

Letter of Interest

The Pelino Charitable Foundation utilizes the Letter of Interest as a way to determine if your organization meets grant requirements and your mission is in line with the mission of the Foundation. Please fill out the form below completely.

Date of letter of interest: _____

Organization Information

Legal name of organization: _____

Address: _____ City: _____ State: _____

Zip: _____ Telephone: _____ Website: _____

Organization EIN/ Tax ID: _____

Contact Person

Name: _____ Title: _____

Email: _____

Telephone (if different from above): _____

Request Summary

The Pelino Charitable Foundation asks that your narrative be brief, but more importantly, provide a succinct and thorough presentation of the need or problem that you have identified, the proposed solution, and your organization's qualifications for implementing that solution.

Project/program name: _____

Project/program description:



Total amount requested: _____

What is your organization's mission?

Please provide a brief overview of your organization:

Organization budget total: _____

Project budget total (if applicable): _____

Top 5 funders and amounts:

1.

2.

3

4

5.

How did you hear about the Pelino Charitable Foundation?

___Our website ___News/Media ___Recommendation ___Charitable foundation database

___Other (describe): _____