



Fred A. and Barbara M. Erb Family Foundation
Letter of Inquiry Application Form

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.

Organizational Information

Organization Name

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.

Legal Name

This will be automatically filled in based upon your tax id number.

Street Address

City State/Province Postal Code
 <Select One>

Organization's Main Phone Number

Please use the following format (###) ###-####

Organization's website address

Tax ID

Organizational Background

Organizational Background

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)

Annual Budget

What is your projected organizational budget for the year in which your grant would begin?

0.00

Financial Report Date
Please enter your Fiscal Year End Date

Contact Information

| | | | |
|-------------------------------|--------------|-------------|-----------|
| Executive Director/CEO | | | |
| Prefix <None> | First Name | Middle Name | Last Name |
| Title | Office Phone | Extension | |
| E-mail | | | |

| | | | |
|--|------------|------------------------|-----------|
| Program Contact | | | |
| Click here if Program Contact is Executive Director/CEO | | | |
| Prefix <Select One> | First Name | Middle Name or Initial | Last Name |
| Title | | | |
| Office Phone Please use the following format (###) ###-#### | | Extension | E-mail |

| | | | |
|---------------------------------|------------|------------------------|-----------|
| Board Chair or President | | | |
| Prefix <Select One> | First Name | Middle Name or Initial | Last Name |
| 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 |
| 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.**

Outcome #1 and related Activities

Outcome #2 and Related Activities

Outcome #3 and Related Activities

Outcome #4 and Related Activities

Outcome #5 and Related Activities

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