



Spring 2023 Grant Cycle Letter of Inquiry Cover Sheet

Field Hall Foundation provides grants for programs and projects that improve the lives of older adults and caregivers in Dutchess, Putnam and Westchester Counties, NY. Priority is given to proposals focused on the basic needs of low-income seniors (60+ years old) and their unpaid caregivers, new or expanding programs, collaborations, and organizations not previously funded.

Instructions

Visit the Foundation's website, fieldhallfoundation.org, for guidelines and eligibility requirements. Previous grant recipients are not eligible to apply for another grant until 1) at least one year has passed since they received a grant, and 2) a final report for that grant has been submitted to and accepted by the Foundation. The Foundation does not award multi-year grants.

If your organization is eligible to apply, complete the second page of this form and email it, along with an LOI to Patti Lavan Horvath at phorvath@fieldhallfdn.org **by January 31, 2023**.

The LOI must be a Word or pdf document, two pages or less, using black, 12-point Times New Roman type and include the following information:

1. A brief introduction to the organization, including the mission and programs offered
2. A summary of the proposed program/project, the need it addresses, and its goal(s)
3. The approximate starting date and duration of the program/project
4. A preliminary budget showing how the requested funding will be allocated and if additional funding is needed for the program/project. Refer to the Dates & Forms page on the Foundation's website, fieldhallfoundation.org, for allowable costs.
5. How the program/project will be funded if it is to continue after the grant year. Please note that the Foundation does not renew grants or award multi-year grants.

Field Hall Foundation

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Date:

Name of Organization:

Organization's Executive Director:

Contact Person and Title *(if not the Executive Director):*

Telephone Number:

E-mail:

Address:

Federal Tax Identification #:

Organization's Operating Budget: \$

Proposed Program/Project Name:

Purpose of Program/Project *(one sentence):*

Focus Area(s) Addressed: ___ Food Insecurity ___ Home-based Care Services
 ___ Respite/Support Services for Caregivers ___ Safety/Security
 ___ Social Work/Case Management ___ Transportation
 ___ Other; *Specify:*

County(ies) Impacted: ___ Dutchess ___ Putnam ___ Westchester

Proposed Program/Project's Operating Budget: \$

Grant Amount Requested from Field Hall Foundation: \$

Number of Unduplicated Seniors/Caregivers Impacted by the Requested Funding: