# FRANCES LANGFORD FUND FOR MARTIN COUNTY

# LETTER OF INTENT COVER PAGE

|  |  |
| --- | --- |
| Name of Organization: |  |
| 501(c)(3) Exemption Number: |  |
| Address: |  |
| Phone: |  |
| Email: |  |
| Website: |  |
| Year Founded: |  |
| Mission Statement: |  |
| Program/Project Name: |  |
| Amount Requested |  |
| Total Program / Project Budget | $ |
| Total Organization Operating Budget: | $ |
| Program/Project Manager Name & Job Title: |  |
| Contact Person (if different from above): |  |
| CEO / ED Contact Information (Name / Email): |  |

SIGNATURES REQUIRED:

|  |  |  |
| --- | --- | --- |
|  | PRINT NAME | SIGNATURE |
| CEO or ED: |  |  |
| Program Manager: |  |  |
| Board President / Chair: |  |  |