



Minneapolis/St. Paul Letter of Intent

Organization Name

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number

Area
Code

Phone Number

Website

Executive Director

First Name

Last Name

Executive Director Email

example@example.com

Grant Contact

First Name

Last Name

Grant Contact Title

Grant Contact Email

example@example.com

Grant Contact Phone

Area
Code

Phone Number

Organization Information

How Long has your organization existed?

Type of Organization

EIN

Grant Information

Name of Program/Project

Description of Program/Project

Our vision is a community where every person can reach full potential. We believe equity with an emphasis on education is a pathway to success. How will this program/project impact equity and education in Minneapolis/St. Paul?

Amount of Request

How will you use the funds?

When does your program/project begin?

When does your program/project end?

We only support programs and projects that benefit Minneapolis/St. Paul residents. How will your program or project benefit Minneapolis/St. Paul residents?

If your organization serves residents of areas other than Minneapolis/St. Paul, please list those areas here.

What are your organization's strengths related to this program/project?

What other organizations are you partnering with?
