

Weingart Foundation - Unrestricted Operating Support Letter of Inquiry  
***Organization Information***

U.S. Tax ID Number

Year Incorporated

Name of Legal Organization  
As it appears on the IRS 501(c)(3) Ruling

Do people know you by a different name?  
Also Known As or Doing Business As or Formerly Known As

Address

City

State

Zip/Postal Code

Main Phone  
(xxx)xxx-xxxx

Main Fax  
(xxx)xxx-xxxx

Website  
.

## Mission Statement

Provide an overview of the organization's mission and objectives, whether independent or part of a larger organization, and number of sites. (250 words maximum)

## Background

Briefly describe the socio-economic profile of the target population (including what percent served are low-income), geographic area of service, scope of current programs and services offered, and how they are aligned with the Weingart Foundation's guidelines for Unrestricted Operating Support. (250 word maximum)

## Number of Full-time Paid Staff

## Financial Statements

Select one

## Total Income

Based on the last fiscal year (do not use \$ sign)

## Major Income Categories (Based on the last fiscal year)

Government Sources:

Contributions from Private Sources:

Other:

## Total Expenses

Based on last fiscal year (do not use \$ sign)

## Major Expense Categories (Based on the last fiscal year)

Program Services:

Fund Raising and Financial Development Costs:

Administrative and General Office Costs:

Significant Changes:

Please describe any significant changes in your income and expenses during the current fiscal year or projected in the next fiscal year. (250word maximum)

**Contact information for the person submitting/preparing this Letter of Inquiry**

Prefix

First Name

Last Name

Suffix

Title

Office Address

Office City

Office State

Office Postal Code

Office Phone

(xxx) xxx-xxxx

Extension

.

Office Fax

(xxx) xxx-xxxx

E-mail

.

*Contact Information*

**Please provide the name and title of your Organization's Chief Staff Officer  
(example: CEO, COO, President, or Executive Director)**

Prefix

Mr., Mrs., Ms., etc.

First Name

.

Last Name

.

Suffix

M.D., Ph.D., etc.

Title

Office Address

Office City

Office State

CA

Office Postal Code

90045

Contact Phone

(xxx) xxx-xxxx

Contact Extension

Contact Fax

(xxx)xxx-xxxx

Contact E-mail Address

*Request Information*

**Prior to completing this section, we suggest you review the guidelines for Unrestricted Operating Support found on the Foundation's website.**

Date of Request

Request Narrative

1. Provide a brief description of your current priority organizational goals and capacity needs.
2. Briefly describe your short- and long-term strategies for addressing these goals and needs.

**Impact of Unrestricted Operating Support**

How would receiving an Unrestricted Operating Support grant help advance your stated goals and capacity needs?

**Amount Requested**

(in whole dollars, do not use \$ sign)

**Proposed Annual Operating Budget for the Requested Fiscal Year**

Fiscal Year Start Date

Fiscal Year End Date

Income

(in whole dollars, do not use \$ sign)

Expenses

(in whole dollars, do not use \$ sign)

**Certification/Authorization**

I certify that I am authorized to submit this Letter of Inquiry on behalf of the organization that will operate the proposed project.

First Name

Last Name

Title