TUFTS Health Plan FOUNDATION

Preview Form

This is an example of the application questions with which you will be presented. It is recommended that you compose the answers to the paragraph questions in a word processing program and then cut and paste that text into the online application.

Introduction - Letter of Inquiry

Attention: You are about to enter the Letter of Inquiry Process.

The process for applying for a grant from the Tufts Health Plan Foundation begins with the submission and acceptance of a letter of inquiry (LOI).

An LOI is a brief summary of your proposed project including key details and an estimated project budget. The LOI should be completed in accordance with the LOI Application form. **Full grant proposals sent in lieu of an LOI will not be considered for funding.**

Once you have submitted your LOI, you will receive a confirmation that we have received it. Your LOI will be reviewed and you should receive a decision regarding whether it has been accepted within two to four weeks from the close of the LOI submission period.

If your LOI is accepted, you will be notified by program staff inviting you to submit a full grant proposal and assigning you an invitation code. A request for a full proposal does not guarantee funding. If your LOI is declined, you will be notified.

To better navigate the Letter of Inquiry form, please read the following with care:

- Follow the instructions provided alongside each question;
- Use only the forms provided in this grant application. The use of alternative forms WILL NOT BE ACCEPTED.
- Label ALL attachments;
- Use the print preview function on your computer to make sure that all attachments fit within the print area, and that we are able to read the information contained therein;
- Refer to the *FAQ, How to Apply,* and *Documents and Forms* sections on our **website**. These contain examples and valuable information to assist you in properly composing and submitting this application.
- Make sure you have updated all contact information;
- Please do not lose your username and password. Staff cannot access this information and password resets can take up to 24 hours.
- For technical questions or assistance regarding the LOI application itself, click on the link labeled "Need Support?." Please be aware that the turnaround time for technical inquiries is 24 hours. All other questions should be directed to the appropriate program contact or by calling Kayla Romanelli at (617) 972-9493 or Caite O'Brien at (857) 304-3464.

PLEASE NOTE: The deadline for submitting your LOI can be found in the "Due Dates" section of our **website**. Be mindful that the process may take longer than you anticipate. We strongly recommend that all LOIs be submitted well in advance of the deadline to avoid being shut out of the grant process.

Thank you.

Contact Information

The primary organizational contact has the capability to make changes to your profile and will serve as the primary contact for all grant-related information and correspondence. It is import to keep your information as timely as possible.

*First Name (Primary Contact)
(Text)(40 character maximum)

Instructions:

*Last Name (Primary Contact)
(Text)(40 character maximum)

Instructions:

*Title (Primary Contact)
(Text)(255 character maximum)

Instructions:

*E-mail Address (Primary Contact)
(Text)(100 character maximum)

Instructions:

*Telephone (Primary Contact)
(Text)(30 character maximum)

Instructions:

*Mailing Address (Primary Contact)
(Paragraph)(2000 character maximum)

Instructions:

Fax (Primary Contact)
(Text)(30 character maximum)

Instructions:

Organization's Mailing Address (If different from above)
(Paragraph)(2000 character maximum)

Instructions:

Instructions:

- **Please provide the Executive Director/President's:**

  1. First and last name;
  2. Title;
  3. Phone number;
  4. E-mail address;
  5. If applicable, the name and contact information for the appropriate administrative assistant.

Executive Director/President
(Paragraph)(500 character maximum)

Instructions:

- **For the person completing this proposal, please provide the following contact information (if different that above):**

  1. Your first and last name;
  2. Title;
  3. Phone number;
  4. E-mail address.

Grantwriter
(Paragraph)(500 character maximum)

Additional Contacts
(Paragraph)(500 character maximum)

Instructions:

• Please provide any other contact information you would like us to have on file.

Organization Information

This section asks you to provide us with information about your organization. Please be sure to read the instructions for each question.

*Legal Name
(Text)(100 character maximum)

Instructions:

• Please provide the name of your organization AS LISTED WITH THE IRS.

AKA Name
(Text)(100 character maximum)

Instructions:

• If your organization goes by a name other than what is listed with the IRS, please provide it here.

Instructions:

Address
(Text)(100 character maximum)

• Please provide us with the primary **physical** address of your organization. If this is different than the mailing address, please make sure to indicate that in the "contact" section.

City
(Text)(50 character maximum)

Instructions:

State
(Single-Select List)

- (Not Applicable)
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- Armed Forces Africa/Canada/Europe/Middle East
- Armed Forces Americas (except Canada)
- Armed Forces Pacific
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois

Instructions:

- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Northern Mariana Islands
- Ohio
- Oklahoma
- Oregon
- Palau
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virgin Islands
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

Zip
(Text)(20 character maximum)

Instructions:

Instructions:

Telephone
(Text)(30 character maximum)

- Please provide the organization's central telephone number.

Fax
(Text)(30 character maximum)

Instructions:

Website Address
(Text)(100 character maximum)

Instructions:

Social Media - Facebook Address
(Text)(500 character maximum)

Instructions:

Social Media - Twitter Address
(Text)(500 character maximum)

Instructions:

President/Executive Director (Name)
(Text)(255 character maximum)

Instructions:

President/Executive Director (Title)
(Text)(255 character maximum)

Instructions:

Instructions:

About the Organization
(Paragraph)(800 character maximum)

- Please give us a brief profile of your organization in regard to goals and objectives, principal activities, and population and geographical areas served.

