



**ADMIRALS COVE  
FOUNDATION**

Enriching lives

2016 Letter of Intent

Date Submitted \_\_\_\_\_ Submitted by:  Charity  AC Member

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

EIN# \_\_\_\_\_ Website: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mission Statement: \_\_\_\_\_

---

---

---

Organization Focus:  Health  Education  Social Services

Grant Request: \$ \_\_\_\_\_ Total Program Budget: \$ \_\_\_\_\_

Grant Proposal Name and Brief Description:

---

---

---

---

PLEASE RETURN COMPLETED FORM TO:  
ADMIRALS COVE FOUNDATION  
200 ADMIRALS COVE BOULEVARD, JUPITER, FL 33477  
[REBECCA@ADMIRALSCOVEFOUNDATION.ORG](mailto:REBECCA@ADMIRALSCOVEFOUNDATION.ORG)