**Letter of Inquiry Preview**

This is a preview of the questions requested for the letter of inquiry on our Grant Portal. This is **not** the official application form you will fill out.

*\*Indicates required field*

**Note:** Most formatting created in Microsoft Word and other word processing programs will not be captured in this section, including font style, certain bullet points, and indentation. Please leave a blank line between paragraphs.

1. **Project Information**
* **Read Website\***

Please review the information on the Grants page of the Foundation Website to ensure your project aligns with our priorities and guidelines. If you have additional questions about our funding criteria, please contact Grants@LPFCH.org.

* **Project Title\***

A brief descriptive title for your project (can be changed later if needed).

* **Total Amount Requested\***
How much money are you requesting from the Lucile Packard Foundation for Children's Health? If your project is multi-year, enter the total for all years. Do not round it.
* **Proposed Start Date\***
If the grant for the project is approved, what would you like the start date for the grant period to be?
* **Proposed End Date\***
If the grant for the project is approved, what would you like the end date for the grant period to be? Be sure to include time to complete and submit any grant products and final grantee reports. Please be realistic, rather than optimistic.
* **Do you have another source of funding for the proposed project? \***
If you have other sources of funding you are expecting to supplement this project, select 'YES'. If LPFCH is the sole funder for this project, select 'NO'.
* **Other Source of Funding Amount**
If you selected 'YES' above, please indicate the total amount you will be receiving from the other funding source. If you selected 'NO', you can move on to the next section of the LOI application.
* **Organization's Current Operating Budget**
1. **Narrative**
* **What problem does your project address?\*** (Limit: 4,000 characters)
* **Why are you the right person, team, or organization to address this problem?\***

Brief description of past experience, key partnerships, and what you've done to address this problem so far. Do not paste in CV, you will have the option to upload this attachment at the end of this page. (Limit: 2,000 characters)

* **Describe the project design.\***

Brief description of the project design and how it will address the problem. (Please save info on goals, objectives, and outcomes for the next question below.) (Limit: 3,000 characters)

* **What are the goals, objectives and outcomes for the project?\***

Please briefly describe 1) The overall broad GOALS for your project; 2) The realistic, specific, concrete OBJECTIVES you plan to accomplish to achieve the goals; and 3) Specific, measurable OUTCOMES (effects) you expect to come out of the project. (Limit: 6,000 characters)

* **Anything else you'd like to tell us?**
* **CV/Resume Attachment**Please upload the CV/Resume of the Primary Investigator and/or the Project Director proposed to staff the project. You are allowed up to two CV/Resume attachments. (Limit: 600 characters)
1. **Organization & Contact Information**

You will be asked to provide the following about your organization:

* Organization Name
* Mailing Address
* Website URL
* General Email
* Phone
* Social Media URL: Facebook and Twitter