



Letter of Inquiry

Letter of Inquiry Date: _____ (Internal use only) - Date Received: _____

Please select the Ally Financial funding priority:

Housing Community Services Financial Literacy

Organization Information:

Check box if you have previously applied for a grant from Ally Financial

Legal Name of Organization

AKA / Abbreviation

Address

City, State, ZIP

() -

() -

Main Phone

Main Fax

Main E-mail

Name of Organization Contact

Title (Please check one) – Mr. Ms.

Web site address

Federal ID Number/Employer Identification Number (EIN)

Is your organization an IRS 501(c)(3) not-for-profit organization? Yes No

Note: In order to be eligible to receive funding, applicant must be either a 501(c)(3) or international equivalent

Please briefly describe the organization's mission:



Primary Contact Information

Name of Primary Contact Regarding this Application		Title (Please check one) – Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>
()	-	() -
Primary Contact Phone	Primary Contact Fax	Primary Contact E-mail

Project Information

Is this a new project/program? Yes No

If no, is this an enhancement to an existing program? Yes No

If yes, explain details of program enhancement:

Project Title:

Briefly describe the project: (limit 2 sentences)

Briefly describe how the project meets the criteria for the funding priority:

Summarize the goals, activities, and evaluation plans for the grant sought. Briefly describe how the activities will achieve the stated goals:

Population Served By This Project	Geographic Area Served By This Project (List City and County)
-----------------------------------	--

Number of People Impacted by the Proposal	Target Project Dates (Start/End) (May not be greater than 12 months)
---	---

Project Budget

Provide cost estimates for the following information:

Total project/program budget	\$	
Amount secured	\$	
Remaining balance needed	\$	
Proposed grant amount	\$	
Ally Financial % of total project cost		%

EXPENSES

Expense Item	FT/PT		
Total Salaries, wages and benefits (breakdown by individual position and indicate full- or part-time. Attach pages as necessary.) Note if staff are new or existing resources.	Overall Project/ Program Budget	FTE Status	Staff New/Existing
1.	\$		
2.	\$		
3.	\$		
Consultants and professional fees	\$		
Program/Project Expenses	\$		
Equipment:	\$		
Administrative costs:	\$		
Other:	\$		
	\$		
	\$		
Total Expenses	\$		

Please explain your line item amounts:

Please explain how Ally funds will be used and what components of the project they will be allocated to support:



Capacity Building and Sustainability

Describe how a Ally grant would strengthen your organization:

Will the grant-supported activity be continued after the Ally grant ends? If so, explain how the Ally funds will be replaced:

Request Authorization

Primary Contact Signature

Date

(Please print) Name, Title and Organization

Chief Officer Signature

Date

(Please print) Name, Title and Organization

Submission Instructions

Please submit Letter of Inquiry electronically to jacqueline.howard@ally.com. Please use "Letter of Inquiry - 'Your Organization Name' " as the subject line for your email. Follow up with a hard copy that includes the signature of the person authorizing the submission.

Mail hard copy of Inquiry to:

Jacqueline Howard
Ally Community Relations
Ally Financial
200 Renaissance Center
MC 482-B10-B66
Detroit, MI 48265