



2026 SPECIAL PROJECTS FUND LETTER OF INQUIRY FORM INSTRUCTIONS

Deadline: November 20, 2025 (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 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 review our [portal resource](#) to help troubleshoot common issues. 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 or (212)-584-7689; 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 or (212)-584-7689 and leave your telephone number).



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New Users (first-time applicant): If you are a first-time applicant, create a user registration to log in. Click on the **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 Fund Letter of Inquiry, and click on **Create Application** button.

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. Portal Profile Information

This section reflects account information for the NYHealth grantee portal created during your registration process. If the account information for this grant needs to be updated, please enter the new account information at this time.

*Please Note: If you log in and the account information is not your own, 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.

II. 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.*



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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. Project Overview

- Project Title (Maximum length: 120 characters with spaces)
- Proposed Grant Amount (up to \$200,000)
- Time Frame for Project Completion

Your answers to questions in the section below enable the New York Health Foundation to track trends in our giving over time, improve funding outcomes, and expand our outreach.

Age of Population Served:

Note: NYHealth defines population served as those who will be immediately affected by project activities.

Please select the age of the population that will be affected by this project:

- Children & Youth (People 18 years of age and younger)
- Adults (People 19–64 years of age)
- Older Adults (People 65 years of age and older)
- Mixed Age Population



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Underrepresented Communities Affected by Project (OPTIONAL)

Underrepresented communities are those that have been historically marginalized and/or under-resourced.

If your project is specifically developed for or will be conducted in partnership with one of the listed communities, please select the community below.

The list is not intended to be exhaustive. If you don't see a community here that is affected by your work, we encourage you to include further details in the Project Narrative section under the Statement of Need prompt.

- LGBTQIA+ New Yorkers
- People of Color
- People with Disabilities
- People Who Are Incarcerated
- Refugees and Migrants
- Survivors of Gender-Based Violence
- None of the Above

Additional Underrepresented Communities Affected by Project (OPTIONAL)

If there is an additional community that will be affected by your project, please select. If you would not like to make an additional selection, select None of the Above.

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

V. Geographic Scope

Geographic Impact Level

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

- **National** – Select if your project will affect multiple states.
- **Statewide** – Select if your project will affect 4 or more regions within New York State.
- **Regional** – Select if your project will affect 1–3 regions across New York State or several cities or counties within a region. For projects that will affect 3 or more boroughs of New York City, select Regional.
- **Local** – Select if your project will affect a neighborhood, several neighborhoods, a city, or a county. For projects that will affect 1–2 boroughs of New York City, select Local.

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 National or Statewide as your impact level in the question above, please select None of the Above – Statewide or National 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 or National Impact

Additional Geographic Impact Area (OPTIONAL)

If you selected Regional or Local as your impact level in the question above, an **optional** additional region may be selected. If you selected National or 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 Topic & Strategy

Project Topic

Select the option that best matches the topic of your project. If you do not see an exact match, select the next best option and elaborate on your project topic in the Project Narrative section.

For descriptions of the listed project topics, please review our [Glossary of Project Topics](#).

- Behavioral Health, Mental Health, and Substance Use Disorder
- Emergency Preparedness and Response
- Environmental Health



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- Gender Equity/Sexual & Reproductive Health
- Gun Violence
- Health System Resiliency
- Healthy Aging
- Maternal and Infant Health/Mortality
- Preventive Care
- Social Determinants of Health/Health-Related Social Needs
- Specialty Care
- Workforce

OPTIONAL: If you feel your project does not cover any of the topics listed above, you can check the box below to indicate that you will provide additional details about your work in the narrative section. (Please note, you will still need to select the next best option from the list above.)

Additional Project Topic (OPTIONAL)

If your project focuses on more than one topic, select an additional topic. If your project will not focus on more than one topic, select None of the Above.

Project Strategy

Select the option that matches the strategy of your project as closely as possible. If you do not see an exact match available, select the next best option and elaborate on your strategy in the Project Narrative section under the Project Details prompt.

For detailed descriptions of each strategy, please review our [Glossary of Project Strategies](#).

- Assess community needs, identify gaps in services, and formulate solutions.
- Build a diverse and skilled workforce.
- Build coalitions, partnerships, and collaboration.
- Conduct outreach, provide education, and engage communities about health issues.
- Create and maintain strong organizational infrastructure for health care and public health.
- Expand equitable access to prevention, treatment, and management of physical and mental health.
- Improve and replicate effective health care and public health models through evaluation, quality improvement, and other efforts.
- Inform and implement policies to improve and protect access to health care and public health.

Additional Project Strategy (OPTIONAL)

If your project uses more than one of the strategies listed in the question above, you may select an optional additional strategy below. If you do not want to make an additional selection, select None of the Above.

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



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VII. Project Narrative

Please note, the recommended lengths for each response are listed below; however, concise responses are welcomed and encouraged. Maximum character limits are listed above each answer box in the grantee portal. Please disregard the character counts listed in the bottom right corner underneath each answer box in the Salesforce grantee portal.

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

Describe the health issue that your project will address and how the project will respond to a timely need in New York State. Please provide a description of the community served by the proposed project activities, including details like geographic location, number of individuals affected, social and economic demographics, and other relevant health information.

Project Details *(Recommended length: 3,500 characters with spaces)*

What would receiving funding from NYHealth allow you to do? Describe your proposed project activities, including specific information about number of individuals served, site locations, and work implementation stages. List any community partners and briefly summarize their involvement in project activities.

Desired Impact and Goals *(Recommended length: 1,200 characters with spaces)*

Specify the goals and desired outcomes of the project.

Measuring Impact *(Recommended length: 2,000 characters with spaces)*

Describe the metrics you will use to measure impact.

Project Reach *(Recommended length: 2,500 characters with spaces)*

How will the impact of your proposed project grow beyond the community served? Explain how this project contributes to policy and systems change. For example, demonstrate how the project has regional or statewide impact and/or will disseminate best practices, advocate for policy, or test replicable models.

Budget Narrative *(Recommended 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

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

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.



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Project Design & Management *(Recommended length: 2,000 characters with spaces)*

Briefly describe your organization and its relevant experience to carry out this project. Describe how the community served by this project is involved in project design, implementation, and/or evaluation. Explain how project staff is qualified to understand the issue and is best positioned to implement the work.

Sustainability *(Recommended length: 1,200 characters with spaces)*

Describe how your organization plans to continue or expand the project after the grant period ends. If you anticipate changes due to federal and funding shifts, you may describe the impact on your project in this section.

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

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. If you have a moment, please complete this [brief survey](#) to help us improve our online application process. You can also send feedback to gm@nyhealthfoundation.org.