Each Child Foundation

Letter of Inquiry (LOI)

(For Prospective Grant Applicants)

1. Organization Information

1.1 Legal Organization Name (as listed with the IRS): _____

1.2 DBA / Public-Facing Name (if different): _____

1.3 Year Founded: _____

1.4 EIN:

1.5 501(c)(3) Status (check one):

- ☐ IRS-recognized 501(c)(3) in good standing
- ☐ Applying with a qualified fiscal sponsor
- ☐ Other: _____

1.6 If using a fiscal sponsor, provide:

Fiscal Sponsor Organization Name: _____
_____ Fiscal Sponsor EIN:
_____ Fiscal Sponsor Contact (Name, Email, Phone):

1.7 Most Recent IRS Form 990 Filing Year: _____

1.8 GuideStar/Candid Profile Link (if available): _____

1.9 State of Incorporation: _____

1.10 Address: _____

1.11 Website: _____

1.12 Primary Contact (Name, Title): _____

1.13 Email: _____

1.14 Phone: _____

1.15 Secondary Contact (Finance/Administration):

Name: _____

Email: _____

Phone: _____

1.16 Mission Statement (1–2 sentences): _____

2. Organizational Capacity & Financial Overview

2.1 Annual Organizational Budget: $_____

2.2 Administrative/Overhead Budget: $_____ or _____%

2.3 Total Assets (most recent fiscal year): $_____

2.4 Number of Board Members: _____

2.5 Primary Geographic Area Served: _____

2.6 Number of Children/Families Served Annually: _____

2.7 Most Recent Financial Documentation Provided:

- ☐ Audited financials
- ☐ Reviewed/compiled financials
- ☐ Internal financial statements
- ☐ Other: _____

2.8 Is your organization current on all federal and state filings?

- ☐ Yes
- ☐ No (explain): _____

2.9 Any pending litigation or major compliance issues?

- ☐ No
- ☐ Yes (explain): _____

2.10 Brief explanation of organizational capacity:

3. Program Eligibility & Alignment

3.1 Primary Issue Area (check one):

- ☐ Early Childhood
- ☐ Education
- ☐ Housing
- ☐ Health
- ☐ Nutrition
- ☐ Other: _____

Age Range Served:

3.2 Priority Populations Served (check all that apply):

- ☐ Low-income families
- ☐ Rural communities
- ☐ Children with disabilities
- ☐ Immigrant or refugee families
- ☐ Other: _____

4. Project Summary

4.1 Project Title: _____

4.2 Brief Description of the Project (2–4 sentences):

4.3 Community or Population Served: _____

4.4 Need or Opportunity Addressed:

4.5 Expected Outcomes or Impact:

4.6 Funding Request

4.7 Type of Grant Requested (check one):

- ☐ Program
- ☐ General Operating
- ☐ Capital

4.8 Amount Requested: $_____

4.9 How Funds Will Be Used:

4.10 Project Timeline: _____

5. Key Partners (if applicable)

5.1 [List any collaborating organizations and their roles]

6. Organizational Capacity (Project-Specific)

6.1 Why your organization is well-positioned to carry out this project:

7. Additional Information

7.1 How did you hear about the Each Child Foundation? _____

Certification

I certify that the information provided in this Letter of Inquiry is true and accurate to the best of my knowledge.

Name: _____
Title: _____
Date: _____

Submission Information

Please submit your completed Letter of Inquiry to: **grants@eachchildfoundation.org**

LOIs are reviewed on a rolling basis. Applicants will receive a response within **30 days** regarding next steps.