

LOI Question List

Sisters of Charity Foundation of Canton

ORGANIZATION INFORMATION

Executive Director*

Director of the organization. Include name, title, mailing address, email address, and phone number:

Character Limit: 250

Primary Contact*

Primary contact for this request. Include name, title, mailing address, email address, and phone number:

Character Limit: 250

Board Chair/Board President*

Current Board Chair of the organization. Include name, mailing address, email address, and phone number.

Character Limit: 250

Type of organization*

501(c)(3)

Church

Government Agency

Geographic Area*

Carroll County

Holmes County

Stark County

Tuscarawas County

Wayne County

Organization's current annual operating budget*

Character Limit: 20

PROGRAM INFORMATION

Program Name*

Character Limit: 100

Program start date*

Character Limit: 10

Program end date*

Character Limit: 10

Total Program Budget*

Character Limit: 20

Amount requesting from the Sisters of Charity Foundation of Canton*

Character Limit: 20

Program Description*

Character Limit: 2000

Purpose of this request*

(e.g. to support a program for troubled teens)

Character Limit: 1000

Who will this program serve?*

Please provide target population and geographic area.

Character Limit: 1000

Provide one or more measureable outcomes you expect to achieve.*

Be specific (e.g. "In 2007, 90% of program participants will show improved balance, endurance, and muscle strength.")

Character Limit: 1000

Please list other support you are seeking*

Please list other support you are seeking from foundations or government agencies, as well as any potential partnerships with other nonprofits.

Character Limit: 250

Please provide additional information*

Please provide additional information needed to better understand this request and/or the unique needs of the community to be served.

Character Limit: 1000