



Thank you for your time and effort in completing this application.
If you have any questions please contact Director of Program Administration at 708-449-5508 or email us at RTS@ptmhc.org

SECTION I.

Letter Intent

Legal Name of Organization:

Mailing Address (and or Physical Address if it is different and not confidential):

Phone: **Fax:** **EIN:**

Website:

Name of CEO or Executive Director:

Phone: **Email:**

Program/ Project:

Program/Project Contact & Title (if *not* the CEO or Executive Director):

Phone: **Email:**



Organization Information

Year Incorporated:

Mission Statement:

Geographic Area Served (specific to this proposal):

Tax Exemption Status:

- 501(c)(3)
- Using a fiscal agent/fiscal sponsor

Name of fiscal agent/sponsor:

- Other than 501(c)(3), describe:

Estimated Total Clients Served:

Estimated Proviso Residents Served:

Award Request Information

Type of Award Requested (select one):

Amount of Request: \$

- Program
- Project Support

Name of Program/Project:

**Describe what the award will be used for:
(Include location and the services provided at the location)**



Financial Information Budget numbers should match the numbers presented in the financial attachment

Total Program/Project Budget: Dates: from: to:

Income: Expenses:

What percent of the project's/program's total cost is supported by other funding sources?

Percentage	Investing Partners
%	Government grants (federal, state, county)
%	Government Local (708)
%	Foundations
%	Business
%	Events (include event sponsorships)
%	Individual contributions
%	Fees/earned income
%	Workplace giving campaigns
%	In-kind contributions (optional)
%	Other
%	TOTAL (must equal 100%)

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

CEO / Executive Director _____

Date: _____