

PREPARATION

Please read these instructions before starting the letter of inquiry (LOI) form process.

All applications must be submitted through [NYHealth's online 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 inquiry form as a Word document first; then copy and paste into the appropriate online fields. Each section lists a maximum character limit. More details on character limits are included in Section VII below.
- **Online Formatting** – Narrative fields in the letter of inquiry form 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 letter of inquiry form all at once. You can save your work and return later by logging back on to the grantee portal.

GRANTEE SUPPORT

Information on this funding opportunity and eligibility criteria can be found on our [FAQs](#).

Interested organizations may contact Foundation staff prior to the LOI deadline if they have questions about projects. Programmatic questions should be addressed to specialprojectsfund@nyhealthfoundation.org. Please note that 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 or call (212) 584-7675; please leave your telephone number.

GRANTEE PORTAL LOGIN

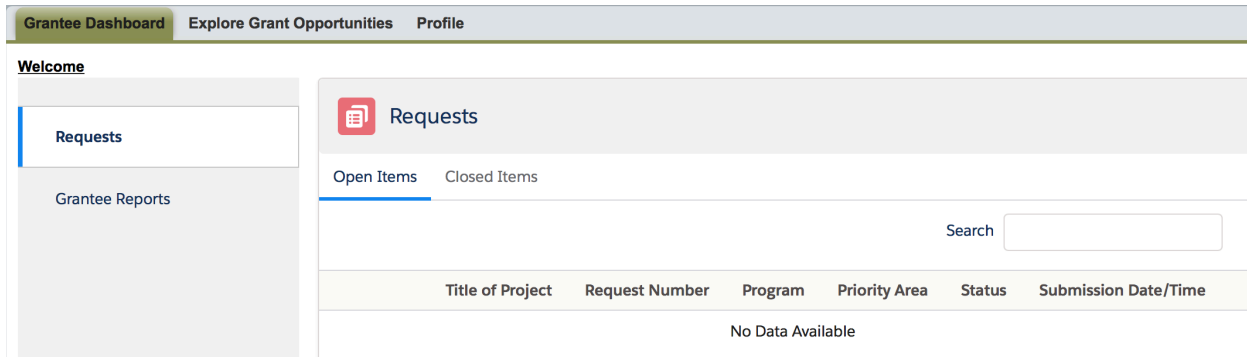
Returning Users: If you have previously applied through NYHealth's online system, use your existing credentials to log in. (Do not create a new account).

- **Forgot Your Password?** Click on **Can't access your account?** to receive a temporary password.
- **Forgot Your Username?** Please contact NYHealth Grants Management (gm@nyhealthfoundation.org or call (212) 584-7675 and leave your telephone number).

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 SPECIAL PROJECTS FUND INQUIRY FORM

Once logged in, you will see this dashboard. Go to the [Explore Grant Opportunities](#) tab at the top, select the [Special Projects Funds Letter of Inquiry](#), and click on **Create Application** button.



The screenshot shows a 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 'Requests' and 'Grantee Reports'. The main content area is titled 'Requests' and has two sub-tabs: 'Open Items' (active) and 'Closed Items'. Below the sub-tabs is a search bar and a table with the following columns: 'Title of Project', 'Request Number', 'Program', 'Priority Area', 'Status', and 'Submission Date/Time'. The table currently displays 'No Data Available'.

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

COMPLETING THE SPECIAL PROJECTS FUND 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 directly by NYHealth's Grants Management or Finance teams to confirm financial information related to payment for this grant request. In some circumstances, verbal confirmation of payment information may be required to disburse grant payments. *Although not mandatory, we strongly encourage applicants to enter information for a secondary organizational contact.*

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

II. Inquiry Information

- Project Title (*Maximum length: 120 characters with spaces*)
- Proposed Grant Amount
- Time Frame for Project Completion

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 enter the new contact information at this time.

*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.

V. Focus Area

Select all the options that apply.

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

VI. Scope of Project

1. Please provide an approximate number of people the problem you will address currently affects (if applicable).
2. Please provide an approximate number of people that will be reached by the work accomplished during this project (if applicable).
3. 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.

VII. Narrative

The following outlines the required sections and lengths for each. Please note the maximum lengths for each field are listed below; however, concise responses are welcomed and encouraged.

Statement of Need (*Maximum length: 2,000 characters with spaces*). Provide a summary of the health issue and unique challenges that your project will address. Please include a description of the community/target population that you will serve, including the location, social and economic demographics, and other relevant health characteristics.

Project Details (*Maximum length: 3,500 characters with spaces*)
Briefly describe the work that would be conducted using grant funding. Please include details on specific activities, methods, sites, and project partnerships.

Desired Impact and Goals (*Maximum length: 2,500 characters with spaces*)
Describe the goals and desired outcomes of the project and how you will measure impact. Explain how this project has regional or statewide impact, disseminates best practices, tests replicable models, and/or contributes to policy and systems change.

Budget Narrative (*Maximum length: 255 characters with spaces*)
Please provide a brief description of how the grant dollars will be spent. 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.

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

Project Management (*Maximum length: 2,000 characters with spaces*)
Briefly describe your organization and its relevant experience to carry out this project. Describe how the community is involved in the project design and implementation and how your leadership is representative of the community served.

Sustainability (*Maximum length: 3,000 characters with spaces*)
Briefly describe how your organization plans to sustain the project after the grant period ends.
Please click on **Save** when you are finished.



SPECIAL PROJECTS FUND
LETTER OF INQUIRY FORM INSTRUCTIONS

Deadline: March 5, 2024 (by 1:00 p.m.)

VIII. 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 inquiry form application 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.

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 online experience. Please send your feedback to gm@nyhealthfoundation.org.