



## 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 into 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. Please review our [Funding Guidelines](#) before submitting your Letter of Intent. This document is available at [www.quesnelfoundation.ca](http://www.quesnelfoundation.ca)
3. Email completed form to [qcf@shaw.ca](mailto:qcf@shaw.ca) by the deadline outlined in [Funding Guidelines](#)

If you have any questions contact Mary Sjostrom at 250.747.2924, [sjostrom@goldcity.net](mailto:sjostrom@goldcity.net) or the QCF Coordinator at [qcf@shaw.ca](mailto:qcf@shaw.ca)

### **General information about your organization**

Organization name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Web site: \_\_\_\_\_

Main Project Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Alternate Project Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Registered Charity Number (required): \_\_\_\_\_

*NOTE: if you do not have a Registered Charity Number, a letter from your charity partner confirming your partnership or agency relationship must be included. Please review page 2 of our Funding Guidelines regarding Eligibility.*

Name of Sponsoring Charity (if applicable): \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of Members in Organization: \_\_\_\_\_

Number of staff: \_\_\_\_\_ Number of Board/Council members: \_\_\_\_\_

Project Name: \_\_\_\_\_

Planned Project Start Date: \_\_\_\_\_ Planned Project End Date: \_\_\_\_\_

Number of People your Project will Impact: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

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 the other organizations collaborating, partnering or funding the project:

What funding category does your project fall under and how will your project enhance the quality of life for people in our community?

Estimate the total cost to complete your project: \_\_\_\_\_

Total amount requested from the Foundation: \_\_\_\_\_