



LETTER OF INQUIRY FORM

The Portage Health Foundation (PHF) strongly encourages all interested applicants to submit a Letter of Inquiry (LOI) prior to submitting a grant application. While not required in order to apply, an LOI encourages understanding, collaboration, and project development between PHF and potential grant applicants. Please approach the LOI as an abbreviated grant proposal that PHF can review to determine if a project matches our funding interests. PHF will follow-up with all organizations regarding their inquiry within two weeks of submission.

For FAQs, please visit www.phfgive.org/about-faq.php

ORGANIZATION INFORMATION

Organization Name: _____ EIN: _____

Organization Website: _____

Organization Type: Non-Profit School Government Other: _____

Organization Address: _____
Street/PO Box *City* *State* *Zip*

Project Contact: _____
Name *E-mail* *Telephone*

PHF is unable to provide funding to individuals or for individual or family fundraisers.

PROJECT INFORMATION

Project Name: _____ Letter Date: _____

Project Start/End Dates: _____ Is this an existing project? Yes No

Request Amount: \$ _____ Will this be a multi-year request? Yes No

Is there additional funding for this project available from other sources? Yes No

If yes, please specify: _____
(Please attach additional page if necessary)

Is this request needed to obtain or match another grant? Yes No

If yes, please describe the other grant or match requirements: _____
(Please attach additional page if necessary)

Please select all the funding priorities that apply to this request:

Access to Care Community Health Health Education
 Health Research Healthcare Leaders Other: _____

This project: addresses an unmet community need.
 is duplicated in the community.
 is a collaborative effort.

TARGET POPULATION

Please select the population targeted for this project:

- Broader Community Low Income Persons with Disabilities Uninsured/Underinsured
 Other: _____

Gender Served: _____

Age Group Served: All Infants Children Teens Adults Senior Citizens

Anticipated Number of Persons Served: _____ per Month per Annum

County Served: Baraga Houghton Keweenaw Ontonagon

City/Township/Village Served: _____

LETTER NARRATIVE

Your narrative must address the following items/questions in 1-2 pages:

- 1) A description of your organization;
- 2) A description of the project and activities to take place;
- 3) A discussion of what you are trying to accomplish with this project;
- 4) Identify the data you have consulted in order to understand the need for this project;
- 5) Explanation of how your organization is equipped to meet the need for this project;
- 6) A discussion of how this project connects to and advances PHF's mission; and
- 7) A budget overview.

LETTER SUBMISSION

All LOIs must be submitted on the Letter of Inquiry Form and may be sent to PHF at any time. All electronic submissions must be in PDF format. Return completed form and accompanying narrative to:

Portage Health Foundation
400 Quincy St., PO Box 299
Hancock, MI 49930

F: 906.523.5925
E: info@phfgive.org (as a PDF)

PHF will follow-up with all organizations regarding their LOIs within two weeks of submission.

Submission of a Letter of Inquiry and/or an invitation by PHF to apply, are not implied guarantees of funding.

DO NOT COMPLETE – PHF USE ONLY

Invite to Submit a Proposal: Yes No Date Organization Notified: _____

Signature: _____ Title: _____

Notes: _____
