



PRIMARY CARE: EXPANDING ACCESS & ADVANCING RACIAL EQUITY LETTER OF INQUIRY INSTRUCTIONS

Deadline: June 13, 2023 (by 1:00 p.m.)

PREPARATION

Please read these instructions and the frequently asked questions (FAQs) to determine eligibility before starting the letter of inquiry form (LOI) process.

All applications must be submitted through [NYHealth's grantee portal system](#).

Note: Some requested information may require collaboration from other departments in your organization.

Helpful tips:

- **Timing Out** – The grantee portal is set to time out after one hour. Please *regularly* save while working.
- **Complete as a Word Document** – Complete the LOI as a Word document first; then copy and paste into the appropriate fields. Each section lists a maximum character limit.
- **Formatting** – Narrative fields in the LOI are plain text format and do not support any formatting. List any references/footnotes parenthetically in the text.
- **Save and Return** – You do not have to complete the LOI all at once. You can save your work and return at a later time by logging back on to the grantee portal.

GRANTEE SUPPORT

For additional information on this funding opportunity and the application process, please consult the [FAQs](#).

Programmatic questions should be addressed to PCRFP@nyhealthfoundation.org. Because of the large number of inquiries expected, we will be answering questions via e-mail. We encourage you to be specific in your questions so we can offer helpful feedback. If we determine questions cannot be answered sufficiently via e-mail, we will reach out to arrange time for a brief phone conversation. Please note that questions asked very close to the deadline may not be answered in time.

If you have questions or difficulties using the grantee portal, please contact the Grants Management department at gm@nyhealthfoundation.org or call (212) 584-7675; please leave your telephone number.



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GRANTEE PORTAL LOGIN

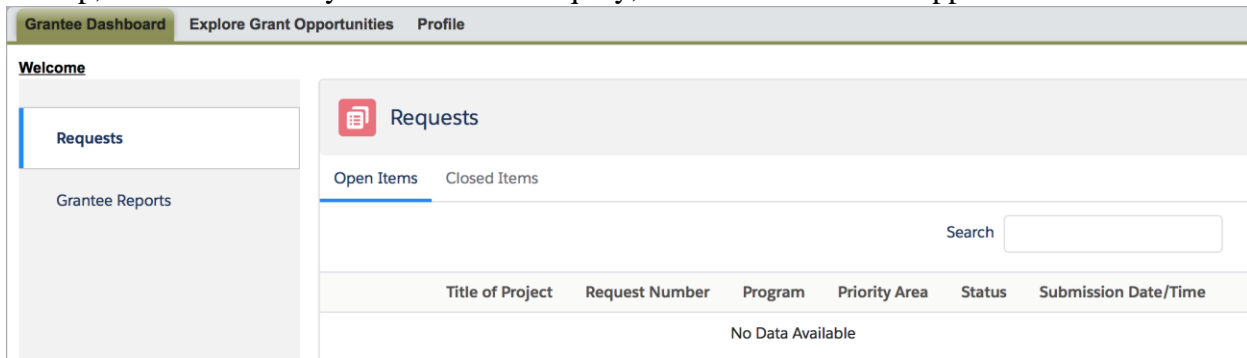
Returning Users: If you have applied through NYHealth’s system before, use your existing credentials to log in (do not create a new account).

- **Forgot Your Password?** Click on “[Can’t access your account?](#)” to receive a temporary password.
- **Forgot Your Username?** Please contact NYHealth Grants Management as listed above.

New Users (first-time applicant): If you are a first-time applicant, create a user registration to log in. Click on “New User” link and follow the instructions.

ACCESSING THE PRIMARY CARE INQUIRY FORM

Once logged in, you will see this dashboard. Go to the **Explore Grant Opportunities** tab at the top, select the Primary Care Letter of Inquiry, and click the Create Application button.



COMPLETING THE PRIMARY CARE INQUIRY FORM

I. Organization Contact Information

Please provide contact information for (1) the head of your organization and (2) a staff member who can be contacted by NYHealth’s Grants Management or Finance teams to confirm financial information related to payment, in the event that your organization is invited to submit a full application and your application is selected for funding. An optional, additional organizational contact can also be provided in this section.

Please click on **Save and Next** to go on to the next section.

II. LOI Information

- Project Title (*Maximum length: 120 characters with spaces*)
- Proposed Grant Amount (up to \$250,000)



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- Funds requested must be commensurate with the work proposed. Projects will be assessed for appropriateness of the budget in relation to the proposed scope of work, timeline, and geography. The budget will be an important factor in selecting the most competitive proposals.
- Time Frame for Project Completion (up to 24 months)
- Geographic Scope of Project (check all that apply).

