



Letter of Intent

Your Letter of Intent describes the project for which you are seeking funding, and permits the Foundation to screen for basic eligibility.

Often, when a Letter of Intent is submitted, the Foundation can provide support, expertise and assistance to applicant organizations. On other occasions, the Foundation may be able to put organizations in contact with other funding bodies. These organizations may be prepared to work in collaboration to initiate a project or may mentor embryo organizations meeting new or emerging community needs.

Instructions:

1. **Save this file to your computer.** This will allow you to protect your work in process, share the file with others for editing, and complete the form over more than one session.
2. Review our [Funding Guidelines](#) before submitting your Letter of Intent. This document is available at www.quesnefoundation.ca
3. Email your completed Letter of Intent form to gcf@shaw.ca by the deadline outlined in [Funding Guidelines](#). Late submissions will not be considered.
4. If you have any questions contact Bob Lebeck at 250-249-5590, blebeck@shaw.ca or the QCF Coordinator at gcf@shaw.ca

General information about your organization

Organization name: _____

Registered Charity? (*Refer page 2 of our Funding Guidelines*)

If No, a letter from your charity partner, confirming your partnership or agency relationship, will be required as part of your Application. At this time, indicate below with which charity you plan to partner (NB: City of Quesnel, Cariboo Regional District, and School District 28 (Quesnel) are eligible partners)

Name of Sponsoring Charity: _____

Contact name: _____ Telephone: _____

E-mail: _____

If yes, you do not need a partner - provide your Charity Number here _____

Mailing Address: _____ City: _____

Prov: _____ Postal Code: _____ Website: _____

Name of Main Project Contact: _____

Telephone: _____ E-mail: _____

Name of Alternate Project Contact: _____

Telephone: _____ E-mail: _____

Number of Board members: _____ Number of staff: _____

How many people use the services you provide _____

Organization Name: _____

Project Name: _____

Planned Project Start Date: _____ Planned Project End Date: _____

Number of People your Project will Impact: _____

Mandate and activities of your organization:

Why does your organization exist? What is its purpose? Who are your members?

Provide a short description of your project:

Identify any other organizations collaborating, partnering or funding the project:

Under which funding category does your Project fall? *(Arts, Education, Environment, Recreation, Social Programs)*

How will your project enhance the quality of life for people in our community?

Estimated total cost to complete your project: _____

Total amount requested from the Foundation: _____