



## Letter of Inquiry (LOI) Application 2009-2010

Fields with double asterisks (\*\*) indicate the minimum fields required in order to save an LOI application. You can always change the details of your record before submitting.

Fields with an asterisk (\*) are required. All required fields must be filled out in order to continue to the next page.

We encourage you to prepare your responses before starting your online application. Please note though that you may save your work along the way and return to the application before the **Friday September 25<sup>th</sup> 2009 5pm (PDT) deadline**. To return to your saved application-in-process, you will need to use your email address, and zip code to login.

We encourage you to save applications often while you are working on them. Please note that in-process sessions that have been inactive for more than one and a half hours will be closed. You will need to use your email address and zip code to login and return to your application-in-process.

Please also note that we are not able to process non-English Alphabet characters (ex. ア) in the submitted applications.

### STEP 1: PROVIDE CONTACT DETAILS

#### *Contact Information:*

<b>** Committee and Focus Area</b>	Within 1 Committee group, choose the Focus Area most appropriate to your organization's work. You may <b>ONLY</b> apply to 1 Committee and 1 Focus Area in a given grants cycle.
<b>**Organization Name</b>	Enter the name of your organization. If you have a Fiscal Sponsor, do NOT include the name of the Fiscal Sponsoring Organization here. We request information details about your Fiscal Sponsor Information in <b>STEP 4</b> of the application. For this question, enter the name of the organization or fiscally sponsored project that will be using the funding.
<b>**Zip/Postal Code</b>	Enter the zip/postal code for the organization.  NOTE: If you plan to save your application and return to it later, a postal code is necessary and will become your user login. This is a required field, so if your organization mailing address/location does NOT have a postal code, use "NONE" as your alternative zip code and remember it as your login code.
<b>**Contact Email</b>	Enter the primary contact's email address. <b>ONLY</b> 1 email address is permitted. This is the email address where <b>ALL</b> correspondence concerning the online Threshold LOI

	Application will be sent.
<b>*Contact First Name</b>	Enter the first name of the primary contact for this application.
<b>*Contact Last Name</b>	Enter the last name of the primary contact for this application.
<b>*Contact Title</b>	Enter the title of the primary contact for this application.
<b>*Organization Address</b>	Enter the mailing address for the organization. Use up to three lines if necessary.
<b>*City</b>	Enter the city in which the organization is located.
<b>*State</b>	Enter the state/province in which the organization is located.
<b>*Country</b>	Enter the country in which the organization is located.
<b>*Phone Number</b>	Enter the organization's phone number.
<b>Fax Number</b>	Enter the organization's fax number, if there is one.
<b>Organization Web Site</b>	Enter the organization's web site, if applicable.

***Organization Information:***

<b>*Executive Director First Name</b>	Enter the first name of the Executive Director, even if it is the same as the Primary Contact.
<b>*Executive Director Last Name</b>	Enter the last name of the Executive Director, even if it is the same as the Primary Contact.
<b>Year Founded</b>	Enter the year the organization was founded.
<b>Organization Founder First Name</b>	Enter the first name of the founder, even if it is the same as the Primary Contact or Executive Director.
<b>Organization Founder Last Name</b>	Enter the last name of the founder, even if it is the same as the Primary Contact or Executive Director.
<b>*Organization Budget</b>	Enter the organization's total annual budget in US Dollars.
<b>*Fiscal Year End</b>	Enter the month and day the organization's fiscal year ends (for example: 06/30).
<b>*IRS Status</b>	<p>Select the organization's tax status from the pull-down list:</p> <ul style="list-style-type: none"> <li>- 501(c)(3)</li> <li>- 501(c)(4)</li> <li>- Tax Status Pending</li> <li>- Foreign Non-profit Equivalent</li> <li>- Fiscally Sponsored</li> </ul> <p>If you select "Fiscally Sponsored" you will be required to fill out the section titled "Fiscal Sponsor Information" in STEP 4.</p>

