

Orlando Health Community Grant Program - Letter of Intent Form

The Letter of Intent must be no more than the given space below, which is equivalent to one page, using Times New Roman font (minimum 11pt), and 0.5in minimum margin. Please send to CommunityBenefit@OrlandoHealth.com upon completion.

Name of Organization:

Federal Tax ID:

Applicant Name:

Applicant Job Title:

Mailing Street:

Mailing Street 2:

Mailing City:

Mailing State:

Mailing Zip Code:

Applicant's Email Address:

Applicant's Phone Number:

Organization's Website:

Title of Proposed Project:

1. Need for the project and relevance to an area identified in the 2016 Community Health Needs Assessment (CHNA)

2. Target population and potential number impacted through the project

3. How outcomes will be measured for project

4. Preliminary/proposed budget amount (suggested range of \$500-\$50,000)

5. Plan for sustainability beyond one-year of funding