



ADVANCING MATERNAL HEALTH EQUITY THROUGH PRIMARY AND
PREVENTIVE CARE
LETTER OF INQUIRY (LOI) INSTRUCTIONS


Deadline: January 10, 2025 (by 1:00 p.m.)

KEY SUBMISSION DETAILS

- **Deadline:** January 10, 2025, by 1:00 p.m.
- **Submission:** Through NYHealth's [grantee portal](#).
- **Grant Amount:** Up to \$200,000.
- **Project Timeframe:** 12–24 months.
- **Key Dates:**
 - Full application invitation: February 18, 2025
 - Full application deadline (for invited applicants): March 19, 2025
 - Grant decision notification: End of May 2025
- [Frequently Asked Questions](#)
- **Portal Assistance:** [Resources](#) and videos to help troubleshoot common issues.
- **Contact:** Programmatic: PCRFP@nyhealthfoundation.org; Technical portal issues: gm@nyhealthfoundation.org (or 212-584-7675 or 212-584-7689).
 - Please note we may not be able to answer e-mails and voicemails sent very close to the deadline in time.

HELPFUL TIPS

- **Complete as a Word Document** – Complete the inquiry form as a Word document first; then copy and paste into the appropriate online fields.
- **Timing Out** – The grantee portal times out after one hour. Please *regularly* save while working.
- **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.

 <p>NY HEALTH FOUNDATION <i>Improving the state of New York's health</i></p>	<p>ADVANCING MATERNAL HEALTH EQUITY THROUGH PRIMARY AND PREVENTIVE CARE</p> <p>LETTER OF INQUIRY (LOI) INSTRUCTIONS</p> <p>Deadline: January 10, 2025 (by 1:00 p.m.)</p>
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GRANTEE PORTAL LOGIN

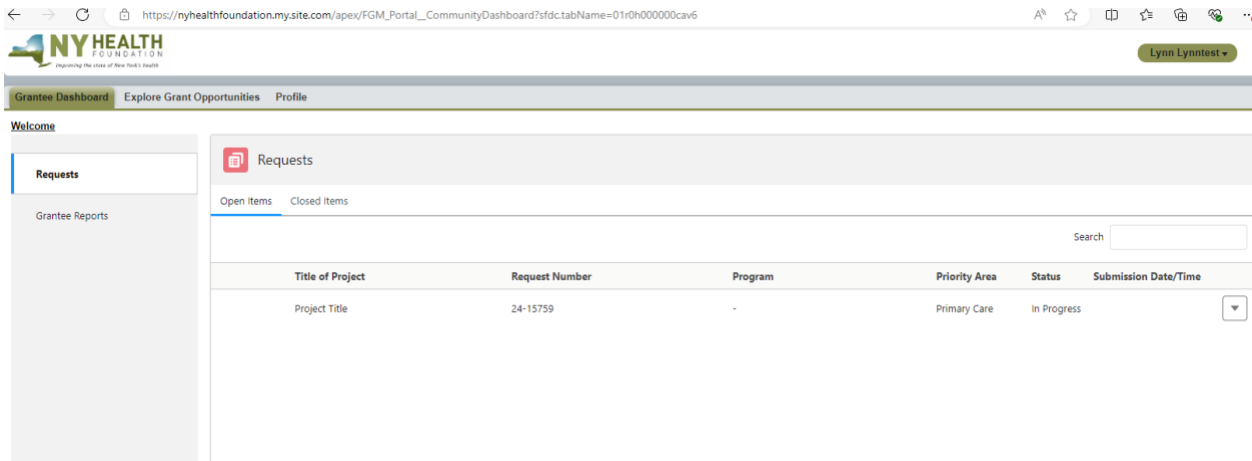
New Users (first-time applicant): Click on **New User** link and create a user registration.

Returning Users (previous NYHealth applicant): 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 either **(212) 584-7675** or **(212) 584-7689** and leave your telephone number).

ACCESSING THE LOI 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 on the **Create Application** button.





COMPLETING THE LOI

I. Portal Profile Information

This section reflects account information created during your registration process. You can update this information at this time.

