



LETTER OF INQUIRY FORM

For application FAQs, please visit coppershores.org/grants

Copper Shores Mission:

To positively influence a healthful community through enhanced philanthropy and collaboration.

Copper Shores Vision:

To influence a shared vision (of a healthful community).

To foster collaborations and partnerships.

To build community capacity to shape outcomes.

Copper Shores Service Area:

Baraga, Houghton, Keweenaw and Ontonagon Counties, Michigan

FUNDING ELIGIBILITY

To be eligible to apply for grant funding through the Copper Shores Community Health Foundation, your organization must be one of the following:

- a) registered 501(c)(3) non-profit organization;
- b) government entity or local municipality; or
- c) publicly funded institution of education.

PLEASE NOTE: The following conditions must be met and documentation will be required with the Request for Funding Application.

501(c)(3) Non-Profit Organization		Government Entity		Public Institution of Education	
<input type="checkbox"/>	Proposal budget	<input type="checkbox"/>	Proposal budget	<input type="checkbox"/>	Proposal budget
<input type="checkbox"/>	Be domiciled in Copper Shores service area	<input type="checkbox"/>	Be domiciled in Copper Shores service area	<input type="checkbox"/>	Be domiciled in Copper Shores service area
<input type="checkbox"/>	Current IRS Tax-Exempt status letter	<input type="checkbox"/>	Current IRS Tax-Exempt Status Letter	<input type="checkbox"/>	Current IRS Tax-Exempt status letter
<input type="checkbox"/>	Current 990 filing cover sheet	<input type="checkbox"/>	Certified financial audit letter	<input type="checkbox"/>	Certified financial audit letter
<input type="checkbox"/>	Certified financial audit or CPA reviewed financial statements	<input type="checkbox"/>	Completed application with supporting materials	<input type="checkbox"/>	Completed application with supporting materials
<input type="checkbox"/>	Current License to Solicit				
<input type="checkbox"/>	Completed application with supporting materials				

If you have questions or need additional information, please refer to our Grant Policies and Guidelines on our website (www.coppershores.org/grants), email info@coppershores.org or contact our office at (906) 523-5920.

LETTER OF INQUIRY SUBMISSION

The Copper Shores Community Health Foundation strongly encourages all interested applicants to submit a Letter of Inquiry (LOI) prior to submitting a grant application. While not required in order to apply, an LOI encourages understanding, collaboration, and project development between Copper Shores and potential grant applicants. Please approach the LOI as an abbreviated grant proposal that Copper Shores can review to determine if a project matches our funding interests. Copper Shores will follow-up with all organizations regarding their inquiry within two weeks of submission, if you are responding to a specific Request for Proposal (RPF), Copper Shores will follow-up within two weeks after LOI deadline date.

We consider applicants regardless of race, color, religion, sex, national origin, age, marital or veteran status.

Submission of a Letter of Inquiry or Request for Funding Application is not an implied guarantee of funding.



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ORGANIZATION INFORMATION

Organization Name: _____ EIN: _____

Organization Website: _____

Organization Type: Non-Profit School Government Other: _____

Organization Address: _____
Street/PO Box City State Zip

Project Contact: _____
Name E-mail Telephone

Authorized member's signature: _____

Copper Shores is unable to provide funding to individuals or for individual or family fundraisers.

PROJECT INFORMATION

Request for Proposal ID # _____ (if applicable) Date: _____

Project Name: _____

Project Start/End Dates: _____ Is this an existing project? Yes No

Request Amount: \$ _____ Will this be a multi-year request? Yes No

Is there additional funding for this project available from other sources? Yes No

If yes, please specify: _____
(Please attach additional page if necessary)

Is this request needed to obtain or match another grant? Yes No

If yes, please describe the other grant or match requirements: _____
(Please attach additional page if necessary)

Please select all the funding priorities that apply to this request:

- Safe & Healthful Communities Food Stability Income Stability
 Access to Care Healthy Individuals Access to Education

- This project: addresses an unmet community need.
 is duplicated in the community.
 is a collaborative effort.

TARGET POPULATION

Please select the population targeted for this project:

- Broader Community Low Income Persons with Disabilities Uninsured/Underinsured
 Other: _____

Gender Served: _____

Age Group Served: All Infants Children Teens Adults Senior Citizens

Anticipated Number of Persons Served: _____ per Month per Annum

County Served: Baraga Houghton Keweenaw Ontonagon

City/Township/Village Served: _____

LETTER NARRATIVE

Your narrative must address the following items/questions in 1-2 pages:

- 1) A description of your organization;
- 2) A description of the project and activities to take place;
- 3) A discussion of what you are trying to accomplish with this project;
- 4) Identify the data you have consulted in order to understand the need for this project;
- 5) Explanation of how your organization is equipped to meet the need for this project;
- 6) A discussion of how this project connects to and advances Copper Shores mission; and
- 7) A budget overview.

LETTER SUBMISSION

All LOIs must be submitted on the Letter of Inquiry Form and may be sent to Copper Shores at any time. All electronic submissions must be in PDF format. Return completed form and accompanying narrative to:

Copper Shores Community Health Foundation
400 Quincy St., PO Box 299
Hancock, MI 49930

F: 906.523.5925
E: info@coppershores.org (as a PDF)

Submission of a Letter of Inquiry and/or an invitation by Copper Shores to apply, are not implied guarantees of funding.

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Invite to Submit a Proposal: Yes No Date Organization Notified: _____

Signature: _____ Title: _____

Notes: _____

