

Impact100 Essex - LOI for 2023-24 Impact Grant

(*indicates an answer required)

Name of Organization *

Organization Website*

Organization Mission* (250 word max)

What are the demographics of the constituents you serve?* (75 word max)

PROJECT SUMMARY

Check the box below that describes your proposed project:*

- Pilot for a new program
- Pilot for an expansion or refresh of an existing program
- New program
- Expansion of existing program - (e.g., new geographic area, new target constituency)
- Building new facility or expanding existing facility
- Purchasing equipment
- Other – please explain in the project description below

Describe your proposed project. What is your plan and how will it work?
Please be SPECIFIC. * (500 word max)

What is the demonstrated need your project aims to address?* (250 word max)

What impact do you expect your project to have? How will you measure success?* (250 word max)

PROJECT BUDGET - Provide preliminary budget information for the project.

NOTE: The total grant will be \$100,000. The grant timeline will begin May 2024 and lasts up to 2 years, but can be fully spent over a shorter period.

What is the total annual revenue of your organization? *

\$ _____

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What is the total budget to complete the project? (including the budget costs beyond what our \$100,000 grant would cover)*

\$ _____

How will you use the \$100,000 Impact Grant? Check all that apply:*

- personnel
- fringe
- program/curriculum development
- equipment/hardware
- supplies
- overhead (20% allowed)

Please provide a brief explanation for how you plan to use the \$100,000 Impact Grant for this project.* (250 word max)

OPTIONAL: If there is anything more you would like us to know about your organization or the project that would help to round out your LOI, feel free to do so here. *(250 word max)*

Organization EIN *

REQUIRED ATTACHMENTS

Please upload your IRS letter here.*

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Primary Contact Name*

Primary Contact Title*

Primary Contact Email*

Primary Contact Phone*