

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

***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

***Has your CEO/ED served in the position for more than 12 months?**

If your CEO/ED has served in the position for less than 12 months, you are not eligible to apply for a grant during this cycle. If you have any questions, please contact us at 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

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

- | | |
|--|--|
| ☐ Arts | ☐ Environment |
| ☐ Civic Affairs | ☐ Health |
| ☐ Education | ☐ Social Services |

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

- ☐ Yes ☐ 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

***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):**

- | | |
|---|--|
| ☐ Los Angeles County | ☐ San Bernardino County |
| ☐ Imperial County | ☐ Ventura County |
| ☐ Riverside County | |

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

- | | |
|--|---|
| ☐ SPA 1 – Antelope Valley | ☐ SPA 3 – San Gabriel Valley |
| ☐ SPA 2 – San Fernando Valley | ☐ SPA 4 – Metro Los Angeles |

- ☐ SPA 5 – West Los Angeles
☐ SPA 6 – South Los Angeles

- ☐ SPA 7 – East Los Angeles
☐ SPA 8 – South Bay/Harbor

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

- ☐ Los Angeles County
☐ Imperial County
☐ Riverside County

- ☐ San Bernardino County
☐ Ventura County

LOI Program Request

The information below should be specific to the **program** for which you are requesting funding – NOT the organization as a whole.

***Program Title (25 words)**

***Total number of unduplicated individuals served by the program in the most recently completed fiscal year**

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

_____ Older Adult (65+)
_____ Adult (25-64)
_____ Young Adult (18-24)

_____ Youth (6-17)
_____ Young Children (0-5)

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

- ☐ Los Angeles County
☐ Imperial County
☐ Riverside County

- ☐ San Bernardino County
☐ Ventura County

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

- ☐ SPA 1 – Antelope Valley
☐ SPA 2 – San Fernando Valley
☐ SPA 3 – San Gabriel Valley
☐ SPA 4 – Metro Los Angeles

- ☐ SPA 5 – West Los Angeles
☐ SPA 6 – South Los Angeles
☐ SPA 7 – East Los Angeles
☐ SPA 8 – South Bay/Harbor

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

- ☐ Los Angeles County
- ☐ Imperial County
- ☐ Riverside County

- ☐ San Bernardino County
- ☐ Ventura County

Budget and Staffing

*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

***Please describe the work that your organization does and the specific program this grant would fund. Include how the program operates (e.g. its duration and hours of operation). Describe how a grant from the S. Mark Taper Foundation would benefit your organization and the program. (900 words)**

***Please indicate if the organization has experienced (in the past year) or is expecting (in the next year) any major internal changes, such as a merger, executive transition, or significant restructuring. If yes, please provide details 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

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](#)

☐ I confirm that the Tax Board Entity Status Letter has been generated within the past 30 days and BOTH boxes 1 and 3 are checked

*List of current Board members.

Please include business affiliation, title, and length of service for each Board member. 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.

***Program Budget (including both revenue AND expense) for the current fiscal year**

***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 covering your most recently completed **full fiscal year**:

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

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

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

***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

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

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 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

***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

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

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 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.**