstract for Baby and Me Tobacco Free™ Program Implementation  
(maximum 2 pages)**

1. What is the capacity of the requesting organization to successfully implement this program?

2. Using data, what is the demonstrated need for the targeted population in your community?

3. How many people will the project reach?

4. What are the SMART (specific, measurable, achievable, realistic, time bound) goals?

5. How will project success be evaluated and how will this program be sustained after the grant ends?

6. What impact will the project have on the community population?

7. What is the amount of funding requested?

8. What are the major budget categories?