

# 2026-1. Spring - Education

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*Christopher Family Foundation*

## ***PLEASE READ FIRST***

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If you are a **new applicant**, we strongly encourage you to reach out to our Grants Manager via [monica@christopherff.org](mailto:monica@christopherff.org) before submitting an LOI.

Initial eligibility is based upon two criteria: geography and program alignment with Foundation priorities. Please also check out our FAQ section.

## ***Instructions***

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### **How to complete the online Letter of Inquiry (LOI)**

To submit your LOI to The Christopher Family Foundation, complete the sections that follow, then click on the "SUBMIT" button at the bottom of the last tab. You may save your work in progress by clicking the SAVE DRAFT button at any time. You can return as often as you choose as long as you submit prior to the deadline. You will receive a confirmation message when your LOI has been successfully submitted.

Tip: Character limits include spaces and special characters. If you exceed the limit, you will be allowed to continue typing, but we will not be able to view the additional content.

## ***Funding Request Summary***

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### **Type of Funding\***

Please note that new applicants are strongly encouraged to submit a program or project request rather than general support.

#### **Choices**

Program/Project  
General Support

### **Program/Project Name\***

For General Support requests, please enter "General Support."

*Character Limit: 60*

## Total Amount Requested\*

*Character Limit: 20*

## Applicant Type

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### Applicant Type\*

Are you:

A **New Applicant** defined as an organization who is **NOT** a current grantee or a **Renewal Applicant** defined as an organization who **is** a current grantee.

### Choices

New Applicant

Renewal Applicant

## New Applicant

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### Organization Mission

*Character Limit: 1000*

### Request Summary

Please provide a brief overview of the proposed program/project or the organization, including the target population to be served.

*Character Limit: 2500*

### Geographic Areas Served

Please select all areas that apply.

### Choices

Austin

East Garfield Park

North Lawndale

West Garfield Park

Entire West Side

City of Chicago

Chicagoland (includes suburbs)

### Connection to the Austin Community

Please provide a brief description of how you're embedded in the Austin community, such as program location, community partnerships, etc.

*Character Limit: 2500*

## How did you hear about us?

If "other" is selected, please respond to the next question (Additional Information) to provide details.

### Choices

Prior Applicant  
Prospect Research (Candid, GrantStation, Instrumentl, Forefront, etc.)  
Referral from a CFF staff member or community-based organization  
Networking  
Other

## Additional Information

If you selected "other" in the previous question, please feel free to share additional detail.

*Character Limit: 250*

## Fiscal Sponsor

Are you using a fiscal sponsor?

### Choices

Yes  
No

## *Renewal Applicant*

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### Funding Request Changes

If the focus of this year's funding request is different than the last CFF grant received, please provide a brief overview of the proposed program or project, including the target population to be served. Please note specifically how you are serving residents of Chicago's Austin neighborhood.

*Character Limit: 2500*

### Total Number of Years of Support Requested

What period is your requested grant intended to be used within?

If you have not discussed applying for a multi-year grant with your program staff member, please select "1 year."

### Choices

1 year  
2 years  
3 years

### Total Amount Requested Each Year

*Character Limit: 20*

## *Fiscal Sponsor*

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### **Name of Fiscal Sponsor**

*Character Limit: 200*

### **EIN of Fiscal Sponsor**

*Character Limit: 10*

### **Fiscal Sponsor Contact Name**

*Character Limit: 200*

### **Contact Email for Fiscal Sponsor**

*Character Limit: 254*