

## Letter of Inquiry Cover Sheet

Cover Sheet must be submitted with Letter of Inquiry

Organization Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

Contact Person \_\_\_\_\_ Official Title \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Website \_\_\_\_\_

Board President/CEO \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

IRS 501 (c) (3) nonprofit? Please check:  YES  NO

Federal Tax-Exempt No. \_\_\_\_\_

Project Title \_\_\_\_\_

Project Focus Area \_\_\_\_\_

Total Grant Request \_\_\_\_\_ Period Grant Covers \_\_\_\_\_

Project Implementation Date \_\_\_\_\_

Please give a brief statement in the space provided stating organization's mission.

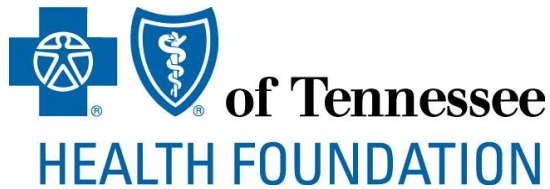
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Executive Director/CEO Signature \_\_\_\_\_ Date \_\_\_\_\_



Along with the Cover Sheet, the Letter of Inquiry questionnaire must be on the applicant organization's letterhead and a maximum of two pages in length. Address each item in the order listed.

1. **Project Title**
2. **Project Description**  
Describe your project and major objectives.
3. **Problem / Opportunity/ Need**  
Describe the need, problem or opportunity your project seeks to address.
4. **Target Population**  
Describe who will benefit from your project. Highlight any relevant characteristics (i.e. gender, age groups, ethnic-racial composition, disability, socioeconomic status and/or income) that further identify your target group.
5. **Funding Request**  
State how the funds will be used and how your project aligns with THF's funding priority and mission.
6. **Future Funding**  
Describe how your project will sustain itself after the grant period.
7. **Collaboration**  
Describe the collaborative efforts you seek to establish in the implementation of your project.
8. **Quantifiable Project Outcomes**  
Describe how you will evaluate, measure and track the project's outcomes.

Please submit your completed Letter of Inquiry and Cover Sheet to:

Chelsea C. Johnson  
Interim Director, Community Relations and Foundations  
BlueCross BlueShield of Tennessee Health Foundation  
1 Cameron Hill Circle  
Chattanooga, Tennessee 37402

(423) 535-3240  
Chelsea\_Johnson@bcbst.com