## STEP 2: PROVIDE ORGANIZATION DETAILS

### Organization Information

<b>*IRS Employer ID Number (EIN)</b>	If you are a 501(c)(3), 501(c)(4), or have your Tax-Status Pending, then you are required to provide your organization's EIN. This is a 9 digit number with a dash after the second digit (For example. 12-3456789). If you selected "Fiscally Sponsored" or "Foreign Non-Profit Equivalent" for the IRS Status question in <b>STEP 1</b> , then this question does NOT apply to your application.
<b>*Organization Mission</b>	Enter your organization's Mission Statement (in 60 words or less). If you have a Fiscal Sponsor, do NOT include the Mission Statement of the Fiscal Sponsoring Organization here. For this question, enter the Mission Statement of the organization or fiscally sponsored project that will be using the funding.
<b>*Issue Areas</b>	<p>Select up to <b>two</b> Issue Areas your organization's work focuses on. You must identify as least <b>one</b> Issue Area.</p> <p>Choose from the following options:</p> <ul style="list-style-type: none"><li>• Animal Rights And Welfare</li><li>• Civic Participation</li><li>• Civil Rights And Liberties</li><li>• Community Development</li><li>• Economic Development</li><li>• Economic And Racial Justice</li><li>• Economic Justice/Globalization</li><li>• Economic Justice/Living Wage</li><li>• Education</li><li>• Environment</li><li>• Environment/Global Warming</li><li>• Environment/Land, Forest Conservation</li><li>• Environment/Water, Wetlands Conservation</li><li>• Environmental Justice</li><li>• Gay, Lesbian, Bisexual And Transgender</li><li>• Health Services/Health Reform</li><li>• HIV/AIDS</li><li>• Homelessness</li><li>• Housing And Shelter</li><li>• Human Rights</li><li>• Institutional Arts</li><li>• International Development And Relief Services</li><li>• International Peace And Conflict Resolution</li><li>• Native Communities</li><li>• Philanthropy And Grant-making Foundations</li><li>• Prison Reform And Criminal Justice</li><li>• Progressive And Community-Based Arts</li><li>• Progressive Media</li><li>• Public Interest Law</li><li>• Reproductive Health</li><li>• Spirituality</li><li>• Sustainable Food And Agriculture</li><li>• Violence Prevention</li><li>• Violence Prevention/Death Penalty Reform</li><li>• Violence Prevention/Domestic Violence</li><li>• Violence Prevention/Gun Control</li><li>• Women's Empowerment</li></ul>

	<ul style="list-style-type: none"> <li>• Youth Development And Organizing</li> <li>• Other</li> </ul>
<p><b>*Strategies</b></p>	<p>Select up to <b>three</b> Strategies employed in your organization's work. You must identify at least <b>one</b> Strategy.</p> <p>Choose from the following options:</p> <ul style="list-style-type: none"> <li>• Arts/Organizing</li> <li>• Advocacy</li> <li>• Coalition Work</li> <li>• Community Development</li> <li>• Cultural Work</li> <li>• Direct Services</li> <li>• Education</li> <li>• Electoral Reform</li> <li>• Grassroots Organizing</li> <li>• Legal</li> <li>• Media</li> <li>• Philanthropy</li> <li>• Policy/Public Reform</li> <li>• Religious</li> <li>• Research</li> <li>• Spiritual/Healing</li> <li>• Training/Technical Asst.</li> </ul>
<p><b>*Constituents</b></p>	<p>Select up to <b>three</b> groups of constituents served by your organization's work. You must identify at least <b>one</b> Constituent.</p> <p>Choose from the following options:</p> <ul style="list-style-type: none"> <li>• African</li> <li>• African American</li> <li>• Asian/Pacific Islander</li> <li>• Caribbean</li> <li>• Chicano/a</li> <li>• Children (age 3-12)</li> <li>• Faith Community</li> <li>• Gay/Lesbian/Bisexual/Transgender</li> <li>• General Population</li> <li>• Homeless</li> <li>• Immigrant/Refugee</li> <li>• Indigenous/Native American</li> <li>• Jewish</li> <li>• Latino/a</li> <li>• Low-income</li> <li>• Multi-racial</li> <li>• Philanthropists</li> <li>• People of Color</li> <li>• People with AIDS/HIV</li> <li>• People with Disabilities</li> <li>• Seniors</li> <li>• Students</li> <li>• Women</li> <li>• Workers</li> <li>• Youth</li> </ul>

