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	