## Impact Grants from the Baton Rouge Area Foundation Letter of Intent Questions

## A. Applicant Information:

1. Name of Organization:
2. Name of Executive Director/President/CEO
3. Organization Mailing Address Line 1
4. Organization Mailing Address Line 2
5. Organization Mailing City
6. Organization Mailing State
7. Organization Mailing Zip Code
8. Organization Mailing Website
9. Organization Mailing Email
10. Name of Primary Point of Contact
11. Title of Primary Point of Contact
12. Role of Primary Point of Contact
13. Phone Number of Primary Point of Contact
14. Email Address of Primary Point of Contact

## B. Organization Details:

1. Organization Employer Identification Number (EIN)
2. What is your organization's mission statement?
3. How long has your organization been in existence?

## C. Financial Information

1. What is your organization’s total annual budget?
2. How does your organization generate revenue? Select all that apply:

* Revenue generated through paid programs or services
* Grants
* Loans
* Individual Donations
* Corporate Sponsorships
* Fundraising Events
* Government Contracts
* Membership Dues
* Funds from an operating endowment
* Other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. What type of funding are you applying for? (Select all that apply)

* **Unrestricted Funding Support**- provides organizations with the funding needed to cover operational costs and overhead including expenses related to facilities (rent/mortgage, utilities, maintenance), equipment, supplies, marketing, and administrative tasks, in addition to salaries, ensuring that their fundamental functions can thrive in support of their larger mission.
* **Project Support**- provides funding that specifically aids in the implementation of initiatives. This could include a wide range of projects aligned to the identified funding areas
* **Capital Costs Assistance** - provides funding support for facility or infrastructure needs that directly contribute to the provision of programs and services and benefits the organization’s mission overall.
* **Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If requesting project support or capital costs assistance support, what is the existing budget for this project or initiative? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Please indicate the amount of funding being requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## D. Initiative Overview

1. Please indicate which focus area you are interested in applying for funding for:

* Early Childhood
* Community Safety
* Both early childhood and community safety

1. Please provide the name or title of the Initiative, if applicable:
2. Is this a new or existing initiative?

* New
* Existing

1. Please provide a brief description of the initiative (300 words or less):
2. What is the target population that your organization is designed to support? (narrative question)

* Children, ages 0-5
* Children, ages 5+
* Teens
* Adults and Families
* Parents, Caregivers and Guardians
* Low-Income or Economically Disadvantaged Individuals/Families
* People Experiencing Homelessness or Housing Insecurity
* People with Disabilities (physical, developmental, or cognitive)
* Behavioral Health and Recovery Populations
* Education and Workforce Participants
* Immigrants and Refugees
* LGBTQ+ Individuals
* Women and girls
* Individuals Impacted by the justice system (e.g., currently or formerly incarcerated)
* Foster youth or youth aging out of care
* Victims and survivors of violence, abuse or trafficking

1. Geographic Area (please select all that apply):

* Ascension Parish
* East Baton Rouge Parish
* East Feliciana Parish
* Iberville Parish
* Livingston Parish
* Pointe Coupee Parish
* West Baton Rouge Parish
* West Feliciana Parish

## E. Optional Survey – Understanding Federal Landscape Impacts

**Would you be willing to participate in a brief survey to help us assess the impacts of federal funding on programs and services in our region?** Your insights are valuable to us as we work to better understand and communicate the effectiveness of the support we receive. Information collected here may be shared with partners, peer funders, and other stakeholders. If you prefer not to participate, please select "submit".

**Please note:** Your responses will be used for informational purposes only and will not impact any decisions related to your current or future grant applications.

1. **Funding Breakdown:** What percentage of your funding originates from federal fund allocations, if any?

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1. **Impact of Funding Cuts:** Have recent federal funding cuts affected your organization? Please share a summary if you have faced such challenges.

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1. **Grant Funding Impact:** If awarded, would the grant from BRAF serve to fill the gap left by any funding reductions you have experienced?
2. Yes
3. No
4. Other
5. **Future Funding Concerns**: Do you anticipate any impacts on your organization due to potential future funding cuts?
6. Yes
7. No
8. Other
9. **Additional Insights:** Is there any other information or thoughts you would like to share with us?
10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_