

Johnson Family Foundation LGBT Center Mental Health Initiative Letter of Interest Instructions

- 1. A Letter of Interest ("LOI") consists of:
 - ➤ Attachment A Cover Sheets (capturing contact information, budget, and staffing data) and Narrative Response Questions
 - Organizational budget for 2016
 - > IRS Determination Letter
 - Audit (or IRS form 990 if you are not audited) for the most recently completed fiscal year. If not yet available submit the most recent version of unaudited actuals for most recently completed year
- 2. Please do your best to adhere to the page length requirements below without adjusting font size (keep it 10-12 point) or margins (1" all around).
- 3. Please do not include a cover letter or any additional materials at this time.
- 4. Completed LOI's should be e-mailed to Terry Stone at terry@lgbtcenters.org by Sunday October 16. Submissions received after this deadline will not be considered.

5. Attachments should be in PDF.

6. CenterLink is available to provide technical assistance during the LOI and proposal phases of this grant program. We strongly encourage any organization interested in this opportunity to participate in a pre-submission conference call on Monday, September 26 at 3:00pm ET (Conference call: Call-in Number: 641-715-3670 * Access Code: 562265#) and/or to contact Terry Stone (terry@lgbtcenters.org; 954-765-6024) in advance of submitting an LOI.

Attachment A Applicant Organization

Name				
Address				
Website				
Year founded				
Tax ID				
Fiscal year end (Month, day)				
Principal contact for this grant:			Executive Director (If not principal contac	:t):
Name:			Name:	
Title:			Title:	
E-mail address:			E-mail address:	
Phone number:			Phone number:	

Attachment A Applicant Organization

With respect to the overall agency

Operating expense budget for current fiscal year	
% covered by government sources	
Operating expense budget for most recently completed fiscal year	
% covered by government sources	
Full-time equivalent staff	
Total number of unique clients served annually	
With respect to the mental health programs/services offered	
Expense budget for current fiscal year (don't include JFF support)	
% of above covered by government sources	
70 or above covered by government courses	
Expense budget for most recently completed fiscal year	
Expense budget for most recently completed fiscal year	
Expense budget for most recently completed fiscal year % of above covered by government sources	

Attachment A Applicant Organization

Narrative Response Questions:

1. **In no more than one page**, describe the mission, history and programming of your organization, as well as the community you serve. Please describe how your mental health programming is unique to your locale, including information on the availability of similar or complementary services in the area.

Using no more than two-three pages (total), answer the following two questions.

- 2. For what specific, capacity-building purpose would you use a \$25,000 grant from JFF? What opportunities would this grant allow you to take advantage of? What limitations would this grant allow you to overcome? In general terms, how would the dollars be spent?
- 3. Describe your current mental health services and programs, including:
 - a. The kinds of services currently offered;
 - b. Average duration of program participation for clients using each service;
 - c. Staffing for each service (including contributions by interns and volunteers);
 - d. How clients are typically recruited or referred into your programs;
 - e. How the quality of your mental health services is currently evaluated, and how the evaluations have informed your service delivery;
 - f. What you consider to be areas of strength; and
 - g. What you consider to be areas in need of development or gaps in your current offering