Please click on **Save and Next** to go on to the next section.

III. Organization Information

This section reflects information created during your user registration process.

- Organization Legal Name (pre-populated from your registration information)
- Organization AKA Name (If your organization name is different from your organization's legal name)
- Employer Identification Number (EIN)
- Address (pre-populated from your registration information)
- Organization Type 1 (select from drop-down menu)
- Organization Type 2 (select from drop-down menu)
- Website URL
- Organization Information (*Maximum length: 2,000 characters with spaces*): Describe your organization's purpose/activities. If working in a unit or department of a much larger organization, describe your unit or department; only include information about the larger organization if relevant to the project.
- Annual Operating Budget: Do not include a \$ sign in this field; only include numbers.
- Year Established
- Number of Employees

Please click on **Save and Next** to go on to the next section.

IV. Contact Information

This section reflects contact information created during your user registration process. If the contact information for this grant needs to be updated, please click the **Edit** button on the right-hand side of the Contact tab.

*Please note: If the information you are looking at is not you, you have logged in as someone else. This is common if you decide to share login credentials. Please **DO NOT** edit the contact details in this section if you are not this person. You must log in under your own credentials and update your contact details there.*

Please click on **Save and Next** to go on to the next section.



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V. Narrative

*The following outlines the required sections and lengths for each. Please adhere to the maximum character lengths listed above each question. **Please disregard the character counts listed in the bottom right corner underneath each answer box in the Salesforce grantee portal.***

The application does not allow formatting (e.g., tables). References/footnotes must be listed parenthetically in the application.

Statement of Need (Maximum length: 2,000 characters with spaces)

Please provide a summary of the issue that your project will address and how your project aligns with one or both program strategies featured in this RFP (to expand access to primary care and advance racial health equity through primary care). Describe the target population you intend to serve through this project and the extent to which it includes New Yorkers of color or others who have been historically marginalized.

Project Details (Maximum length: 4,000 characters with spaces)

Describe the work that would be conducted using grant funding. Please include details on specific activities, project partners, methods, and deliverables that would result from the grant. Describe how the project will be informed by the individuals and communities you aim to serve.

Desired Impact and Goals (Maximum length: 3,000 characters with spaces)

Briefly describe the goals and desired impact of the project and how you will measure this impact qualitatively or quantitatively. Explain how this project has regional or statewide impact, disseminates best practices, tests replicable models, and contributes to policy and systems change. Briefly describe plans to sustain the work after grant funding ends.

Please note: To be competitive, a project limited to a specific health system/facility must clearly articulate how this project will lay the groundwork for efforts to be scaled across health systems, regions, or the State.

Qualifications (Maximum length: 2,000 characters with spaces)

Describe the relevant experience your organization has to carry out this project, including the qualifications and expertise of the project director, other key team members, and partner organizations. Include a description of how your proposed team members are well-positioned to meaningfully engage patients, including patients from communities of color and other historically marginalized groups.

Budget Narrative (Maximum length: 400 characters with spaces)

Please provide a brief description of how the grant dollars will be spent. NYHealth allows for overhead costs of up to 15% of project-related expenses.



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Applicants may choose to provide the budget in an outline or narrative format as indicated:

Outline Format

Personnel: \$70,523.00
Other Direct Costs: \$25,925.00
Professional Services: \$12,736.00
Travel: \$5,081.00
Overhead Rate: @.15 = \$17,140.00
GRAND Total = \$131,405.00

Narrative Format

Grant funding to be allocated for a coordinator, fringe, materials, printing, local travel, and conducting educational seminars for a total cost of \$135,000.
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Applicants invited to submit a full grant proposal will be able to expand this description.

Please click on **Save** when you are finished.

VI. Review/Submit

When you have finished entering and saving all the necessary information under the various tabs, click **Review/Submit** at the top. You will then see your LOI in its entirety.

If you need to make changes or edits, click **Back to Record** and update accordingly. Once you have reviewed all your information and have no other changes, click **Submit**. Select **Print** if you would like a printed copy of your application. You will receive an e-mail indicating that you have successfully submitted your application. **If you do not receive this e-mail, please check your spam or junk mail folders.**

Not ready to submit? Click **Back to Record** and **Save**. Log back on to the grantee portal to continue editing at a later time.

FEEDBACK

We welcome and encourage your comments about your grantee portal experience. Please send your feedback to gm@nyhealthfoundation.org.