

GAY ASIAN PACIFIC ALLIANCE FOUNDATION COMMUNITY GRANTS

LETTER OF INTENT

PART I. PRELIMINARY INFORMATION

Wellness Foundation, individual donations)

Contact Per	son
Organizatio	n/Project
Address	
Phone Num	ber
	(day) (evening)
Email Addr	ess
	vailable)
1) Do you l	nave tax-exempt (501(c)(3)) status? YES NO
2) If no, do	you have a fiscal sponsor who has tax-exempt (501(c)(3)) status? YES NO
	he current annual budget for your organization? (If you are seeking funding for a specific project, let us know current annual budget is just for your project): \$
4) This is th	e current annual budget for just our project: YES NO
5) How mu	ch funding would you like to seek from the GAPA Foundation? \$
	you current funding sources (already received or committed) for your current annual budget? Please name fic sources of government, foundation, corporate, and other support.
(Example	: Grants from San Francisco Department of Public Health, grants from San Francisco Foundation and The California

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P	ART II. ADDITIONAL INFORMATION
1)	Please describe your organization (What is your mission statement? If you are seeking funding for a specific project please describe the goal of the project):
2)	Please describe how your organization (or project) will benefit the Asian and Pacific Islander lesbian, gay, bisexual, transgender, queer individuals and community (please use specific dates, times, numbers, places, and other details if possible): Example: By December 2014, we will educate and engage pastors and leadership at 10 Chinese American Christian churches in Los Angeles in support of marriage equality. Example: By December 2014, we will provide peer support to 50 Filipina and other Asian and Pacific Islander transgender women in San Francisco through monthly group meetings and activities and referrals to social and health services.

3)	Is there anything else that you want the GAPA Foundation to know about your organization (or project) that would assist us in reviewing your letter of intent? (Example: history of your work with API LGBTQ individuals and community, urgent or time-sensitive need for funding, etc.)
P.	ART III. SIGNATURE/CERTIFICATION
	pertify that the information I have presented in this Letter of Intent, and any attachments, is true and correct to the best my knowledge.
N	AME (printed) DATE
SI	GNATURE