



LETTER OF INTENT

INSTRUCTIONS

- * *You may submit this form via e-mail to debwatne@dakmed.org or type directly on the form or reproduce it on your computer and submit it via regular mail to:
 DAKOTA MEDICAL FOUNDATION
 4152 30th AVENUE SOUTH, SUITE 102
 FARGO, ND 58104-8403*
- * *Letters of intent should not exceed three single pages.*
- * *No cover letters or attachments are to be included, other than a copy of your IRS determination letter, if applicable.*
- * *Please contact Deb Watne by phone at 701-356-2654/toll free at 1-866-451-9249 or via e-mail at debwatne@dakmed.org with any questions.*

- WE HAVE REGISTERED OUR ORGANIZATION ON IMPACT FOUNDATION'S GIVEBACK WEBSITE AND CREATED AN ORGANIZATIONAL SNAPSHOT.**
 (THIS IS A REQUIREMENT; see attached sheet for instructions and contact information.)

ABOUT YOUR ORGANIZATION:

ORGANIZATION NAME:

ADDRESS:

CONTACT PERSON/TITLE:

PHONE #:

E-MAIL ADDRESS:

FAX #:

WEB SITE ADDRESS:

NON-PROFIT TAX-EXEMPT STATUS:

- _____ 170(b)(1)(a)(i) . Church
- _____ 170(b)(1)(a)(ii) . School
- _____ 170(b)(1)(a)(iii) . Hospital or medical research organization
- _____ 170(b)(1)(a)(iv) . Organization which operates for benefit of college or university and is owned or operated by a governmental unit
- _____ 170(b)(1)(a)(v) . Governmental unit
- _____ 170(b)(1)(a)(vi) . Organization which receives a substantial part of its support from a governmental unit or the general public
- _____ 509(a)(2) . Organization that normally receives no more than one-third of its support from gross investment income and unrelated business

_____ income and at the same time more than one-third of its support from contributions, fees and gross receipts related to exempt purposes 509(a)(3) . Organizations operated solely for the benefit of and in conjunction with organizations described in the previous seven items.

_____ A COPY OF THE ORGANIZATION'S 501(C)(3) IRS DETERMINATION LETTER IS ATTACHED OR WILL BE FAXED OR MAILED TO THE FOUNDATION. (Exception: Your organization is a governmental/educational entity.)

NUMBER OF EMPLOYEES: PART TIME: _____ FULL TIME: _____

YEARLY REVENUE (last FY): \$ _____ YEARLY EXPENSES (last FY): \$ _____

APPROXIMATE NUMBER OF CLIENTS SERVED YEARLY: _____

STATE YOUR ORGANIZATION'S MISSION AND SUMMARIZE ITS MAJOR ACTIVITIES:

ABOUT YOUR PROJECT:

1. Project title:

2. Project cost/request amount:

A. What is the total project cost? \$ _____ over _____ years.

B. What is the total amount you are requesting from Dakota Medical Foundation:
\$ _____ over _____ years.

The request to DMF is _____ % of the total project cost.

C. If your request is for multi-year funding, what is the amount you are requesting per year:

Year One: \$ _____ Year Two: \$ _____ Year Three:
\$ _____

D. What is your organization's investment in this project?
(Include actual dollars and in-kind support.)

3. Briefly describe how DMF's award will be spent:

4. Explain the need for DMF's investment and name currently committed and/or other potential sources of project funding:

5. Does this project involve collaboration with other groups or organizations? If so, list them.

6. Identify the health issue being addressed:

7. Describe the health project (and activities) for which you are seeking funding. Describe how this project will improve health.

8. Identify your project's
 - A. target population: _____
 - B. number of people to be served: _____
 - C. geographic scope (by county): _____

9. What measures/indicators will you use to demonstrate the health impact of your project (i.e., how will you determine that your project improved health)?

10. List the qualifications and responsibilities of key project personnel and name them if they have already been identified.

11. List other organizations in your geographic service area that are involved in similar health improvement programs:

12. If applicable, what is your plan to sustain this project?

OTHER INFORMATION

1. To the best of your knowledge, are you aware of any actual or potential conflicts of interest your organization, the organization's board members or staff may have with Dakota Medical Foundation?

Name/Title of person submitting request: _____

Date: _____

Instructions – Impact GiveBack Registration

A membership to the Impact GiveBack website builds your capacity to connect with donors. The website provides a unique vehicle to market to donors and receive online donations all at a cost considerably less than developing your own tools or purchasing them from a third party. The GiveBack website, located at: www.impactgiveback.org, provides valuable research information, a detailed profile of your organization and an easy-to-use online donation tool, all at the fingertips of your existing and prospective donors.

GiveBack Basic - No Charge

- Lists your nonprofit's mission statement, organizational background, and contact information
- Donors can search for and find your organization by: mission, geographic region, and/or other keywords
- Marketing of the GiveBack website by Impact Foundation and partner nonprofits to attract donors to your page
- Impact Nonprofit

GiveBack Connector - \$350/yr

- All the advantages of GiveBack Basic, plus:
- Accept online donations
- Better search results, making it easier for donors to find you
- Detailed financial and organizational background information, giving donors access to more real-time data
- List strategic plans and initiatives
- Impact Nonprofit

Getting started is simple. Start from the Home Page:

GiveBack Capacity Builder - \$600/yr

- All the advantages of GiveBack Connector, plus:
- Recurrent donation capacity
- Support fundraising events
- Maximum visibility through the Nonprofit Spotlight
- Add pictures to your nonprofit page and donation thank-you page to maximize personalization
- Support volunteer opportunities
- Impact Nonprofit

1. **Nonprofits**
[Register your organization with Impact GiveBack](#)
2. **Are you a nonprofit?**
We'll help you build support.
[Sign Up Now!](#)
3. [Join the GiveBack Website](#)
4. **Continue following the instructions to enter your nonprofit snapshot.**