Core Grant Spring 2023

Sherwood Trust

Letter of Interest

Organization Name*
Character Limit: 100

Name of Grant Request*
The name of the grant request is attached to each and every form within your process. This is the title that identifies the grant request.
Character Limit: 100

In one sentence, what will be accomplished if this grant request is funded?*
Character Limit: 1000

How will the organization accomplish this project outlined in this grant request?*
Character Limit: 1000

Amount Requested from Sherwood Trust*
Character Limit: 20

Total Project Budget*
Character Limit: 20

What is the target population impacted by this request?*
Character Limit: 250

Estimate the total number of people directly benefited by this grant request.*
Character Limit: 6

List any organizations you are working with to accomplish this request.
Character Limit: 500

What is the estimated timeframe for this grant request from start to finish?*
For example, is this for a project that is already underway or will the work start later this year if funded in June 2023? When is it estimated that the goals in the grant request will be completed?
Character Limit: 250
Organization Information

How does funding this grant request accomplish the organization's top priority this year?*
Character Limit: 500

What is the Annual Operating Budget of the organization?*

Choices
under $100,000
$100,001-$200,000
$200,001-$300,000
$300,001-$500,000
$500,001-$1,000,000
$1M-$5M
over $5M
over $10M

What type of organization is applying?*
If fiscally sponsored by a 501(c)3 complete the separate fiscal sponsorship questions below.

Choices
501(c)3
fiscally sponsored by a 501(c)3
government agency
other

If marked "Other" for type of organization, please state what type of organization is applying.
Character Limit: 100

Mission Statement*
Character Limit: 500

Contact Person for this grant request*
Please list the name and title of the individual at your organization who is the primary contact for follow up with questions about this application.
Character Limit: 100

Confirm the email address for the contact person for this grant request*
Character Limit: 254

Alternate contact person for this grant request*
Please provide the full name and title of an alternate contact person at the organization in case the primary contact person is unavailable.
Character Limit: 100
Alternate contact person's email address*

*Character Limit: 254

Can Sherwood Trust share your proposal with other funders?
Sherwood Trust may know other funding organizations that may be interested in learning of your request. Sharing your request is completely optional and has no bearing on the grant request evaluation or whether or not another funder contacts your organization.

**Choices**
- Yes
- No

Can Sherwood Trust share your proposal with other organizations?
Sherwood Trust may know another organization working on a similar project that may be interested in collaborating. Sharing your request is completely optional and has no bearing on the grant request evaluation or whether other organizations collaborate with yours.

**Choices**
- Yes
- No

Thank you for submitting a Letter of Interest to Sherwood Trust. We appreciate the work you do to build a sense of belonging in our region.

We would love to know what went well and what can be better next time. [https://docs.google.com/forms/d/e/1FAIpQLSf_WWQKiZQSJQmTa3zNgutUO2Ndy4mHNu1onlcXQ0w_Q4H3Bg/viewform?usp=sf_link](https://docs.google.com/forms/d/e/1FAIpQLSf_WWQKiZQSJQmTa3zNgutUO2Ndy4mHNu1onlcXQ0w_Q4H3Bg/viewform?usp=sf_link) We appreciate you taking a minute to share your feedback on the grant process here.

Your responses on this feedback form are anonymous and have no bearing on grant request evaluation.

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**Fiscal Sponsorship Information (If Applicable)**

If utilizing a fiscal sponsor, please answer all the fiscal sponsor fields in this section.

If your organization is applying on its own, you may skip this section of questions.

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**Fiscal Sponsor Organization Name**

*Character Limit: 250*
Fiscal Sponsor EIN/Tax ID
*Character Limit: 250*

Fiscal Sponsor's Mailing Address
*Character Limit: 250*

City
*Character Limit: 50*

State
(Two capital letter abbreviation)
*Character Limit: 2*

Postal Code
*Character Limit: 10*

Memorandum of Understanding/Fiscal Sponsorship Agreement
Provide a copy of the MOU or the contract between the organization and the fiscal agent/fiscal sponsor.
*File Size Limit: 2 MB*

Primary Contact for Fiscal Sponsor
Provide the name and title for the primary contact at the sponsoring organization.
*Character Limit: 50*

Fiscal Sponsor Email
Provide primary email address for contact at the fiscal sponsoring organization.
*Character Limit: 254*

Internal Review

OPTIONAL Pre-Meeting with Sherwood Trust*
Did the organization have a meeting with Sherwood Trust staff prior to submitting an LOI?
*Choices*
Yes
No

Grant Request Category*
Choose all categories that apply.
*Choices*
Capacity
Capital
Community
Total Project Budget

Choices
under 15,000
$15,001-30,000
$30,001-60,000
$60,001-90,000
$90,000-120,000
$120,001-$150,000
over $150,001

Does this grant request target specific population?*

Choices
Ability
Age
Class
Gender
Geography
Race, ethnicity
Sexuality
Not targeting a specific population
Other

Geographic Area Served by this grant request*

Select One

Choices
College Place
Dayton
Milton-Freewater
National
Other
Prescott
Regional
Statewide
Touchet
Waitsburg
Walla Walla

Organization Type*

Choices
Arts and Culture
Education
Environment and Animals
Government (not Guidestar category)
Health
Human Services
International
Public Societal Benefit
Religious
Unknown