

This is a sample of the Letter of Inquiry (LOI) for a grant application. This PDF is for reference only. All grant submissions must be completed through our grant management portal at www.oishei.org.

Organization Information

Organization Information

Applicant Organization (Legal Name)

Doing Business As

Street Address

City State
- Select One -

Zip Code

Website Address

Phone
Format: 999-999-9999

Tax Information

Tax ID

Upload 501(c)3 Letter

Organization Classification

What is Your Organization's Mission Statement?

Organization Type

Contact Information

Contact Information for the Executive Director or Organization's Leader

| | | | | |
|------------------|------------|-------------|-----------|---|
| Prefix <None> | First Name | Middle Name | Last Name | The Organization Contact should be your Executive Director, CEO, Chair, etc. If awarded, this contact should be the appropriate addressee for your contract. |
| Suffix | | | | |

Title

Office Phone
Format: 999-999-9999

Extension

Mobile Phone
Format: 999-999-9999

E-mail Address

Request Contact

Is the Request Primary Contact the same as Organization Primary Contact?
(Please check the box if Yes)
No

| | | | | |
|------------------|------------|-------------|-----------|--|
| Prefix <None> | First Name | Middle Name | Last Name | <p>The Request Contact will receive notifications for grant related requirements (such as reporting) if the application is granted.</p> <p>The Request Contact is often the best contact for day-to-day communication related to the application (for instance a program coordinator or director of development).</p> <p>The Organization Contact and Request Contact can be the same but do not have to be.</p> |
| Suffix <None> | | | | |
| Title | | | | |

Office Phone
Format: 999-999-9999

Extension

Mobile Phone
Format: 999-999-9999

E-mail Address

Information related to this Grant Application/Request

Request Information

Project Title

Total Project Cost

Format: 100,000.00

Upload Budget

Request Amount

Format: 100,000.00

Project Description

Project Start Date

Project End Date

When is the start of your Fiscal Year?

Request Classification (Options are multiple choice)

For Which Type of Funding Are You Applying? (e.g. Capital Support, Program Support, etc.)

Geographical Area Served

SAMPLE

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