

# RUTGERS COMMUNITY HEALTH FOUNDATION

*Aiding the Health Needs of New Jersey Since 1987*

P.O. Box 1265

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Web Site: [www.rchfoundation.org](http://www.rchfoundation.org)

## LETTER OF INTENT – COVER PAGE

Date: \_\_\_\_\_

Name of Applicant Organization: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Organization's Executive Director: \_\_\_\_\_

Name and Title of Project Director Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Project Title: \_\_\_\_\_

Target Population: \_\_\_\_\_

Project Geographic Area: \_\_\_\_\_

Total # Years of Support Requested: \_\_\_\_\_ Requested Start Date: \_\_\_\_\_

*Continued on next page*

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Page 2

### Proposed Budget:

Project Year	Request of RCHF (\$)	Total Budget (\$)
Current request		
Total projected*		

\*Complete if renewal requests are anticipated

### Prior Support from RCHF (list three most recent grants):

Grant Dates	Project Title	RCHF Award (\$)

### Purpose of Proposed Project (one sentence)

*Insert purpose statement in this box.*

### Attach narrative in the following format (max two pages, single-spaced, 11-point Font):

1. Project description, including background and rationale, methods, population to be served, and access to that population.
2. Funds requested, with broad breakdown into categories, and number of years of support anticipated.