



# Community Grant Letter of Interest (Sample)

## **Organization Information**

Organization Name: (Legal Name)

Street Address:

City, State and Zip Code:

Tax ID/EIN:

Website:

## **Primary Contact**

First Name, Last Name:

Title:

Phone:

Primary Email:

Secondary Email:

## **Request Information**

**Request Name:** (Descriptive Program or project name for which you are requesting funds. If you are applying for unrestricted funding, please indicate.)

**Request Summary:** (Please provide a **brief** description of the proposed use of the funds. You will have an opportunity to detail your request in below. (maximum 500 characters))

**Request Amount:**

**Geographic Areas Served by Program/Project:**

**Total Budget for this Program:**

**Organization Summary:** (Provide a brief statement of your organization's mission and vision.

(Maximum 500 characters)

**Optional Additional Information:** Provide any additional relevant information about your organization and/or proposed use of funds. (Maximum 2,000 characters)

**Note:** This sample Letter of Interest (LOI) is for reference use only and is not meant to be printed and submitted by mail. LOIs will only be considered when submitted electronically through the provided application link, when that link is active. For 2018, LOIs will be accepted from May 1, 2018 – May 25, 2018 via a link on the Allergan Foundation website at [www.allerganfoundation.org](http://www.allerganfoundation.org). LOIs submitted outside of this open period and/or through a manner other than the application link will not be considered for funding.

**Technical Assistance:** If you have technical questions or encounter any difficulties while completing the LOI online, please contact our administrator, Foundation Source, at [premiersupport@foundationsource.com](mailto:premiersupport@foundationsource.com).