

ORLANDO HEALTH®

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 Arial font (minimum 11pt), and 0.5in minimum margin. Please send to CommunityBenefit@OrlandoHealth.com upon completion.

Applicant Information

Name of

Organization: _____

Applicant Name: _____

First

Last

Job Title: _____

Address: _____

Street Address

Apartment/Unit #

Street Address 2

City

State

ZIP Code

Phone: _____

Email: _____

Federal Tax ID: _____

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

Organization Website: _____

Title of Proposed Project: _____

Will your project create change in one or more of the following areas?

Attitude	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how?	
Behavior	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how?	
Education	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how?	
Environment/Policy	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how?	
Knowledge	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how?	

Need Identified

Please identify the need for this project and the relevance to an area identified in the 2019 Community Health Needs Assessment (CHNA) in the space provided below.

Target Population

Please identify the target population and potential number of people impacted through the proposed project in the space provided below.

Measureable Outcomes

Please provide how outcomes will be measured for the proposed project in the space provided below. Please refer to the metrics guidelines document provided to you in your welcome packet for reference.

Sustainability

Please provide plans for sustainability beyond one year of funding in the space provided below.