

**Letter of Intent Form**

**Form Must Be Submitted by September 30, 2018**

**Grant Period for 2019-2020**

|  |  |
| --- | --- |
| Project Title |  |
| Project Director  |  |
| Organization Name |  |
| Mailing Address | Address |
| City | State | Zip |
| Phone |  |
| Email address |  |
| Total amount requested | $ |
| Signature of project director |    |
| **Funding priority areas** Please select the priority areas of the focus of the project. \_\_\_\_Patient Navigation \_\_\_\_Reducing Barriers to Care \_\_\_\_Breast Cancer Education \_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Geographic Priorities** Please estimate the percentage of clients to be served from each geographic area.\_\_\_\_Galveston County \_\_\_\_Chambers County \_\_\_\_Liberty County \_\_\_\_ Harris County\_\_\_\_Brazoria County \_\_\_\_Fort Bend County \_\_\_\_Montgomery County \_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Race/Ethnicity Priorities** Please estimate the percentage of clients to be served from each race/ethnicity.Race Ethnicity\_\_\_\_ % American Indian/Alaska Native \_\_\_\_ % Hispanic/Latino\_\_\_\_ % Asian \_\_\_\_ % Non-Hispanic/Non-Latino\_\_\_\_ % Black, African American/African \_\_\_\_ % Middle Eastern or North African\_\_\_\_ % Native Hawaiian and Pacific Islander\_\_\_\_ % White\_\_\_\_ % Unspecified\_\_\_\_ % Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Partners (list partnering organizations and the services they will provide) |
| **Organization** | **Services Provided** | **Number of Years as Partner**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

A LOI must demonstrate understanding of the requirements of the grant program for which you wish to apply. To complete a LOI, be sure you are familiar with the guidelines of the grant program. Please make certain that your request addresses Komen Houston’s identified needs and/or funding priorities.

Provide required information in the spaces provided below (not to exceed the 2 page maximum. The font must be Arial and must not be smaller than 11 pt font). Please submit electronically the LOI form prior to the deadline to gkirklin@komen-houston.org. Please do not include any other attachments. Failure to adhere to these guidelines will result in delayed processing or refusal of the application.

1. Please provide a brief description of your organization and why you are positioned to submit this LOI.
2. Briefly describe the need this project will be addressing, how your organization identified the need and how this project will contribute to eliminating the need.
3. Briefly describe the project. This should include an overview of what your organization proposes to do, how it will use evidence-based strategies or promising practices, and the timeline for completing the project.
4. Describe collaborative relationships with any existing or potential partners for breast health services and collaborations with other agencies offering services to help overcome barriers. Be sure to name collaboration with any organizations also applying for funding.