

· *Letter of Inquiry* ·

**IMPORTANT:** To save your progress you must press the **SAVE PROGRESS** button at the bottom of this form so that you may return later and continue. If you fail to do so your form data will be lost!

**NOTE:** Before submitting, make sure you include exactly what is asked for in the question and document uploads. We will not contact you if something is missing or an incorrect document is submitted. Your Letter of Inquiry must be complete with correct information included to be considered. All financial documents must be in US dollars.

You will receive an automatic email once the Letter of Inquiry form is submitted. The Executive Secretary will contact you once your Letter of Inquiry is processed and let you know if you may move on in the application process and are invited to submit a full application.

## PROFILE OF REQUESTING ORGANIZATION

**Legal Name of Organization \***

**Federal Tax ID or Equivalentl \***

**Year Issued \***

**Name of Executive Director or  
CEO \***

First Name Last Name

**Email Address of Executive  
Director or CEO \***

**Confirm Email Address \***

**Organization Website Address**

**Mailing Address \***

If you are a foreign organization, please put the mailing address of your U.S. sponsor organization.

**Address Line 2**

City \*

State \*

Zip Code \*

Organization Email Address \*

Confirm Email Address \*

Daytime Phone Number \*

Year Organization was established \*

Number of board members \*

Number of board meetings annually? \*

### DESIGNATED CONTACT

Job Title

Name of Designated Contact \*

Email Address \*

Confirm Email Address \*

Daytime Phone Number \*

### PROJECT

Project / Program Title \*

Organization Current Budget \*

Project / Program Budget \*

Requested Grant Amount \* <sup>?</sup>

Have you previously received a grant from the CHM Fund? \* <sup>?</sup>  
 Yes  
 No

If yes, please indicate years

## PROGRAM / PROJECT DETAILS

**Organization Mission or Purpose Statement \***

0/750 characters

**Purpose of Your Proposal Request: \***

0/500 characters

**State guiding values of the CHM Fund that are best supported by this proposal: \* ?**

0/200 characters

**What are the anticipated results of this program / project? Indicate how many individuals will be served and the specific ways they will benefit as a result of this program / project: \***

0/300 characters

**How are the results measurable? \***

**Funding request will cover from: \***

 

**Funding request will cover until: \***

 

**Which type of grant application best suits your request? \***

- Start-Up Support for a New Program
- Operating Support of Existing Program
- Expansion / Enhancement of Existing Program
- Capital Project

**If it is a Capital request, is it for building or equipment?**

- Construction/Restoration
- Equipment
- Both Construction/Restoration and Equipment

**How would you categorize your request? \***

### REQUIRED DOCUMENTATION

Uploading Attachments: Click the "Choose File" button to select the appropriate file from your hard drive. Acceptable file formats are: JPG, PDF, MS Word, and MS Excel. Documents will be uploaded when you SAVE PROGRESS or SUBMIT. Please allow time for the file transfer. **All items must be in English and US Currency (or translated and converted).**

**IRS letter of documentation 501(c)(3) or nation equivalent \***

 No file selected.

**The following financial documents requested (Statement of Activity & Statement of Financial Position) must be the most recent full fiscal year (12 months) for your organization. Please submit the Statement of Activity & Statement of Financial**

**Position and not your full financial statements.****Statement of Activity (Income Statement) in US Currency \* ?** No file selected.**Statement of Financial Position (Balance Sheet) in US Currency \* ?** No file selected.

**Applications received from a 501(c)(3) or equivalent organization in a foreign country will not have funds sent directly to that entity. Funds will only be sent to a 501(c)(3) organization in the United States. A letter must accompany the application from the 501(c)(3) organization in the United States which will take responsibility for receiving and distributing the funds. The letter must include the U.S. 501(c)(3) EIN tax number, the sponsor organization's name, mailing address, a contact at that organization and that contact's email address.. Please ONLY submit a sponsor letter if your organization is a foreign entity with a U.S. sponsor. A sponsor letter is NOT needed if you are a U.S. organization just conducting a project in a foreign country. ?**

 No file selected.

Please add [execsec@cppsheritagemissionfund.org](mailto:execsec@cppsheritagemissionfund.org) to your address book and/or email whitelist so you receive correspondence. We are not responsible for lost or blocked emails.



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