



*John Gogian Family Foundation*

**LETTER OF INQUIRY**

**GENERAL INFORMATION**

1. Date: \_\_\_\_\_ Tax I.D. number: \_\_\_\_\_ Year founded: \_\_\_\_\_
2. Organization name: \_\_\_\_\_
3. Tel number: \_\_\_\_\_ Website: \_\_\_\_\_
4. Mailing address: \_\_\_\_\_
5. City: \_\_\_\_\_ Zip: \_\_\_\_\_
6. Contact name: \_\_\_\_\_ Title: \_\_\_\_\_
7. Email: \_\_\_\_\_ Tel number: \_\_\_\_\_ Ext: \_\_\_\_\_
8. Population served: Developmentally Disabled:  Abused or Neglected Youth:
9. Total number of staff: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_
10. Grant amount requested: \$ \_\_\_\_\_ Type of request: Program:  Capital expenditure:
11. Name of program (if applicable): \_\_\_\_\_
12. Total number served (unduplicated): \_\_\_\_\_ Agency: \_\_\_\_\_ Program: \_\_\_\_\_
13. Total annual organizational budget: \$ \_\_\_\_\_ Total program/capital budget: \$ \_\_\_\_\_
14. Principal sources of income:
 

Fundraising:			
Foundations/Corporations:	_____ %	Interest:	_____ %
Individual Donors:	_____ %	Participant Fees:	_____ %
Fundraising Events:	_____ %	Private Sector Contracts/Sales:	_____ %
Government Sources:	_____ %	Other:	_____ %
15. Financial data from IRS 990 Tax Return (for most recent year): 20 \_\_\_\_\_
 

Total Revenue: \$ _____	Total Expenses: \$ _____
Net Assets/Fund Bal: \$ _____	Total Liabilities: \$ _____
Investments/Securities: \$ _____	Total Cash: \$ _____
Do you have an endowment? No: <input type="checkbox"/> Yes: <input type="checkbox"/>	Endowment balance: \$ _____
Permanently restricted? No: <input type="checkbox"/> Yes: <input type="checkbox"/>	If yes: By board? <input type="checkbox"/> By donor? <input type="checkbox"/>

Name of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

16. Does your organization utilize a *fund-raising arm* (a supporting organization or foundation) for support and/or fundraising? No:  Yes:  Name: \_\_\_\_\_

17. Balance of program/capital budget to be provided or requested from: \_\_\_\_\_  
\_\_\_\_\_

18. Briefly describe your organization's history and current programs in the space provided:

19. Describe the purpose of this funding request in the space provided:

