



CALIFORNIA COMMUNITY FOUNDATION

Letter of Intent

Organization: _____

Address: _____

City/State: _____ Zip Code: _____ Web site: _____

Telephone: () _____ Fax: () _____ EIN# _____

Name/Title of Agency Head: _____ E-mail: _____

Contact Person for This Application: _____ E-mail: _____
(if different from the agency head)

Contact Person's Telephone: () _____ Fax: () _____

Program Area to Which You Are Applying:
Arts and Human Development Health Care
Education Neighborhood Revitalization

Type of Support for Which You are Applying:
Core Operating Capacity Building Capital Project
Policy/Advocacy

Please provide information about your request according to the following outline in the space provided below. (Do not exceed 200 words per sub category.)
I. Summary of Request
A. Agency Mission:
B. Purpose of Request:
1. Overview
2. Objectives
3. Activities (i.e., services the agency provides)
4. Target Population (e.g., the elderly, physically disabled children or adults, at-risk or foster youth)
5. Geographic Areas Served (i.e., zip codes and corresponding cities and neighborhoods)

C. Needs to be Addressed (specify whether support would meet internal capacity and/or capital or external community concerns):

D. Significance of the Proposed Work (i.e., role in contributing to the solution of community needs or helping to further the mission of the organization):

E. Relationship to Foundation's Funding Priorities:

F. Expected Results and Benefits to Target Population:

G. Agency Experience to Implement Proposed Work:

H. Relation of Proposed Work to Agency Mission and Goals:

I. Role of Partners in Planning and Implementation (if any):

J. Plans for Evaluation of Effectiveness of Work:

II. Financial Information

A. Amount Requested: \$ _____

B. Funding Period: Start Date _____ End Date _____

C. Organization's Annual Budget: \$ _____

D. Fiscal Year Dates: __/__/__ to __/__/__

E. Project Budget (for Capacity Building and Capital Project Requests): \$ _____
(attach copies of project budget and project schedule)

III. Strategic Plan or Business Plan Attached: Yes ____ No ____ If no, briefly explain why you are unable to include a copy of your agency's strategic or business plan.

IV. IRS Determination letter of 501(c)(3) Status Attached: Yes ____ No ____

Signature of Agency Head Date: _____

Send completed Letter of Intent form and attachments to:

Attention: Senior Program Assistant
California Community Foundation
445 S. Figueroa Street, Suite 3400
Los Angeles, CA 90071

CALIFORNIA COMMUNITY FOUNDATION

LETTER OF INTENT INSTRUCTIONS

All organizations are required to submit a Letter of Intent (LOI) to the California Community Foundation prior to applying for a grant. Please find information below to help you complete the LOI form. Questions regarding the completion of the form should be directed to the Senior Program Assistant at (213) 413-4130.

BACKGROUND

Organization Information

Please provide the name, mailing address, telephone number, Web site address and name and title of the agency head. In addition, specify the contact person for the application, if different from the agency head, his or her e-mail address, and telephone and fax numbers.

Foundation Program Areas

This section lists the four core program areas of the Foundation. Please identify the program area that best represents the category of your request. Joint funding across several core areas will be considered, if applicable. Questions regarding the fit of the request should be directed to the appropriate program officer at the Foundation.

Types of Support

The Foundation provides four types of grant support to nonprofit organizations. They are:

A. Core Operating: Unrestricted funds to support the general operations of an organization whose work is consistent with the Foundation's program priorities. Neither project-specific nor capacity-related, funding is contingent on a strategic plan or business plan for the organization that describes its institutional goals, measurable objectives, a logical set of programs and related activities, desired outcomes and evaluation plans. *Example: Two-year operating support for the McClymonds Community Clinic, which provides primary medical care to residents of the La Tijera neighborhood in West Los Angeles.*

B. Capacity Building: Funds that either enhance an agency's ability to meet its mission and goals or position an organization to increase its scale and ability to meet community needs. Support is provided for a range of activities including training and technical assistance in the areas of organizational assessment, strategic planning, board and staff development, fundraising plans, skills development and technology upgrades. *Example: To improve the agency's efficiency around data collection, reporting and analysis by developing an online information management system.*

C. Capital Projects: Funds for one-time capital campaigns that assist an agency with program expansion through the purchase, renovation or new construction of facilities.

