



## HEALTHY FOOD, HEALTHY LIVES: SUPPORTING A MORE EQUITABLE FOOD SYSTEM RFP LETTER OF INQUIRY INSTRUCTIONS

**Deadline: October 23, 2023 (by 1:00 p.m.)**

### PREPARATION

**Please read these instructions 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. More details on character limits are included in Section VII below.
- **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](#).

Interested organizations may contact Foundation staff prior to the LOI deadline if they have questions about projects. To manage the anticipated volume of inquiries, we will host two information sessions on Wednesday, September 20th ([register here](#)) and Tuesday, October 10th ([register here](#)).

Additionally, you can send questions via e-mail to [HFHLequityrfp2023@nyhealthfoundation.org](mailto:HFHLequityrfp2023@nyhealthfoundation.org). Please be as specific as possible when emailing questions for our team to offer helpful feedback. Note: E-mails sent 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](mailto: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 FOOD EQUITY INQUIRY FORM

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

The screenshot shows the 'Grantee Dashboard' with three tabs: 'Grantee Dashboard', 'Explore Grant Opportunities', and 'Profile'. The 'Explore Grant Opportunities' tab is active. On the left, there is a sidebar with 'Welcome', 'Requests', and 'Grantee Reports'. The main content area is titled 'Requests' and has two sub-tabs: 'Open Items' (active) and 'Closed Items'. There is a search bar on the right. Below the search bar is a table with columns: 'Title of Project', 'Request Number', 'Program', 'Priority Area', 'Status', and 'Submission Date/Time'. The table currently displays 'No Data Available'.

## COMPLETING THE HEALTHY FOODS, HEALTHY LIVES INQUIRY FORM

### I. **Applicant 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 enter the new contact information at this time by clicking 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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**II. Organization Contact Information**

Please provide contact information for (1) the head of your organization and (2) a staff member who can be contacted directly by NYHealth’s Grants Management or Finance teams to confirm financial information related to payment if 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.

**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. LOI Information**

- Project Title (*Maximum length: 120 characters with spaces*)
- Proposed Grant Amount (up to \$50,000)
  - 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.
- Select a timeframe to accomplish the project (6 months-1 year, 1-2 years)

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

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**V. Scope of Project**

1. Approximately how many people will this project directly impact?
2. Please select the geographic scope/impact of the project (check all that apply).

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

**VI. Narrative**

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

*Note: The application does not allow formatting (e.g., tables).*

**1. Strategy area:** Which strategy area are you applying for? (choose one)

- Promoting Food Is Medicine Interventions
- Supporting Healthier, Culturally Responsive Food Purchasing

**2. Community Description** (*Maximum length: 2,000 characters with spaces*)

Provide details to describe the community you serve in terms of location (neighborhood, city, county), demographics, economics, and healthy food access, as well as any other pertinent characteristics. Highlight strengths in the community that your work builds upon.

**3. Organizational Description** (*Maximum length: 2,000 characters with spaces*)

**A.** In what ways is your governing body and leadership reflective of the community it serves? Is your organization majority led by people of color?

- NYHealth defines *organizations led by people of color* as groups where the majority (greater than 50%) of senior leadership self-identifies as non-white (Black or African descent, Indigenous, Latino, Asian, Pacific Islander, or other non-white ethnicities). Senior leadership may include the governance body (board of directors, council of elders, etc.) and any staff or volunteers with significant decision-making powers.

**B.** Describe your operations:

- a. Who carries out the work (paid staff, volunteers, members, a mix)?
- b. How are major decisions made and by whom?



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- C. How is the community involved? How has the community demonstrated support for your organization? How do you engage the community in your ongoing work (e.g., through advisory boards, asset mapping, surveys, or community meetings/events)?
- D. How does access to healthy food fit into your organization’s priorities?

#### 4. Project Description *(Maximum length: 4,000 characters with spaces)*

- A. What are your project’s main goals and activities? How does the project advance your chosen strategy area (Question 1 of the narrative section)?
- B. What impact will your project have in the community? How do you plan to measure progress toward your goals?
- C. Who are your primary project partners, and what do they contribute to the work? Will the community you serve be involved in the design and implementation of your project?

#### 5. Budget Narrative *(Maximum length: 400 characters with spaces)*

- A. What is your projected organizational budget for 2024?
- B. Is NYHealth the sole project funder? If applicable, please include any additional funding sources for the project.
- C. Briefly describe how the funds will be used. Applicants may choose to provide the budget in an outline or narrative format as indicated below:

##### 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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*NOTE: Applicants invited to submit a full grant proposal will be able to expand this description.*

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



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**VII. 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 later.

**FEEDBACK**

We welcome and encourage your comments about your grantee portal experience. Please send your feedback to [gm@nyhealthfoundation.org](mailto:gm@nyhealthfoundation.org).