<p><b>*Geographical Scope-Group 1</b></p>	<p>Select the scope of your organization's work on a global scale.</p> <p>You must choose one of the following options:</p> <ul style="list-style-type: none"> <li>• International (more than one area)</li> <li>• United States</li> <li>• Africa</li> <li>• Asia/Pacific Islands</li> <li>• Canada</li> <li>• Caribbean</li> <li>• Central America</li> <li>• Eastern Europe</li> <li>• Mexico</li> <li>• Middle East</li> <li>• South America</li> <li>• Western Europe</li> </ul>
<p><b>*Geographical Scope-Group 2</b></p>	<p>Select the scope of your organization's work on a regional scale.</p> <p>You must choose one of the following options:</p> <ul style="list-style-type: none"> <li>• National</li> <li>• Multi-State</li> <li>• Statewide</li> <li>• Regional</li> <li>• Local</li> <li>• SF Bay Area</li> </ul>
<p><b>*Geographical Scope-Group 3</b></p>	<p>Select the scope of your organization's work on a local scale.</p> <p>You must choose one of the following options:</p> <ul style="list-style-type: none"> <li>• Rural</li> <li>• Urban</li> <li>• Rural and Urban</li> <li>• Reservation-based</li> <li>• Urban and Reservation-based</li> <li>• Rural and Reservation-based</li> <li>• Rural, Urban and Reservation-based</li> </ul>
<p><b>*Grant Purpose Description</b></p>	<p>Select whether you are applying for General Support or support to be applied toward a specific program of your organization. If you select "Program Specific" you will be required to answer the program-related questions in the "Funding Request" section in <b>STEP 3</b>.</p>

### STEP 3: Provide Funding Details

#### *Funding Request:*

<b>*Program Name or Title</b>	If your request is for a program-specific grant, provide the name or title of your program here.
<b>*Program Description</b>	If your request is for a program-specific grant, provide a brief description of your program here, in 60 words or less.
<b>*Program Budget</b>	If your request is for a program-specific grant, provide the estimated budget of your program here if it differs from your organization's total budget.
<b>*Grant Purpose Description</b>	In 60 words or less, describe of what your organization intends to do with the funds requested.
<b>*LOI Narrative</b>	<p>You may prepare your Letter of Inquiry in a word processing program and paste the text into this field. Please keep it to 800 words or less.</p> <p>Your Letter of Inquiry should address the following based upon the specific Committee and Focus Area you have chosen to apply to:</p> <ul style="list-style-type: none"> <li>• <b>Funding Request:</b> Introduce the organization or project for which you are requesting funding and how funds will be applied.</li> <li>• <b>Context &amp; Mission:</b> Describe the need or issue your organization works to address and how your current programs work to achieve your mission.</li> <li>• <b>Constituency:</b> Identify the population your organization serves, including such factors as geography, socioeconomic status, race, ethnicity, nationality, gender, sexual orientation, age, physical ability, and language. Describe how the organization is responding to issues that the constituency has identified as important.</li> <li>• <b>Strategy:</b> Describe strategies you will employ to implement your project/programs. Explain why you consider your approach to be an effective one.</li> <li>• <b>Goals &amp; Accomplishments:</b> Describe how your organization has achieved its goals in the past and list your accomplishments.</li> </ul>

