



## 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 one month of submission, if you are responding to a specific Request for Proposal (RPF), PHF will follow-up within two weeks after LOI deadline date.

For FAQs, please visit [www.phfave.org/about-faq.php](http://www.phfave.org/about-faq.php)

### PHF Mission

To positively influence a healthier community through enhanced Philanthropy and Collaboration

### PHF Vision

To influence a shared vision  
To foster collaborations and partnerships  
To build community capacity to shape outcomes

## FUNDING ELIGIBILITY

- Please refer to Grant Policies and Guidelines on our website.

## ORGANIZATION INFORMATION

Organization Name: \_\_\_\_\_ EIN/Tax ID#: \_\_\_\_\_

Organization Website: \_\_\_\_\_

Organization Type:  Non-Profit  School  Government  Other: \_\_\_\_\_

Organization Address: \_\_\_\_\_  
*Street/PO Box* *City* *State* *Zip*

Project Contact: \_\_\_\_\_  
*Name* *E-mail* *Telephone*

Authorized member's signature: \_\_\_\_\_

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

## PROJECT INFORMATION

Request for Proposal ID # \_\_\_\_\_ (if applicable) Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

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

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

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)*

Is there additional funding for this project available from other sources (not including a matching grant)?

Yes  No If yes, please specify: \_\_\_\_\_

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

- Increase Access to Care
- Reduce Hunger and Poor Nutrition
- Provide Access to Support Healthy Living
- Improve Physical, Mental, Emotional and Spiritual Health and Well Being
- Other: \_\_\_\_\_
- Mitigate Poverty
- Build Safer Communities
- Support Medical Research and Innovation

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:  All  Male  Female

Age Group Served:  All  Ages 0-5  Ages 6-12  Ages 13-17  Ages 18-24  
 Ages 25-34  Ages 35-54  Ages 55-64  Ages 65+

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.

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### 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)

*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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_