*Please **DO NOT** edit the contact information of someone else (i.e., if you share log-ins). If you wish to edit contact information, you must log in as yourself and update details there.*

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

II. Contact Information

Please provide contact information for (1) the head of your organization and (2) a financial contact for confirmation of payment information. 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.

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



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- 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. Project Overview

- a. Project Title (Maximum length: 120 characters with spaces)
- b. Proposed Grant Amount
- c. Time Frame for Project Completion

V. Geographic Scope

Geographic Impact Level

Please select the option that best describes the geographic impact level of your proposed project.

- a. **Statewide** – Select if your project will affect 4 or more regions within New York State.
- b. **Regional** – Select if your project will affect 1–3 regions across New York State; several cities or counties within a region; or 3 or more boroughs of New York City.
- c. **Local** – Select if your project will affect a neighborhood, several neighborhoods, a city, a county, or 1–2 boroughs of New York City.

For more information about the 10 regions of New York State, visit the [Empire State Development website](#).



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Geographic Impact Area

If you selected Regional or Local as your impact level in the question above, you **must** select one region from the options below. If you selected Statewide as your impact level in the question above, please select None of the Above – Statewide Impact.

Capital Region

Central New York

Finger Lakes

Hudson Valley

Long Island

Mohawk Valley

New York City

North Country

Southern Tier

Western New York

None of the Above – Statewide Impact

Additional Geographic Impact Area (OPTIONAL)

If you selected Regional or Local as your impact level in the question above, an optional second region may be selected from the options below. If you selected Statewide as your impact level in the question above, please select None of the Above.

If you selected Regional or Local as your impact level in the question above, an optional third region may be selected from the options below. If you selected Statewide as your impact level in the question above, please select None of the Above.

Geographic Area Description

Please select one of the following geographic area descriptions:

Urban

Suburban

Rural

Mixed Geographic Area (combination of urban, suburban, and/or rural areas)

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



VI. Project Narrative

Each narrative section must follow the character limits below. (In the grantee portal, maximum character limits are listed above each answer box. Please disregard the character counts listed in the bottom right corner underneath each answer box.)

Plain text format only. References should be listed parenthetically.

1.) Statement of Need (3,000 characters).

- Describe the racial/ethnic demographics in the community you plan to serve through this project. Identify the specific racial maternal health disparities you plan to address through this project. (Please use specific data when possible.)
- Provide other relevant factors like economic status, health care access (including primary and preventive care), and neighborhood characteristics.
- Highlight strengths in the community that your work builds upon.

2.) Project Details (4,000 characters)

- Describe how your project would use primary care, preventive care, and/or community linkages to reduce racial disparities in maternal health care and/or outcomes.
- Describe your project goals, activities, implementation strategies, and a brief timeline.
- Describe any organizational partnerships (e.g., clinical-community-based organization partnership), if applicable, and how they will function.

3.) Desired Impact and Goals (2,000 characters)

- Describe what your project aims to accomplish, in terms of reducing specific racial health disparities, and how you will measure progress toward those goals.
- Describe the potential impact of the project beyond the grant period and community you serve.

4.) Project Design & Management (2,000 characters)

- Describe your proposed strategies for patient and community engagement.

5.) Qualifications (2,000 characters)

- Is your project team predominantly composed of people of color?
 - NYHealth defines project teams predominantly composed of people of color as groups where the majority (greater than 50%) of staff involved in



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the project self-identifies as non-white (Black or African descent, Indigenous, Latino, Asian, Pacific Islander, or other non-white ethnicities).

- How are project staff well-equipped to conduct this racial equity-focused work (e.g., through lived experience, qualifications, past projects, training)?

6.) Organizational Leadership (1,000 characters)

- Provide the racial/ethnic breakdown of your organization’s senior leadership.
 - Senior leadership may include the governance body (e.g., board of directors, council of elders) and any staff or volunteers with significant decision-making powers.
- *Your answer to this question helps the New York Health Foundation track trends in our giving over time and expand our outreach.*

7.) Budget Narrative (400 characters)

Please provide a brief description of how the grant dollars will be spent in outline or narrative format:

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.

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 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. If you do not receive the e-mail, 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.

For assistance, contact gm@nyhealthfoundation.org. Please also consult our NYHealth Grantee Portal Assistance [video series](#).

FEEDBACK

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