LETTER OF INTENT TEMPLATE

Indiana State
Department of Health

Project Overview (2 pages)

Applicant Organization:		
Address:		
City/State/Zip		
Project Title:	Baby and Me – Toba	acco Free TM
Contact Name :		
Phone:		
Fax:		
E-mail:		
Institution Type (chaose and)		
Institution Type (choose one)	•	
[] Clinic	-ation	For Staff Use ONLY
[] Community-based Organization		Applicant Identification Number:
[] Educational Institution	<i>t</i>	
[] Health Department (State,	•	
[] Other For-Profit Organizat	ion	
[] Professional Association		
[] Other		
Have you previously received project in the last 5 years? [] Please provide a brief synops	Yes, please specify year	
Approximately how many un	duplicated individuals w	vill be served during year one*?
*Continuation of funding is or	ontingent on funding av	ailahility as well as grantee meeting

*Continuation of funding is contingent on funding availability, as well as grantee meeting agreed goals and objectives, including enrollment goals within agreed upon time frames.

Select the race/ethnicity of the <i>majority</i> of individuals expected to be served by this project (if applicable): RACE: [] White				
[] Black or African American				
[] American Indian or Alaska Native				
[] Asian				
[] Native Hawaiian or Other Pacific Islander				
[] Other				
ETHNICITY:				
[] Hispanic				
Total amount requested: \$ Cost per individual: \$				
Is your agency willing to accept partial funding? [] Yes [] No				
Signature - Primary Staff Person Date Type Name and Title				

Project Abstract for Baby and Me Tobacco Free™ Program Implementation (maximum 2 pages)

1. What is the capacity of the requesting organization to successfully implement this program?
2. Using data, what is the demonstrated need for the targeted population in your community?
Zi osing data, what is the demonstrated nood for the targeted population in your community.
3. How many people will the project reach?
4. What are the SMART (specific, measurable, achievable, realistic, time bound) goals?
5. How will project success be evaluated and how will this program be sustained after the grant ends?
6. What impact will the project have on the community population?
7. What is the amount of funding requested?
8. What are the major budget categories?