

TPC Letter of Intent Application 2016

Organization Information

1. Organization Name *

2. Federal Tax ID# (or ID# of fiscal sponsor) *

Use numbers, no dash

3. Contact Information

Street Address *

Apt/Suite/Office

City *

Eligible Zip Codes *

- 01451
- 01460
- 01503
- 01581
- 01701
- 01702
- 01703
- 01704
- 01705
- 01718
- 01719
- 01720

00000
Zip Code Not Listed (see below) 

If your zip code is not listed, please enter here for eligibility verification.

If you are a national organization, do you have a chapter (with its own 501c3 status) within these zip codes?

Yes

No

Website URL *

Executive Director Name *

Executive Director Email *

Contact Name (if different from the Executive Director)

Contact Email Address

Contact Phone Number *

4. Does your organization have a Fiscal Sponsor? *

- Yes
- No

5. Annual Revenue (as reported on the most recent IRS Form 990 or in Fiscal Sponsor letter) *

6. Indicate which disparities are addressed in your organization's mission (check all that apply) *

- Poverty
- Income
- Employment
- Education
- Health and wellness
- Gender, ethnic, and/or racial bias

7. Indicate category(s) for which you are requesting funding (check all that apply) *

- Operations and general support
 - Expansion of existing program
 - Tangible goods to advance a program (e.g. van, cameras, computers)
 - New program
 - Organizational infrastructure (e.g. program evaluation, organizational development, planning, marketing and communications, Board development)
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8. Describe your organization's mission and goals, including a description of the needs of the population served, and how your specific programs address those needs (limit 450 words). *

9. Describe how your organization would use The Philanthropy Connection's grant (limit 450 words). *

10. Describe how you will determine if TPC funds have made a difference in your organization and/or the individuals receiving services (limit 150 words). *

11. Describe how the experience and background of your Executive Director and other key staff are relevant to and benefit your organization's mission (limit 250 words). *

Fiscal Sponsor Information

12. Fiscal Sponsor Organization Name

13. Date Sponsorship Began



14. What is the organizational relationship (e.g., structural and/or governance ties, benefits and privileges, changes in the relationship over time, legal and fiduciary responsibility, etc.)

15. Do you receive financial support from this organization?

- Yes
- No

16. If you answered yes above, please disclose the amount of support from the last completed fiscal year.

17. Asian

	No. of Female	No. of Male	No. of Transgender
Board	<input type="text"/>	<input type="text"/>	<input type="text"/>
Executive Director	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Management or Supervisory Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>

18. Black

	No. of Female	No. of Male	No. of Transgender
Board	<input type="text"/>	<input type="text"/>	<input type="text"/>
Executive Director	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Management or Supervisory Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>

19. Latino(a)

	No. of Female	No. of Male	No. of Transgender
Board	<input type="text"/>	<input type="text"/>	<input type="text"/>
Executive Director	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Management or Supervisory Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>

20. White

	No. of Female	No. of Male	No. of Transgender
Board	<input type="text"/>	<input type="text"/>	<input type="text"/>
Executive Director	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Management or Supervisory Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>

21. Other

	No. of Female	No. of Male	No. of Transgender
Board	<input type="text"/>	<input type="text"/>	<input type="text"/>
Executive Director	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Management or Supervisory Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>

22. Describe as specifically as possible the population served by your non-profit (race, gender, etc.) (limit 150 words). *

23. Additional comments

Required Documents to Include in Application

24. 501(c)(3) Status Letter **OR** Fiscal Sponsor Agreement Letter *

Browse...

25. First page of the most recent IRS Form 990 **OR** letter from the Fiscal Sponsor certifying applicant's revenue, including only that which would be reported on the Total Revenue line of IRS Form 990. *

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26. Resume(s) of Executive Director and other key staff *

Browse...