### STEP 4: PROVIDE ADDITIONAL INFORMATION

#### *Fiscal Sponsor Details (if applicable):*

<b>*Fiscal Sponsor Organization Name</b>	Enter the name of your fiscal sponsor organization.
<b>*Fiscal Sponsor Contact First Name</b>	Enter the first name of the primary contact at your fiscal sponsor organization.
<b>*Fiscal Sponsor Contact Last Name</b>	Enter the last name of the primary contact at your fiscal sponsor organization.
<b>*Fiscal Sponsor Contact Title</b>	Enter the title of the primary contact at your fiscal sponsor organization.
<b>*Fiscal Sponsor Address</b>	Enter the mailing address of your fiscal sponsor (use additional lines if necessary).

<b>*City</b>	Enter the city of your fiscal sponsor.
<b>*State</b>	Enter the state of your fiscal sponsor. If outside the US, include country.
<b>*Zip/Postal Code</b>	Enter the zip/postal code of your fiscal sponsor.
<b>Fiscal Sponsor Contact Email</b>	The email address of the primary contact at your fiscal sponsor organization
<b>Fiscal Sponsor Web Site</b>	Enter the URL for your fiscal sponsor web site, if applicable.
<b>*Fiscal Sponsor Phone Number</b>	Enter the phone number of the primary contact at your fiscal sponsor organization.
<b>Fiscal Sponsor Fax Number</b>	Enter the fax number at your fiscal sponsor organization, if applicable.
<b>*Fiscal Sponsor Executive Director First Name</b>	Enter the first name of the Executive Director at your fiscal sponsor organization.
<b>*Fiscal Sponsor Executive Director Last Name</b>	Enter the last name of the Executive Director at your fiscal sponsor.
<b>*Fiscal Sponsor Year Founded</b>	Enter the year your Fiscal Sponsor's organization was founded.
<b>*Fiscal Sponsor IRS Employer ID Number (EIN)</b>	Enter the fiscal sponsor organization's EIN. This is a 9 digit number with a dash after the second digit (Ex. 12-3456789).
<b>* Fiscal Sponsor IRS Status</b>	Select the appropriate IRS Status of your fiscal sponsor, or choose "Foreign Non-Profit Equivalent."
<b>Fiscal Sponsor Founder First Name</b>	Enter the first name of the founder of your fiscal sponsor organization.
<b>Fiscal Sponsor Founder Last Name</b>	Enter the last name of the founder of your fiscal sponsor organization.

***Additional Information:***

<b>Threshold Member Sponsor</b>	If you have a sponsor at the Threshold Foundation, please enter his/her name here. You may enter multiple names. You are not required to have a sponsor.
<b>Prior Threshold Grants</b>	If you have received any Threshold grants in past years, please list years and amounts (eg. 1994: \$12,000, New Visions; 1998: \$17,500, New Visions).
<b>How Did You Hear About Threshold?</b>	Please limit your response to 20 words.

## STEP 5: VERIFY LOI DETAILS

### *Verification Page:*

<b>Proofread Submitted Answers Carefully</b>	<p>Please confirm all of the LOI details and information you have provided are correct. If you need to make any changes, use the "BACK" button at the bottom of the LOI Application page to go back and make your corrections.</p> <p>If everything looks exactly right, and all of the information is accurate, kindly submit your entire LOI application to us for processing.</p> <p><b>Once you click the "SUBMIT" button at the bottom of the page, your LOI will be officially submitted for processing and you will NO longer be able to edit your LOI application. Clicking "Submit" is the final step in the LOI process.</b></p> <p>Note: - You may click the "SAVE" button if you wish to return to your LOI application to make corrections. However, you <b>MUST</b> complete and submit your application before the LOI deadline (<b>September 25, 2009</b>), or it will NOT be processed.</p>
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Thank you for your interest and your time. We will notify applicants in mid-November as to whether or not the grant-making committee would like to review a proposal from your organization.

We wish you continued success with your work, and will be in touch in a few weeks.

**Threshold Foundation Team**