

## Letter of Inquiry Form

<b>Name of Organization</b>	
<b>Address</b>	
<b>Name of Contact Person</b>	
<b>Contact Person Telephone Number(s)</b>	
<b>Organization's Employer Identification Number (EIN)</b>	

<b>Describe your project and the community being served.</b>
<b>What are the goals of the project and the expected impact on women and/or girls in Spencer County?</b>
<b>What is the cost of the project <u>and</u> the amount you are requesting from the Supporting Our Sisters Fund?</b>
<b>How will requested funds be used?</b>