Application Process

Medina Foundation

LOI Form

Helpful Tips:

- *Please read all instructions carefully.*

- *To preview questions (in Word or PDF format), view the **Sample Documents** page on our website.*

- *To view past requests, click "Organization History" from the dashboard menu. **You may cut and paste, where appropriate, from past requests by transferring answers to a Word document.***

- *We recommend preparing your answers in a Word document prior to submission, in order to back up your data, and/or to save for future use.*

- *To return later to finish or submit your request, click "Save" at the bottom of the form. The form should also auto-save.*

- ***To preview the request prior to submission or save a copy,** click the "LOI Packet" PDF button at top right.*

- *Please read our Eligibility Quiz and Guidelines prior to submitting an LOI.*

- *To allow multiple users to work on this request, click the blue "**Collaborate**" button at top right. Collaborator Feature: Video Tutorial and Written Tutorial*

- *View our **E-Grant System FAQs** for more information.*

In response to feedback, we have made some changes to our forms. Most responses have been given the maximum allowable count to save you time editing. We do not expect you to use the maximum character limits. Please be brief with your answers, for the sake of your time and ours, and feel free to use bullet points or short answers. If information has been covered in a prior question, you can refer to previous answers. Please do not repeat information. Note: character limits do include spaces.

Organization's Mission Statement*

Please provide your organization's mission statement. *Please do not put your mission statement in quotation marks.*
(Preferred length of response to this question is one sentence to one short paragraph.)

Character Limit: 2000

Organization's General Purpose*

What is the general purpose of your organization? What unique role does the organization play in providing these services?
(Preferred length of response to this question is 1-2 paragraphs.)

Character Limit: 10000

Project Name*

If your organization is requesting funds for a specific project, e.g., youth tutoring program, or housing case management services, please list that particular program as the "Project Name." **If you are requesting funds for general operating expenses, please list "General Operating" as the Project Name.**

Character Limit: 100

Amount Requested*

Character Limit: 20

Project Description*

For what purpose are you requesting funds? Please describe the **objectives** related to this request. **If you are requesting General Operating support, give a general description of how your organization operates, who you serve, and how.** If you are requesting project support, please explain how it aligns with your overall mission.
(Preferred response to this question is 1-2 paragraphs.)

Character Limit: 10000

What is the issue you are trying to address with this work?

In other words, what is the *problem* or *opportunity* that is being addressed with this specific intervention? *(If not already answered above.)*

Character Limit: 10000

Organization Budget*

Please insert the total amount of your organization's operating budget (total expenses) for the current fiscal year. *Exclude in-kind income/expenses.*

Character Limit: 20

Project Budget*

If you are applying for a specific project or program, and not general operating dollars, please insert the amount of the project or program budget. **If you are applying for general operating dollars, please put a zero in the box below.**

Character Limit: 20

Budget Comments

If desired, you may add clarifying comments about the Organization or Project Budgets entered above.

Character Limit: 2000

Organization Legal Name

Organization name as registered with the IRS (if different than the organization name in the e-grant system). This should match your 501(c)3 determination letter, uploaded below. *If you are applying with a fiscal sponsor, enter the name of the fiscal sponsor.*

Character Limit: 100

Name of Executive Director*

Name of Executive Director/CEO or equivalent for your organization.

Character Limit: 100

Primary Geographic Area*

Please select the primary geographic area that your organization provides services in. (Note: Medina Foundation only funds organizations serving these fourteen counties of western Washington.)

Choices

Clallam County
Grays Harbor County
Island County
Jefferson County
King County
Kitsap County
Mason County
Pacific County
Pierce County
San Juan County
Skagit County
Snohomish County
Thurston County
Whatcom County

Secondary Geographic Area

If your organization provides services in more than one county, please select the county in which your organization provides the most services after the primary county.

Choices

Clallam County
Grays Harbor County
Island County
Jefferson County
King County
Kitsap County
Mason County
Pacific County
Pierce County
San Juan County

Skagit County
Snohomish County
Thurston County
Whatcom County

IRS Determination Letter*

Please upload a copy of your IRS determination letter (501c3 ruling). If you would like to make any clarifying comments, please enter them in the box below.

Character Limit: 1000 | File Size Limit: 5 MB

Fiscal Sponsorship Agreement

For projects applying through a fiscal sponsors ONLY: Please upload a copy of the Fiscal Sponsorship Agreement signed by both parties. Please explain briefly in the area below the relationship between the two parties. (i.e, The request is for: a semi-autonomous project of the fiscal sponsor organization; a completely autonomous organization that is working on obtaining its 501c3 status; a collaborative effort that uses a fiscal sponsor to centralize operations; etc.)

