



Development Foundation

3. Brief description of the proposed activities and how these will deliver the results outlined in the previous question:
4. Short description and mission of the organization and its capacity or previous experience that positions it to implement the proposed project activities and deliver the results described above:

IV. Authorizations (Authorized Official i.e., Executive Director or Board Chair)

Please submit with this form: <ul style="list-style-type: none">• A copy of the organization’s IRS Letter of Determination of 501(c)(3) status
Please confirm by signing below that your organization remains tax-exempt under Section 501(c)(3) of the Internal Revenue Code and that your board-approved Equal Employment Opportunity (EEO) Policy is still valid and includes sexual orientation, gender identity, and all other applicable federal and local EEO laws.

Please have an authorized official (i.e., Executive Director or Board Chair) sign this LOI Form. Where applicable, Fiscal Sponsor’s representative must sign.	
Authorized Official’s Name:	
Authorized Official’s Title*:	
Authorized Official’s Signature:	Date:

Submit your completed LOI to the Ingalls Development Foundation:

Email: communitygrants@Ingalls.org

Mailing Address:

Ingalls Development Foundation
Impact Grant Program
One Ingalls Dr.
Harvey, IL 60426



For Ingalls Development Foundation use only:			
Grants Management			
<input type="checkbox"/> 501c3	<input type="checkbox"/> Fiscal Manager	<input type="checkbox"/>	<input type="checkbox"/>
Program			
Program Officer:			
<input type="checkbox"/> Invite: \$	over	months	<input type="checkbox"/> Defer until <input type="checkbox"/> Decline
Proposal Due Date:			
Short description of request (1 sentence for email to applicant):			
Brief rationale:			
Senior Director's signature:		Date:	

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