



Organizational Capacity Information

Organization and Program Operating Budgets:

Organization's Annual Operating Budget: \$ _____
 Breast Health Program Annual Budget: \$ _____

Number of People on Staff	Full Time (Paid):	Part Time (Paid):	Volunteer:
Organization's Mission Statement			
Give a brief summary of the organization's history, programs, and purpose.			

No need to resubmit the attachments requested during the LOI process.