Instructions:

Year Founded
(Number)(15 character maximum)

- Please provide the year in which your organization was founded.

Instructions:

Prior funding from Tufts Health Plan
(Text)(250 character maximum)

- Have you received prior funding from Tufts Health Plan or the Tufts Health Plan Foundation? If so, in what year and for what project/event/program?

Instructions:

- *Please describe:*

  1. Past successes that demonstrate your organization's capacity to implement this project successfully (e.g. outcomes, accomplishments, or particular strengths of your organization).

Organizational Successes and Challenges
(Paragraph)(2000 character maximum)

  2. Please describe the current state of your board, staff, finances, and prospects for long-term stability. In the last year, has your organization undergone any major staff or board changes or financial or legal difficulties? If so, please explain.

Additional Attachments (optional)
(File Upload)File Upload; 524288 byte limit

Instructions:

501(c)(3) Letter of Determination
(File Upload)File Upload; 10485760 byte limit

Instructions:

• If your organization has a 501(c)(3) designation, please upload a copy of your IRS 501(c)(3) Letter of Determination. Incomplete applications will not be considered.

Click the "Upload File" link to the right then follow the direction to upload the file.

If your organization does NOT have a 501(c)(3) Letter of Determination, please complete the following information regarding your fiscal sponsor:

(No input required)

Instructions:

Instructions:

• Please list the name and address of your fiscal sponsor using the following format:

Fiscal Sponsor
(Paragraph)(255 character maximum)

- Name
- Street Address
- City, State ZIP code

Instructions:

EIN # of your fiscal sponsor.
(Text)(255 character maximum)

• Please upload a copy of your fiscal sponsor's IRS 501(c)(3) Letter of Determination above.

Instructions:

• *Please upload a .pdf copy of your organization's latest IRS Form 990.*

- Organizations with gross receipts of under $25,000 in a year are not required to file a form 990.
- PDF copies of your 990 can often be found online on sites such as Foundation Center's 990 Finder, Guidestar.org and the National Center for Charitable Statistics.

IRS 990
(File Upload)File Upload; 10485760 byte limit

Audited Financial Statements
(File Upload)File Upload; 10485760 byte limit

Instructions:

- *Please upload your organization's most recent Audited Financial Statements AND your current Interim Financial Statements.*

  - Audited financial statements are the accounting documents that are prepared by a Certified Public Accountant on behalf of a non-profit organization.
  - Interim financial statements are documents that cover the financial activity of a business or other entity for a period of less than one calendar year and are typically unaudited.
  - Both interim and annual financial statements usually include a balance sheet, a statement of cash flows, and a profit and loss statement.

Request Information

This section asks you to describe the project or program for which you are seeking funding.

Instructions:

Organization Name
(Text)(255 character maximum)

- *Please provide the name of your organization AS LISTED WITH THE IRS.*

Project/Program Title
(Text)(255 character maximum)

Instructions:

New or Existing Project
(Checkbox List)

Instructions:

- *Is this a new project or an existing project?*

- Existing
- New

Select only one.

Type of Request/Focus Area
(Single-Select List)

- Health and Wellness
- Purposeful Engagement
- Empowerment
- Other

Instructions:

Instructions:

Type of Request - Other
(Text)(75 character maximum)

- *If you answered "other" to Type of Request, please identify.*

Requested Cash Amount
(Currency)(20 character maximum)

Instructions:

Is this a Multi-Year Grant?
(Yes/No)

Instructions:

Instructions:

1. How many years are you requesting funding with this proposal?
2. How much are you requesting **in each individual year?**
3. What is the **combined total** for all of the years for which you are seeking funding? *This should be the same number as the Requested Cash Amount above.*

If this IS a multi-year request, please answer the following:
(Paragraph)(500 character maximum)

Instructions:

Geographic Area(s) Served
(Paragraph)(500 character maximum)

- *Please indicate the geographic area(s) served by this project. Please provide the towns/cities in which your program will run.*

Instructions:

- *Please provide the following:*

1. How many people does or will this project currently serve on an annual basis?
2. Describe the targeted population served, identifying age and any special needs, vulnerabilities, and/or characteristics of population.
3. How do you plan to reach and recruit your target population?

Target Population
(Paragraph)(2000 character maximum)

Instructions:

Project Summary
(Paragraph)(1000 character maximum)

- *Please provide a brief summary of your project, including the types of activities in which participants will engage.*

Instructions:

Project Need
(Paragraph)(2000 character maximum)

- *Please describe the need this program fills. Why does your target audience need this program?*

Project Objectives
(Paragraph)(2000 character maximum)

Instructions:

- ***What are the intended outcome(s) for your project?***

What strategy or strategies will your program employ to address these intended outcome(s)?

Instructions:

- ***Please use the form provided to give us a detailed project budget.***

  - Please be sure to indicate the organization name and project name.

*Project Budget
(File Upload)File Upload; 10485760 byte limit

Download the file by **clicking here**.

Please Note: Budget forms other than the one provided above WILL NOT BE ACCEPTED.

*You can find a SAMPLE of the budget form along with tips on how to complete it in the "Documents and Forms" section on our **website**.*

Instructions:

Additional Attachments (Optional)
(File Upload)File Upload; 524288 byte limit

- ***Please send only those attachments that are directly relevant to your grant proposal.***

Need Support?