



John Gogian Family Foundation

LETTER OF INQUIRY

Organizations must submit the LOI via U.S. mail or commercial carrier, postmarked on or before the deadline. Please review the Grants Program section at www.gogianfoundation.org for updated information.

GENERAL INFORMATION

1. Date: _____ Tax ID #: _____ Year Founded: _____
2. Organization Name: _____
3. Phone: _____ Website: _____
4. Mailing Address: _____
5. City: _____ Zip: _____
6. ED Name: _____ Email: _____
7. Contact Name: _____ Title: _____
8. Email: _____ Phone: _____ Ext.: _____
9. Population Served: Abused or Neglected Youth Developmentally Disabled Vulnerable Seniors
10. Total Number of Staff: _____ Full-time: _____ Part-Time: _____ Volunteers: _____
11. Grant Amount Requested: _____ Type: Program Capital General Operating Support
12. Name of Program/Project: _____
13. Total Number Served (unduplicated): Agency: _____ Program: _____
14. Total Annual Organizational Budget: _____ Total Program/Capital Budget: _____
15. Principal Sources of Revenue:

Gov't Grants & Contracts _____%	Individual Donors _____%
Participant Fees _____%	Fundraising Events _____%
Investment Income _____%	Foundations/Corporations _____%
Other _____%	
16. Financial Data from IRS 990 Tax Return for most recent fiscal year: FY _____

Total Revenue: _____	Total Expenses: _____
Net Assets/Fund Balance: _____	Total Liabilities: _____
Investments/Securities: _____	Total Cash: _____
Do you have an endowment? Yes No	Endowment Balance: _____
Donor-restricted? Yes No	Donor-restricted Amount: _____
17. Does your organization use a fundraising arm (a supporting organization or foundation) for support and/or fundraising? Yes No Name: _____

18. How did you learn about the John Gogian Family Foundation?

19. Briefly describe your organization's history.

20. List current programs in the space provided.

Program 1 Name	Description
Unduplicated # Served	
Budget	
Program 2 Name	Description
Unduplicated # Served	
Budget	
Program 3 Name	Description
Unduplicated # Served	
Budget	
Program 4 Name	Description
Unduplicated # Served	
Budget	
Program 5 Name	Description
Unduplicated # Served	
Budget	

21. Describe the purpose of this funding request.

22. Approximately how long (number of hours) did it take your staff to complete this LOI?

John Gogian Family Foundation LOI

If you have been funded by the Foundation a minimum of two times within the past four years and are applying for General Operating Support, please attach a current annual organizational budget. If you are requesting program or capital support, either fill in the budget below or attach your own budget for the program/project.

PROGRAM / CAPITAL EXPENDITURE BUDGET

REVENUE SOURCES	AMOUNT
Government Grants/Contracts	
Foundations/Corporations	
Commercial Contracts	
Participant Fees	
Individual Donations	
Fundraising Events	
TOTAL REVENUE	

ITEMIZED EXPENSES	AMOUNT
TOTAL EXPENSES	