

**Please Note:** all Letters of Inquiry must be submitted through the S. Mark Taper Foundation's online grants portal. We do not accept hard copy LOIs or LOIs sent via email. You may copy and paste your answers from the Word document into the online LOI, but please be aware that the grants portal will not accept any special formatting (i.e. bold, italics, bullet points, etc.).

## LOI Organization Overview

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**\*Has your organization received a grant from the S. Mark Taper Foundation in the past 3 calendar years?**

If your organization has received a grant from the S. Mark Taper Foundation in the past 3 calendar years, you are not eligible to apply for a grant during this cycle. If you have any questions, please contact us at [grants@smtfoundation.org](mailto:grants@smtfoundation.org)

**\*LOI Request Amount**

Initial amount requested by the organization during the LOI stage of the application process

**\*Mission Statement (75 words)**

**\*Organization Overview (50 words)**

Please provide a 1-2 sentence snapshot of your organization

**\*Request Overview (50 words)**

Please provide a 1-2 sentence snapshot of your request

**\*Does your organization operate under the EIN of a fiscal sponsor?**

- Yes, my organization operates under the EIN of a fiscal sponsor
- No, my organization operates under its own EIN

**\*Does your organization operate under the EIN of a national/statewide organization?**

- Yes, my organization operates under the EIN of a national/statewide organization
- No, my organization operates under its own EIN or a fiscal sponsor's EIN

### Programs & Services

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**\*Select the one category that best defines the primary services and programs provided by the organization:**

- |  |  |
|--|--|
| <input type="checkbox"/> Arts          | <input type="checkbox"/> Environment     |
| <input type="checkbox"/> Civic Affairs | <input type="checkbox"/> Health          |
| <input type="checkbox"/> Education     | <input type="checkbox"/> Social Services |

**\*Are services provided free of charge?**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**\*If no, please provide an explanation of the fees charged to program participants including the amount charged and to whom. (250 words)**

### Demographic Information

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**\*Total number of unduplicated individuals served by the organization in the most recently completed fiscal year:**

**\*Age of persons served by the organization in percentages (must add up to 100%):**

- |                           |                            |
|---------------------------|----------------------------|
| _____ Older Adult (65+)   | _____ Youth (6-17)         |
| _____ Adult (25-64)       | _____ Young Children (0-5) |
| _____ Young Adult (18-24) |                            |

**\*Primary geographic area served by the organization (you may only select one):**

- |   |  |
|---|--|
| <input type="checkbox"/> Los Angeles County | <input type="checkbox"/> San Bernardino County |
| <input type="checkbox"/> Imperial County    | <input type="checkbox"/> San Diego County      |
| <input type="checkbox"/> Orange County      | <input type="checkbox"/> Santa Barbara County  |
| <input type="checkbox"/> Riverside County   | <input type="checkbox"/> Ventura County        |

**\*If Los Angeles County, select which Service Planning Areas (SPAs) are served by the organization (you may select more than one):**

- |  |  |
|--|--|
| <input type="checkbox"/> SPA 1 – Antelope Valley     | <input type="checkbox"/> SPA 5 – West Los Angeles  |
| <input type="checkbox"/> SPA 2 – San Fernando Valley | <input type="checkbox"/> SPA 6 – South Los Angeles |
| <input type="checkbox"/> SPA 3 – San Gabriel Valley  | <input type="checkbox"/> SPA 7 – East Los Angeles  |
| <input type="checkbox"/> SPA 4 – Metro Los Angeles   | <input type="checkbox"/> SPA 8 – South Bay/Harbor  |

If applicable, secondary geographic area(s) served by the organization (you may select more than one):

- |   |  |
|---|--|
| <input type="checkbox"/> Los Angeles County | <input type="checkbox"/> San Bernardino County |
| <input type="checkbox"/> Imperial County    | <input type="checkbox"/> San Diego County      |
| <input type="checkbox"/> Orange County      | <input type="checkbox"/> Santa Barbara County  |
| <input type="checkbox"/> Riverside County   | <input type="checkbox"/> Ventura County        |

## Budget and Staffing

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**\*Current Fiscal Year End**

### Organization's Current Year Budget

\*Total Revenue:

\*Total Expense:

### Staff & Volunteers

Total number of:

\*Full-Time paid staff:

\*Part-Time paid staff:

\*Volunteers:

## LOI Narrative

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**\*Please describe the work that your organization does, the purpose of the requested funding and how an unrestricted grant from the S. Mark Taper Foundation would benefit your organization. (1500 words)**

**\*Will the organization be experiencing a merger, executive transition, or other major internal change in the next year? If yes, please elaborate below. (250 words)**

**Please share any additional information you think the Foundation should know that has not already been captured in the previous questions. (250 words)**

## LOI Uploads

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### LOI Uploads Directions:

You will not be allowed to upload any documents until you click "Save Draft" at the bottom of the screen. Please upload PDF, Word or Excel documents only. The maximum size limit per upload is 2GB. All uploads with an asterisk (\*) next to the name are required.

