

RUTGERS COMMUNITY HEALTH FOUNDATION

Aiding the Health Needs of New Jersey Since 1987

P.O. Box 1265

New Brunswick, NJ 08903-1265

Email: info@rchfoundation.org

Web Site: www.rchfoundation.org

LETTER OF INTENT –COVER PAGE Program Support

Date: _____

Name of Applicant Organization: _____

Applicant Address: _____

Name of Organization's Executive Director: _____

Name and Title of Project Director: _____

Telephone #: _____ E-Mail Address: _____

Project Title: _____

Primary Target Population: _____

Geographic Area: _____

Total # of Years of Support Requested: _____ Requested Start Date: _____

Website Address: _____

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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.