



Allies for Autism Foundation
‘Building support for autism through opportunity’

5552 Dalhart Hill N.W.
Calgary, Ab.
T3A 1S9
403-288-5723
alliesforautism@gmail.com

Email:alliesforautism@gmail.com

Letter of Intent

This **three-page** letter of intent outlines your proposal to Allies for Autism Foundation’s Community Grants Program. A letter of intent is always required, which must be provided to the Foundation via regular mail or E-mail prior to the deadline.

The deadline for letters of intent is Jan. 31, each year. Your letter of intent will be reviewed to assess eligibility. This initial review process takes three to four weeks. If your organization is then invited to submit a FULL APPLICATION, that application will be due approximately one month later. You will be informed of the exact due date.

TECHNICAL TIP: Each box below is a “text box.” Click your cursor inside the relevant box and type your information. Do not insert returns at the end of a line and do not tab between boxes.

Date of this request: Amount Requested:

Registered name of organization:

Year founded or incorporated: CCRA Number:

Current Annual Operating Budget: \$ Website Address:

Mailing Address:

Telephone: Fax:

Name and title of senior staff person: Letter of intent was prepared by:

Organization Purpose: (Your mission, vision, or statement of purpose)

Project Title:



Allies for Autism Foundation
‘Building support for autism through opportunity’

5552 Dalhart Hill N.W.
Calgary, Ab.
T3A 1S9
403-288-5723
alliesforautism@gmail.com

The Allies for Autism Foundation has identified the following granting priority areas. Within which of these priorities does your project best fit?

Learning

Research

Independent living

Autism Awareness

Statement of the priorities or issues the project will address (i.e. why you want to undertake this project, what particular needs or purposes it addresses, what evidence you have that this project would be worthwhile):

Concise description of the activities to be undertaken (i.e. what you propose to do to address the above priorities or issues):



Allies for Autism Foundation

'Building support for autism through opportunity'

5552 Dalhart Hill N.W.
Calgary, Ab.
T3A 1S9
403-288-5723
alliesforautism@gmail.com

What is the expected impact of the project?

Brief Project Budget:

Projected Expenses (major items and amount). Please total.

E.g.	Expense A	\$ 2000
	Expense B	\$ 3000
	Expense C	\$ 1000
	Expense D	\$ 500
	Expense E	\$ 500
	Etc.	

Total Projected Expenses \$7,000

Anticipated Revenue Sources.
Indicate amounts, including those from The Allies for Autism Foundation, and if they are pending (P) or confirmed (C). Ensure that the total anticipated revenue matches your total projected expenses.

E.g.	Revenue source X	\$ 2500 (P)
	Revenue source Y	\$ 5000 (C)
	Revenue source Z	\$ 1000 (C)
	The Allies for Autism Foundation	\$ 7000 (P)
	Etc.	

Total Anticipated Revenue \$16,500

Who is your organization's **contact person for this project** (name and title)?

E-mail:

Telephone:

This letter of intent is not to exceed three pages, and no attachments are to be included at the letter of intent stage. Please email your completed letter of intent as an attachment to:

Email:alliesforautism@gmail.com