**If you are fiscally sponsored or affiliated with a national/statewide organization:** please upload documents for your local organization/chapter/affiliate office in the main uploads section.

### \*IRS Determination Letter indicating 501(c)(3) status

### \*State of California Franchise Tax Board Entity Status Letter

Please use the link below to generate a **CURRENT** entity status letter. The letters must be generated within **30 days** of LOI submission. Out-of-date letters will not be accepted. To be eligible, both boxes 1 AND 3 on the letter must be checked.

If boxes 1 and 3 are not checked, we recommend that you contact the California Franchise Tax Board and/or the California Registry of Charitable Trusts to obtain more information. The Foundation is not able to provide individual guidance or direction on this matter.

[Link to California Entity  
Status Letter Generator](#)

### \*List of current Board members, including the race/ethnicity, business affiliation, title and length of service for each Board member. Please do not include personal addresses.

### \*Board-approved Organizational Budget (including both revenue AND expense) for the current fiscal year

If your budget has not been approved by your Board of Directors yet, please upload a draft of your current year budget AND your board approved budget from the last fiscal year. You may upload more than one document in this field.

### \*List of Grants Received

Please provide a list of grants received in the current and past two fiscal years using the **REQUIRED** template below.

[Download List of Grants Received Template](#)

**\*Audited Financial Statements for the most recently completed fiscal year**

If the organization does not have audited financials, please upload BOTH of the following internally prepared financial statements instead:

- 1) Income Statement/Statement of Activities; **AND**
- 2) Balance Sheet/Statement of Financial Position

**If your organization conducts any work with schools, upload a list of all schools that you work with/in, including the name and school district where the school is located**

**Additional Uploads**

**Authorizations**

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**Please Note:**

Once you click "Submit," you will be unable to make any additional edits or changes. You can print a preview of your request by clicking on "PDF of Request." Once submitted, the Primary Contact and CEO/Executive Director will receive an email confirmation with a PDF copy of the request attached. While your request is in process, please notify the Foundation via email of any significant changes in contact information or key staff and update the organization's profile.

**\*By checking this box, I certify that the CEO/Executive Director or Board Chair have authorized the submission of this LOI**

I Confirm

The following sections are only required for organizations that operate under the EIN of a fiscal sponsor OR under the EIN of a national/statewide organization.

## Fiscal Sponsor

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**\*Name of Fiscal Sponsor Organization**

**\*Describe the organization's relationship to the fiscal sponsor, including how long the organization has been fiscally sponsored and what kind of support the fiscal sponsor provides. (150 words)**

## Fiscal Sponsor Contact Information

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Please enter contact information for your primary contact at the fiscal sponsor organization

**\*Prefix:**

**\*First Name:**

**\*Last Name:**

**Suffix:**

**\*Title:**

**\*Email Address:**

## Fiscal Sponsor Uploads

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**Please Note:**

The uploads in this section should be for the fiscal sponsor organization - NOT the fiscally sponsored organization/project.

**\*Audited Financial Statements for the most recently completed fiscal year**

**\*List of current Board members, including the race/ethnicity, business affiliation, title and length of service for each Board member. Please do not include personal addresses.**

**\*Board-approved Organizational Budget (including both revenue AND expense) for the current fiscal year**

## National/Statewide Organization

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**\*Please provide the name of the national/statewide organization and describe the relationship. (300 words)**

**\*Do you pay indirect costs, or does a portion of your revenue go to the national/statewide organization? (300 words)**

**\*Do you receive any funds from the national/statewide organization? (300 words)**

## National/Statewide Organization Contact Information

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Please enter contact information for your primary contact at the national/statewide organization

**\*Prefix:**

**\*First Name:**

**\*Last Name:**

**Suffix:**

**\*Title:**

**\*Email Address:**

## National/Statewide Organization Uploads

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**Please Note:**

The uploads in this section should be for the national/statewide organization - NOT the local chapter/affiliate office.

**\*Audited Financial Statements for the most recently completed fiscal year**



**\*List of current Board members, including the race/ethnicity, business affiliation, title and length of service for each Board member. Please do not include personal addresses.**

**\*Board-approved Organizational Budget (including both revenue AND expense) for the current fiscal year.**