

The Crail-Johnson Foundation Online Grant Request Form (Letter of Inquiry)

Please complete the following for this request:

How did you hear about the Crail-Johnson Foundation? **(please select one)**

General Web search Word-of-Mouth Foundation/Grantmaker database Other:

A. GENERAL INFORMATION:

Organization Name (Legal):

Tax ID #:

Address:

Year Incorporated:

City:

State: Zip:

Phone Number:

Fax Number:

Website:

President/CEO/Executive Director:

Primary Contact Person & Title for this request:

Primary Contact Email Address:

Organization’s Fiscal Year Calendar (e.g., July 1 - June 30):

Total Organization Budget:

Current Fiscal Year:

Previous Fiscal Year:

Annual number of people served by the organization:

Annual number of people served by the program/project for which support is requested (if applicable):

In which communities are you providing programs and services? (Please be specific):

B. REQUEST

Amount Requested:

In a few sentences, please describe the intent of this request, including target population and community served:

Total Project Budget (if applicable):

Type of Request: General Operating Program/Project* Other (please specify):
(select only one) *Name of program/project (if applicable):

Organization’s Primary Focus:
(please select only one)

- Health
- Education
- Human Services
- Other (please specify):

Request’s Focus:
(please select only one)

- Health
- Education
- Human Services
- Other (please specify):

Services: Please describe the organization's mission, goals, programs and services that your organization provides, including the specific program requested, if applicable.

Outcomes: Please state the impact/outcomes/results for the organization's programs and services and for the specific program or project (if applicable).

Methods of Evaluation: Please describe the organization's methods for evaluating your programs and services, as well as the program or project (if applicable). What type of data do you collect and what do you do with that data?