

# The Joanna Foundation

## Letter of Intent

### *Instructions*

1. Save and re-name the LOI form on your device, using this format for the file name: <JF-LOI-your-organization>. If you try to complete the form without first downloading or exporting it from the browser, some of the fields may not format correctly.
2. Check appropriate boxes and provide all requested information.
3. Locate a list of your organizational officers and directors with primary business/professional affiliations and a copy of your IRS letter of determination. You must provide these documents along with the completed LOI.
4. Email the completed LOI during a valid submission period to <submit@joannafoundation.org>.

### *What You Need to Know*

- Paper applications will not be accepted. Early or late submissions will not be accepted (see submission dates on Applications Procedures page).
- Organizations may submit one LOI per calendar year.
- Grants typically range from \$1,000 to \$5,000. Smaller amounts may be requested. For larger amounts, a preliminary conversation is advisable. To initiate a dialog, please send an email to info@joannafoundation.org.
- The default font for data fields is Helvetica 12. If you cut and paste, the format of your original text will override the default font. Your completed LOI may use various fonts but must observe the field limits and boundaries, and the overall document must be legible.

### *What to Expect*

Your submission will be acknowledged by auto-reply and confirmed as soon as possible. Decisions normally will be communicated within 3-4 weeks. Applicants who are invited to submit a full proposal will receive further instructions.

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### *Section 1. Eligibility*

Has eligibility to submit an LOI at this time been confirmed by completing the on-line eligibility survey or by getting permission?

Yes

No

If the answer is "no," stop here.

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*Section 2. Organizational Information*

Organization Name	Website	
Mailing Address	Mailing Address line 2	
City	State	Zip code
If above is PO Box, provide street address.		
Street Address	Street Address line 2	
City	State	Zip code
Primary Contact	Primary Contact Email	
Primary Contact Title	Primary Contact Phone	
Leader of Organization/Local Chapter if different		
Leader Name	Leader Email	
Leader Title	Leader Phone	

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*Section 3. Federal Tax Exempt Status: complete a, b or c below*

a. 501(c)(3) Federal Tax Exempt:	Yes	Date Received
b. Other Federal Tax Exempt Statute:	Specify	
c. Using Fiscal Agent or Sponsor:	Yes	Complete the information below.
Name of Organization serving as Fiscal Agent	Website	
Mailing Address	Mailing Address line 2	
City	State	Zip Code
Primary Contact Name	Primary Contact Email	
Primary Contact Position	Primary Contact Phone	

## *Section 4. Your Request*

Amount Requested

Program Name/Project Title

(limit of 85 characters including punctuation and spaces)

Relevance to Berkeley, Charleston, Dorchester counties and/or Joanna and/or Newberry communities

(limit of 360 characters including punctuation and spaces)

Summary of Primary Purpose and Anticipated Impact

(limit of 3000 characters including punctuation and spaces)



