



## Letter of Inquiry

### Organization and Contact Information

Organization Name \_\_\_\_\_ Year Est. \_\_\_\_\_

Physical Address \_\_\_\_\_  
*Street Address*

Mailing Address \_\_\_\_\_  
*(if different) Street Address*

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_  
*Last First*

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

Is your organization a 501(c)(3) nonprofit? YES  NO  Federal Tax Exempt # \_\_\_\_\_

\*Please submit a copy of your IRS Letter of Determination of 501(c)(3) status

### Project Information

*Note: Estimate funds and dates if necessary. If invited to submit a full proposal for a capital project, you will be required to submit a detailed budget including estimate(s) from contractor(s).*

Project Title \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Total Org Budget for Fiscal Year \_\_\_\_\_ Amount Requested \_\_\_\_\_

## Sanctuary Eligibility and Qualifications

- Must rescue and provide care and a lifelong home to chimpanzees who have been abused, injured, abandoned or are otherwise in need
- Must have implemented birth control protocols to prevent chimpanzee births
- Must be a 501(c)(3) non-profit in good standing
- Must be accredited by the Global Federation of Animal Sanctuaries (GFAS)
- Must obtain USDA license and maintain required state/provincial and municipal permits and licenses
- Must have a "whistleblower" or ethics complaint policy in effect
- Must not engage in the commercial trade of primates
- Must not allow primate residents to be used in entertainment
- Must not allow direct physical contact between the public and the non-human primate residents
- Must not accept more primates than can be responsibly cared for without exceeding the available financial resources
- Must not allow primates to be removed from the property for purposes of fundraising, exhibition, education, research
- Must not participate in research unless the studies directly benefit non-human primates, are observational or do not require anesthetic events in addition to health checks, and do not interfere with the normal daily activities of primates

## Authorizations

*Note: This LOI cover page requires two signatures: President/Executive Director and Board Chair. Please print, sign, scan and electronically submit this form along with IRS Letter of Determination and LOI Brief Narrative form.*

ED/President _____	Title _____
Signature _____	Date _____
Board Chair _____	Title _____
Signature _____	Date _____