COVID-19 RELIEF LETTER OF INTENT FORM

Due to the adverse effects of COVID-19, the Boards of Dr. Phillips Charities has committed grant funding totaling up to \$1,000,000 to provide general operating support for nonprofit organizations that focus on serving the needs of Central Floridians, have been innovative in delivery of services during the pandemic, and/or for nonprofit organization's that suffer from operational impacts caused by the pandemic, such as:

- Disruption of services to a nonprofit's clients or community;
- Challenges related to staff and volunteers needing to work remotely;
- Increased demand for services or support from clients and communities;
- Disruption of supplies or services from partners; and/or
- Challenges related to fundraising (events, donations, reduced revenues).

Organization Name:					
Tax Identification Number:					
Street address:					
City:		State:		Zip:	
Telephone:		Website:			
CEO/Executive Director's Nam	e, Title & Email Ad	dress:			
CFO's Name & Email Address (if other than CEO)	:			
Contact Person's Name, Title &	& Email Address (if	other than CEC)):		
Previously Received Grant Fun ☐ Yes; most recent grant receiv ☐ No	•	ips Charities?			
Geographical Area of Impact:	□ Orange County	□ Osceol	a County		
Funding Priorities Impacted: □ Education □ Private Property Righ	□ Social Services			□ Arts & Culture em & Entrepreneurship	
Amount Requested: \$					
Number of Paid Employees Pri Full Time, salaried: Full Ti			aried: Pa	art-time, hourly:	
Current Number of Paid Emplo	•	Part-Time sa	laried:	Part-time hourly	

Due to pandemic, number of Paid Employees Furlough	hed:	Laid Off:	Terminated:
Amount of Payroll before COVID-19: Amount of Continued Payroll:			
Cancelled services because of stay at home order or of Cancelled or rescheduled fundraising event because of If rescheduled, proposed future event date: Hosted an online fundraising event because of stay at the control of the cont	of stay at I	nome order: □'	Yes □ No
If yes, Amount typically raised "in person"?		Amount raised	online:
Change in net assets caused by pandemic: \$			
By signing below, we understand that all Letters of organization's Board of Directors before an invitation to Phillips Charities.			
Signature & Title of Board Chair or Vice Chair (Not a paid staff member)	Date		
Signature & Title of CEO/Executive Director	Date		
To ensure the organization's Letter of Intent is conside	ered, the fo	ollowing informa	ation <u>must</u> be attached:
 1. A Description of organization's mission, its description: The amount of increase in need for organization Attempts made to meet those needs; Additional costs incurred due to increased derivation 	on's servio	ces due to the pa	
 Collaborations undertaken to meet need. 2. A description of federal or state funding relate Status of application; Amount awarded; Restrictions on use of funding or terms for forg Extent funding alleviated financial constraints. 	giveness/r		
 3. A description of changes in how: Services are provided; Funds are raised (include any fundraising ever funds raised typically and funds actually raised Alternate revenue streams used or attempted 	d online);		r moved online; if online,
4. A copy of the organization's most recent IRS 50 tax exemption letter issued by the Florida Department does not consider grant proposals from IRC Section 500	nt of Reve	enue.) Please n o	ote: Dr. Phillips Charities