D. Policy Analysis and Advocacy: Funds to nonprofit organizations that conduct nonpartisan studies, engage in public awareness campaigns and promote collaborations among nonprofit, public and civic groups around critical community issues.

I. SUMMARY OF REQUEST

Please limit responses to the space provided. Responses should not exceed 200 words per subcategory area.

A. Agency Mission: Briefly state the purpose of the agency.

B. Purpose of Request: This section requests information on five key components of the proposed use of the funding support.

1. **Overview.** Briefly provide a general statement about the specific intent of the request. *Example: For two years of core operating support for the Channel Community Collaborative, which provides education, information, and referral services for in-home care for elderly residents in the Manchester neighborhood of East Los Angeles.*
2. **Objectives.** State the specific measurable accomplishments within a defined time frame. *Example: Create 200 new jobs with earnings of \$15,000/summer for youth ages 14—17 this year.*
3. **Activities.** Describe the services provided or business performed by the agency. *Example: Conduct annual analysis of current federal housing policy and proposed legislation.*
4. **Target Population.** Provide a brief demographic profile (e.g., age, race, ethnicity, physical limitations and sexual orientation) of the groups who will benefit from the support of the request.
5. **Geographic Areas Served.** Please provide specific information on the locations, including the zip codes and corresponding cities and neighborhoods in Los Angeles County, that will benefit from support of the request.

C. Needs to be Addressed: Describe the internal benefits (e.g., staff training) that will be achieved or external community concerns (e.g., low literacy rates in elementary school students) that will be addressed through support of the request.

D. Significance of the Proposed Work: Describe the role of the agency's proposed work in either contributing to the solution of a specific need or set of community needs or to enhancing its ability to further its mission.

E. Relationship to Foundation's Funding Priorities: Describe how the proposed request fits with the Foundation's goals, objectives and priorities outlined in its grant guidelines.

F. Expected Results and Benefits to Target Population: Describe the impact or change that will occur and how the lives of individuals, the community or the agency will be improved by support of the request. *Example of Result: Patients at risk of diabetes are knowledgeable about the benefits of exercise and proper nutrition. Example of Benefit: Community clinics will experience greater cost savings attributed to chronic disease prevention efforts aimed at patients at risk of diabetes.*

G. Agency Experience to Implement Proposed Work: Describe the past and current experience of the agency in undertaking this type or similar work.

H. Relation of Proposed Work to Agency Mission and Goals: State how the proposed effort is aligned with the overall mission and goals of the agency.

I. Role of Partners in Planning and Implementation: Describe the contributions of other organizations in efforts to plan and undertake the proposed work related to the request.

J. Plans for Evaluation of Effectiveness of Work: Describe the measurement tools used to determine the progress and success of the proposed work related to the request. *Examples: Internal assessment using pre- and post student surveys or an external independent assessment using client data.*

II. FINANCIAL INFORMATION

A. Amount Requested: Provide the total amount of funds requested.

B. Funding Period: Provide the start date and the end date of the period for which funds are requested.

C. Organization's Annual Budget: State the total agency budget.

D. Fiscal Year Dates: Specify the fiscal year dates for the agency. *Example: July 1, 2006 to June 30, 2007.*

E. Project Budget for Capacity Building and Capital Project Requests: Please state the entire project budget for capacity building and capital projects and attach copies of the budget and schedule for the project.

III. STRATEGIC PLAN OR BUSINESS PLAN

Please attach the most recent strategic plan (i.e., document that describes the mission, vision, history, program goals and objectives and management goals and objectives of the agency) or business plan (i.e., document that describes the business, marketing, finances and management of the agency). If neither document exists, please explain why.

IV. IRS DETERMINATION LETTER OF 501(c)(3) STATUS

Please attach the letter that confirms the tax-exempt status of the agency under Section 501(c)(3) of the Internal Revenue Code. In addition, the agency head must sign and date the LOI.