Please note: This copy is provided only to give you a preview of what you will be completing through the on-line application process. YOU MAY NOT MAIL IN THIS FORM. Letters of Inquiry will only be accepted through our website. The link to the on-line application process is included on our website in the “How To Apply” section under the Application Process tab. This form was revised in 2016 to specify the format and definitions for the Outcomes and Activities section.

<table>
<thead>
<tr>
<th>Organizational Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization Name</td>
</tr>
<tr>
<td>This is your legal name that was automatically entered from the IRS database. You may change this to the name you are currently using if it is different.</td>
</tr>
<tr>
<td>Legal Name</td>
</tr>
<tr>
<td>This will be automatically filled in based upon your tax id number.</td>
</tr>
<tr>
<td>Street Address</td>
</tr>
<tr>
<td>City  State/Province  Postal Code &lt;Select One&gt;</td>
</tr>
<tr>
<td>Organization's Main Phone Number Organization's website address</td>
</tr>
<tr>
<td>Please use the following format (###) ###-####</td>
</tr>
<tr>
<td>Tax ID</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Organizational Background</th>
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<tbody>
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<tr>
<td>Please include your mission statement, briefly describe your major goals and activities, last year's total expenses, current number of employees, and the approximate number of individuals served per year/estimated number that benefit from your work. (word limit = 250)</td>
</tr>
<tr>
<td>Annual Budget</td>
</tr>
<tr>
<td>What is your projected organizational budget for the year in which your grant would begin?</td>
</tr>
<tr>
<td>0.00</td>
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</tbody>
</table>
### Contact Information

#### Executive Director/CEO

<table>
<thead>
<tr>
<th>Prefix</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;None&gt;</td>
<td></td>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Office Phone</th>
<th>Extension</th>
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</thead>
</table>

E-mail

#### Program Contact

Click here if Program Contact is Executive Director/CEO

<table>
<thead>
<tr>
<th>Prefix</th>
<th>First Name</th>
<th>Middle Name or Initial</th>
<th>Last Name</th>
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</thead>
<tbody>
<tr>
<td>&lt;Select One&gt;</td>
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<th>Title</th>
<th>Office Phone</th>
<th>Extension</th>
<th>E-mail</th>
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Please use the following format (###) ###-####

#### Board Chair or President

<table>
<thead>
<tr>
<th>Prefix</th>
<th>First Name</th>
<th>Middle Name or Initial</th>
<th>Last Name</th>
</tr>
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<tbody>
<tr>
<td>&lt;Select One&gt;</td>
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</tbody>
</table>

Title

### Program Information

### Program Information

Program Title
This is the short name or title for your program. You may simply call it general operating support if the purpose is to support your organization's overall operations.
Purpose of Program/Request - Please describe the purpose of your program or request in one sentence, beginning with a lower case letter and no period at the end. Again, you may simply call it general operating support if the purpose is to support your organization’s overall operations.

Total Amount Requested
If your request is for more than one year, include the total amount being requested over the entire grant term.
0.00

Grant Term  Program Start Date  Program End Date
In Whole Months  Anticipated or estimated  Anticipated or estimated

Estimated Number of People to be Directly Served by the Program
You may leave this field blank if your program is not providing a direct service to individuals

Geographical Area Served
Please select from the following drop down menu the choice that best describes your area

Watershed
Geographical Area-Watershed - If your program is structured around a watershed, please select from the following drop down menus the choice(s) that best describe(s) your area (you may choose up to 3)

Total Program Budget
Estimated or actual budget for the program
(if your request is for general operating support, please restate your projected budget for the year in which your grant would begin)
0.00

Program Narrative

Need for Program
Briefly describe the need for the program/the problem to be addressed (word limit = 200)
**Program Outcomes**

Describe the ultimate results (outcomes) that you are trying to achieve AND the activities you will provide to help achieve these results. You may list up to 5 outcomes.

Please use the following format:

- Describe the Outcome in one sentence. Make sure to state this as an outcome - result - and not a process or activity. For example, rather than "Create a strategic plan" state "A strategic plan".
- Next, list the Activities that you feel will lead to the Outcome.
- Please type the Outcome and Activities as one paragraph and DO NOT USE BULLETS OR NUMBERS.
- Maximum 100 words per Outcome.

<table>
<thead>
<tr>
<th>Outcome #1 and related Activities</th>
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<table>
<thead>
<tr>
<th>Outcome #2 and Related Activities</th>
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<table>
<thead>
<tr>
<th>Outcome #3 and Related Activities</th>
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<table>
<thead>
<tr>
<th>Outcome #4 and Related Activities</th>
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<table>
<thead>
<tr>
<th>Outcome #5 and Related Activities</th>
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**Authorization for Request**

"Signature" of CEO, Executive Director or Board Chair

By typing in the CEO/Executive Director name below you are verifying that they have authorized this Letter of Inquiry

"Signature" Date
Please enter today's date