

# 2024 Grant Cycle

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*Les Passees, Inc.*

## Introduction

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The LOI is the first step in determining whether an organization may be eligible to apply for a Les Passees, Inc. grant. If the organization is invited to apply for a 2024 grant, the **LOI responses will be considered along with the grant application; therefore, it is strongly recommended that organizations carefully consider LOI responses.** If you have questions or need clarification, please contact us at [grants@lpmemphis.org](mailto:grants@lpmemphis.org).

**The LOI is due by 5:00 p.m. CT June 15, 2024.**

1. **Organization Name \***
2. **Organization Address \***
3. **Organization Email \***
4. **Organization Contact Phone Number \***
5. **Organization Contact Person and Title \***

6. **Project Name \***

7. **Amount Requested**

8. **Purpose of Grant \***

Please choose purpose/purposes below that best matches your organization's request for funding.

**Choices**

- a. Capital Expenses (for construction or remodeling of building, or a one-time purchase of equipment)
- b. General Operating (support for the organization as a whole)
- c. New or Special Program or Project
- d. Continuing Program or Project
- e. Start-up Costs for a New Organization
- f. Technical Assistance or Training

## 9. Geographic Area \*

Please choose from the areas below

### Choices

- a. Memphis
- b. Shelby County

## 10. Executive Summary \*

Submit an Executive Summary that includes the following four sections of information. The Executive Summary must be **one page, typed in Times New Roman 12-point font, double-spaced, have 1" margins, and saved as a PDF.**

- a. **Heading:** Name of organization and amount of request
- b. **Expertise:** Provide a brief history of your organization, including its founding date, mission statement, main activities, and website (if available).
- c. **Problem and Solution:** Briefly state the need your organization is wanting to address. Describe the proposed program/project, including the main activities, who/what will benefit from activities, length of the program/project, and qualifications of the person leading the activities.
- d. **Impact:** Briefly describe the main outcome(s) you expect to achieve by the end of the grant period.

## 11. Brief Summary \*

In **25 words or less**, please describe the purpose of your grant.

## 12. Organization Narrative \*

Your narrative should tell us about your organization's history, its goals and objectives, its current programs, activities, and accomplishments.

## 13. Project Narrative \*

Briefly state the issues, goals, and objectives to be addressed by your project, including a description of the people to be served, the number you anticipate serving, how your program will benefit them, and whether this is a new or ongoing activity for your organization.

# Question Group

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## 14. Are You a New Applicant to Les Passees, Inc.? \*

- a. Yes
- b. No

### 15. Follow-Up Report \*

If your organization received a Les Passees, Inc. grant before or during 2023, a Follow-Up Report must be submitted before September 1, 2024, regardless of the Follow-Up Report's original due date. If you are unsure of the status of your organization's Follow-Up Report submission, please email Les Passees, Inc. at [grants@lpmemphis.org](mailto:grants@lpmemphis.org) to inquire about the report's submission status.

### 16. Did your Organization submit a Follow-Up Report for its prior grant?

#### Choices

- a. Yes, my organization submitted a Follow-Up Report for its prior grant.
- b. No, my organization has not received a grant in the past and, therefore, did not submit a report.

### 17. Organization's Fiscal Year End Date \*

### 18. Tax ID Number \*

Please provide your organization's tax ID number

### 19. IRS Determination \*

Is your organization recognized by the IRS as a 501(c)(3) public charity?

Note: Les Passees, Inc. will only consider requests from organizations with 501(c)(3) public charity status who are in good standing with the IRS. If your organization does not have 501 (c)(3) status, it is ineligible to apply.

#### Choices

- a. Yes
- b. No

### 20. 501(c)(3) \*

Please provide a copy of your 501 (c)(3) exemption.

### 21. Preliminary Organization Budget \*

Please provide a preliminary budget for your organization for the current and prior years. Provide explicit budget line items. Please do not list "other" as a revenue or expense line item.

*Note: Budget forms should only be submitted in Excel (xls, xlsx) read-only file format and should be signed by the appropriate financial officer. The signature line should be **typed** with the appropriate name and position.*

**Please be advised that Les Passees, Inc. reserves the right to request additional financial documents from your organization.**

## 22. Surplus/Deficit

If your organization budget shows a surplus or deficit, please explain.

## 23. Preliminary Project Budget \*

Please provide a complete budget for your proposed project or program. Please state whether income is projected, pending, or secured. Also, please provide any alternative funding sources for the project, other than Les Passees, Inc.

If requesting General Operating Support, the project budget figures will be the same as your organization's budget figures. It is still necessary to provide a completed project budget form.

*Note: Budget forms should only be provided in Excel (xls, xlsx) read-only file format.*

**Please be advised that Les Passees, Inc. reserves the right to request additional financial documents from your organization.**

**The LOI form must be submitted by 5:00 p.m. CT June 15, 2024, to be considered for the 2024 grants cycle. Late submissions will not be accepted.**

Les Passees, Inc. will review all inquiries and provide a response via email that indicates either a denial, a request for further information, or an invitation to submit a full grant proposal. As such, please make sure that you have access to the email address that is on file.

Only those applicants who receive a favorable response to their Letter of Intent will be sent the application to submit a full grant proposal.

## Signature

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### 24. Signature \*

Provide your full name, and job title. (e.g., Jane Doe, Executive Director)

By providing your signature information above, you certify that the statements contained in this LOI are true and correct to the best of your knowledge. You also certify that you agree with the following statements:

- The Organization Budget includes current and prior year figures.
- If invited to submit a Grant Application, I understand that the following LOI sections will automatically be included with the application and may not be amended in the application: **Project Name, Amount Requested, Organization Narrative, and the Project Narrative.**