



DAVISON BRUCE™  
FOUNDATION

## LETTER OF INQUIRY (LOI) FORM

APPLICANTS ARE INVITED TO ATTACH PAGES TO THIS FORM TO PROVIDE ADDITIONAL INFORMATION OR FOR ANSWERS THAT WILL NOT FIT WITHIN THE SPACE PROVIDED. PLEASE ADD ANY INFORMATION YOU FEEL WOULD HELP US IN EVALUATING THIS LOI. INSTRUCTIONS FOR PROVIDING SUPPLEMENTAL INFORMATION ARE PROVIDED IN STEP 7 ON OUR INFO FOR GRANTSEEKERS PAGE.

LEGAL NAME OF ORGANIZATION:

ADDRESS:

CITY, STATE, AND ZIP:

YEAR ESTABLISHED:

TAX ID #:

WEBSITE ADDRESS:

EXECUTIVE DIRECTOR:

NAME:

PHONE:

EMAIL:

PERSON TO CONTACT REGARDING THIS LOI:

NAME:

TITLE:

PHONE:

EMAIL:

1. HAS THERE BEEN ANY RECENT CHANGE IN LEADERSHIP IN YOUR ORGANIZATION? IF SO, PLEASE EXPLAIN:

**2. IS THE ORGANIZATION AFFILIATED WITH A NATIONAL ORGANIZATION? IF SO, PLEASE PROVIDE DETAIL:**

**3. PLEASE PROVIDE INFORMATION ABOUT THE SIZE OF YOUR ORGANIZATION:**

**# FULL-TIME STAFF**

**# PART-TIME STAFF**

**# VOLUNTEERS:**

**4. WHAT ARE THE APPROXIMATE ANNUAL EXPENSES OF YOUR ORGANIZATION?**

**5. WHAT IS THE VALUE OF YOUR ENDOWMENT, IF ANY?**

**6. FUNDING AMOUNT REQUESTED:**

**7. HAVE YOU EVER RECEIVED A GRANT FROM THE DAVISON BRUCE FOUNDATION?**

**YES**

**NO**

**8. WHICH DAVISON BRUCE FOUNDATION FUNDING PRIORITY FITS YOUR ORGANIZATION? (CHECK ALL THAT APPLY):**

Aid Poor/Charity & Sustainable Rehabilitation

Health & Wellness Services

Church Development & Ministry

Education & Scholarship

**9. PRIMARY SERVICE CATEGORY OF YOUR ORGANIZATION (CHECK ALL THAT APPLY):**

**ARTS & CULTURE**

**HUMAN SERVICES**

**EDUCATION**

**FOOD INSECURITY**

**HEALTH SERVICES**

**ECONOMIC DEVELOPMENT**

**RELIGION**

**CIVIC/COMMUNITY**

**CHILDREN/YOUTH SERVICES**

**10. MISSION STATEMENT:**

**11. BRIEFLY DESCRIBE YOUR ORGANIZATION AND ITS KEY PROGRAMS, INCLUDING TARGET POPULATIONS AND SERVICE AREAS:**

**12. BRIEFLY DESCRIBE YOUR PROPOSED PROJECT/PROGRAM/SERVICE TO BE PROVIDED AND WHY IT IS NEEDED:**

**13. DESCRIBE THE IMPACT OF YOUR PROJECT/PROGRAM ON CONSTITUENTS SERVED AND WHAT IMPACT A GRANT FROM THE DAVISON BRUCE FOUNDATION WOULD HAVE ON YOUR CAPACITY TO PROVIDE YOUR PROJECT/PROGRAM/SERVICES:**

**14. HOW DID YOU FIND OUT ABOUT THE DAVISON BRUCE FOUNDATION?**

**15. DO YOU PERSONALLY KNOW ANY MEMBERS OR STAFF OF THE DAVISON BRUCE FOUNDATION?  
IF SO, PLEASE LIST THEM HERE:**

**AUTHORIZED PERSON COMPLETING THIS FORM:**

**NAME:**

**TITLE:**

**DATE:**