**INITIAL FUNDING INQUIRY**

Please type or print.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization EIN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Organization name | |
| Organization website | |
| Please provide fiscal sponsor organization name and contact (if applicable): | |
| City, State where work takes place |
| Organizational budget (Limit $250,000) |
| Name, title, email, and phone number of contact person |
| What is the need or problem in your community you are addressing? (Suggested word count 100) |
| Describe the work for which you are seeking funding. (Suggested word count 150) |
| What is the systemic impact on the community of the work described above? (Suggested word count 100) |

Please email this completed form to Erin Williams Rodriguez at [grants@maryspence.org](mailto:grants@maryspence.org). We will contact you with information on the next steps after we have reviewed your funding inquiry.