

**Letter of Intent**

**Application Instructions**

Any organization that meets the Mental Health Commission Lyons Township’s eligibility requirements may submit a formal Letter of Intent and a Narrative, not to exceed 4 pages, to the executive director including, at minimum, the following:

* 1. A concise description of the purpose of the funding;
	2. The amount of funding desired;
	3. A detailed budget narrative;
	4. The expected impact (outcomes) of the proposed services; and
	5. An explanation of how the services and outcomes support the Mental Health Commission of Lyons Township’s strategic priorities.

All forms must be signed and dated and submitted via email to jlopez@lyonsts.com. Once submitted, confirmation of receipt will be emailed to you within 1 (business) day. Contact us at jlopez@lyonsts.org if you do not receive a confirmation email.

**ORGANIZATION INFORMATION**

**Legal Name of Organization:** Click or tap here to enter text.

**EIN:** Click or tap here to enter text.

**Tax Exemption Status:**

[ ]  **501(c)(3)** [ ]  **Using a fiscal agent/sponsor**

 **Name of fiscal agent/sponsor:** Click or tap here to enter text.

[ ]  **Other, please describe:** Click or tap here to enter text.

**Mailing Address: Phone Number:** Click or tap here to enter text.

Click or tap here to enter text.

**Website:** Click or tap here to enter text.

**Name of Executive Director or CEO:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.  **Email:** Click or tap here to enter text.

**Mission Statement:**

Click or tap here to enter text.

**PROGRAM/PROJECT INFORMATION**

**Type of Award Requested:** Click or tap here to enter text.

[ ]  **Program** [ ]  **Project Support Amount of Request:** Click or tap here to enter text.

**Program/Project Name:** Click or tap here to enter text.

**Amount of Township residents anticipate servicing:** Click or tap here to enter text.

**Location where these residents will be served:** Click or tap here to enter text.

**Description of how funds awarded will be used:** Click or tap here to enter text.

**FINANCIAL INFORMATION**

**Total Program/Project Budget:** Click or tap here to enter text.

**Budget Description**

Please identify all sources of income and expenses below or attach a detailed budget narrative.

Click or tap here to enter text.

I certify that the information in this Letter of Intent is true and correct to the best of my knowledge.

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Executive Director/CEO Date