

Grant I.D. #: _____



LETTER OF INTENT – DMC EQUIPMENT PURCHASE

The Letter of Intent application is the first step in the grant application process. Please review The Jewish Fund's Guidelines for Grant Requests before submitting your application. (Note: You may scan or reproduce this form or e-mail mayer@jfmd.org to request that it be e-mailed to you in template form).

Name of Hospital: _____

Department or Facility: _____

Contact Person: _____ Title: _____

Contact Person Address/PO Box: _____

City: _____ State: _____ Zip Code: _____

Contact Person Phone #: _____ Fax #: _____ E-mail: _____

Chief Executive Officer/Executive Director (of Hospital): _____

Signature: _____ Date: _____

Chief Volunteer Officer (of Hospital) _____

Signature: _____ Date: _____

Project's Total Estimated Cost: \$ _____

Total Amount Requested from The Jewish Fund: \$ _____

Name of Specific Fund from which Funds Requested (if applicable, e.g. Berry Fund):

Anticipated Total Contribution From Other Sources (indicate in-kind as well): \$ _____

Organization's financial contribution (indicate in-kind as well): \$ _____

Project's target population (demographic characteristics): _____

Send 1 original of this Cover Page and the Proposal and 1 copy of the required attachments described in the document "Proposal-DMC Equipment Grants" (Operating Budget; Board List; Support Letters, if any; Staff information), BUT DO NOT STAPLE, to:

**The Jewish Fund
6735 Telegraph Road
Bloomfield Hills, Michigan 48303-2030**