Character Limit: 2000 | File Size Limit: 5 MB

Signature

ELECTRONIC SIGNATURE*

Enter your full name *(i.e., Jane Smith)*

Character Limit: 100

Enter your business title*

i.e., Executive Director

Character Limit: 100

Date of Signature*

Select the date of electronic signature

Character Limit: 10

Signature*

By entering your signature information above and clicking "I Agree" below, you certify that the statements contained in this Letter of Inquiry are true and correct to the best of your knowledge and belief.

Choices

I Agree.
I Do Not Agree.

Be sure to click "Submit" at the bottom of this page when finished! (You may click "Save" to return to your work later.) You will receive an automatic email notification that your submission

has been received. If you do not receive this message but believe you have submitted an LOI, please contact us. *Please add "administrator@grantinterface.com" to your safe senders list to avoid having emails from the system moved into your spam/junk folders.*

Optional demographic data

The following are **optional** questions that do not affect the review of your proposal, but will help us in our evaluation of equitable grantmaking processes over time. This information is helpful to us in aggregate, but we do not require the details of any specific demographic data, which is why we are asking these questions in a broad sense only. If you do not collect demographic data or do not wish to report this information, you can skip these questions. Thank you for your assistance.

Is the organization led by a person of color?

Choices

Yes
No
Unsure

Is the board and/or senior leadership of the organization made up of a majority people of color?

Choices

Yes
No
Unsure

Does the organization serve a majority people of color?

Choices

Yes
No
Unsure

Any additional comments or information you would like to share?

What data, if any, is collected by the organization about the staff, leadership, board, and/or clients served?

Character Limit: 5000

Tags

The following tags are used for internal informational and data reporting purposes only. Please respond to all questions, considering your overall organization, to the best of your ability. If something does not apply, you may leave blank. **Thank you for your assistance.**

Population Served

*Please select all that apply to your organization's **target population** and/or **primary populations** served.*

*Applies to gender-specific or targeted programs for those who identify as male or female (ie, certain housing programs)

Choices
General Population
Infants
Children
Teens
Young Adults
Adults
Seniors
Families
*Males Only
*Females Only
Low-Income
Communities of Color
LGBTQ
Opportunity Youth
Immigrant/Refugee
Incarcerated
Foster Youth
Unaccompanied Minors
Homeless
Native Populations
Military Community
Other (list below)

Other:

Enter other population(s) served

Character Limit: 250

Issue Area(s)

*Please select all that apply to the **primary issue area** that your organization works to address.*

Choices
Housing & Homelessness
Education
Hunger

Economic Opportunity
Youth Development
Basic Needs
Birth to Three
Child Welfare
Gender-Based Violence
Substance Abuse
Foster Care
Other (list below)

Other:

Enter other primary issue area(s)

Character Limit: 250

Strategies

Please select all applicable strategies/programs from the list below that your organization employs in the implementation of your mission. We recognize there many ways that organizations fulfill their mission. These tags only represent the areas that Medina Focuses on and are not an exhaustive list of strategies used by organizations. **If none apply, please leave blank.**

Choices

Transitional Housing
Emergency Shelter
Rapid Rehousing
Permanent Housing
Diversion
Financial Assistance
Case Management
Mental Health Services
Job Training/Skill Building
Financial Literacy
Asset-Building
Multi-Generational Approach
Parenting Support
Tutoring
Mentoring
Out of School Time/Enrichment
Food Distribution/Redistribution
Meal Program
Food Bank
Legal Support
Adult Literacy
Early Childhood Education
K-12 Programming
High School Completion
College & Career Readiness

College Persistence

Feedback

LOI form feedback

We value feedback from our applicants as an important part of improving our work and processes.

Please use this space to share any feedback you may have regarding the LOI process and our online system. To provide feedback anonymously, please submit a review on GrantAdvisor.org.

Note: Information entered below will <u>not</u> be considered as part of the LOI.

Staff reviews feedback periodically and makes adjustments to our instructions, processes, and website accordingly. Please check our E-Grant System FAQs, General FAQs, and medinafoundation.org/feedback for updates. **If you would like to discuss any feedback, or have questions, please call us at 206-652-8783 or email alexia@medinafoundation.org.**

Character Limit: 2000