

Letter of Intent Fiscal Year 2023-2024

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 N	ame of Orga	nization:				
Mailing	Address (and	d or Physical A	Address if it	is different and not con	ifidential)	:
Phone:			Fax:		EIN:	
Website	:					
Name of	f CEO or Ex	ecutive Direct	or:			
Phone:			Email:			
Progran	n/ Project:					
Progran	n/Project Co	ntact & Title	(if <i>not</i> the C	CEO or Executive Direc	tor):	
Phone:			Email:			



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Organization Information

Year Incorporated: Mission Statement:
Click here to enter text.
Geographic Area Served (specific to this proposal):
Click here to enter text.
Tax Exemption Status: □ 501(c)(3) □ Using a fiscal agent/fiscal sponsor
Name of fiscal agent/sponsor:
\Box 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)

Click here to enter text.



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

	Expenses:		
cent of the projec	ct's/program's total cost is supported by other funding		
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%)		
elow, I certify that th	e information contained in this application is true and correct to the best of		