**Safety Net – Letter of Intent Online Template**

**Instructions:** Please use this template to prepare your responses for your Safety Net letter of intent. Each heading highlighted in blue represents a section of the application, represented as a tab in the online system.

**Note:** In the online system, you can enter only text and numbers in the application fields. If you have charts, graphs, or other visuals to accompany your proposal, please include them as attachments or within the application narrative document. Be sure to reference the attachment in the relevant section of your grant application, to help draw the reviewer’s attention to the attachments.

1. **LOI DETAILS**
2. **REQUEST TYPE**

Applicants are required to categorize their request as either: 1. Project support for a distinct project (up to 24 months of funding). 2. Program support for ongoing, existing programming (up to 36 months of funding). 3. Core support for ongoing operations. (For federally qualified health centers and look-alikes only. Up to 36 months of funding.)

**You will be asked to identify the type of support you are seeking, and you will also be asked eligibility questions related to that type of support. Please see the online application for further details.**

1. **ALIGNMENT WITH RFP**

The goal of Health Forward’s Safety Net RFP is to ensure that vulnerable populations have access to a strong safety net health care system that delivers high quality health and oral health care services resulting in better health, better care, and lower costs through improvements. ***For a request to be eligible for this RFP, it must incorporate all three strategies (which are defined in the*** [***RFP***](https://healthforward.org/wp-content/uploads/2019/05/2019-Safety-Net-RFP.pdf)***): ACCESS, QUALITY, and COST.*** ***Your proposal must also focus on Health Forward’s target population—the uninsured and underserved—in Health Forward’s*** [***geographic service area***](https://healthforward.org/about/where-we-fund/)***.***

**Please note:** You will be asked to provide detailed demographic information regarding your target population, board, and staff in the full application.

***Does your proposal align with the goal of this RFP and incorporate all three strategies—access, quality, and cost—in its implementation?***

**Alignment with RFP:**

**<Drop down: Yes, No>**

**Note: If your response is ‘no’ above, your proposal may not be eligible. Please contact Health Forward at 816-241-7006 to discuss whether your proposal aligns with this RFP.**

***Does your proposal address the needs of the uninsured and underserved in Health Forward’s service area?***

**Alignment with service area:**

**<Drop down: Yes, No>**

**Note: If your response is ‘no’ above, your proposal may not be eligible. Please contact Health Forward at 816-241-7006 to discuss whether your proposal aligns with this RFP.**

1. **PROPOSAL DETAILS**

**Proposal Title:**

**Total Amount Requested from Health Forward:**

**Total Proposal Budget:**

**Duration of Plan (in months):**

Maximum: 36 months

**Has Health Forward funded this work in the past? <drop down; Yes or No>**

1. **LOI NARRATIVE**

Please provide brief responses to the following questions. Note: You may expand each text box by clicking and dragging the lower right corner.

**Need or Case Statement:**

Briefly discuss the problem or need to be addressed by your project, program, or core services.

<text field; limit 3,500 characters>

**Brief Proposal Overview:**

Provide a brief description of your proposed activities and their alignment with the [Safety Net theory of change](https://healthforward.org/wp-content/uploads/2019/05/Safety-Net-Theory-of-Change-5.13.19-FINAL.pdf).

<text field; limit 3,500 characters>

**Funding Request:**

Indicate the amount of funding requested from Health Forward for the proposed grant period and how the dollars will be used.

<text field; limit 2,000 characters>

1. **REQUIRED ATTACHMENTS**

501(C)(3) applicants:

* IRS Letter of Determination

Governmental entity applicants:

* Enabling statute/legislation or official description of purpose
1. **AUTHORIZATIONS**

**Grant Statement (similar to what would appear on the Health Forward website or in an annual report)**
Provide a statement that summarizes what Health Forward grant funds will ultimately enable your organization to do [e.g. (Organization name) will provide (name organizational resource or service here) in order to achieve (name the ultimate outcome you'd like to achieve) for (name your target population)]. Limited to 500 characters.

**Non-Discrimination Attestation**
I certify that our organization does not discriminate in its leadership, staffing, or service on the basis of age, gender, race, ethnicity, sexual orientation, disability, national origin, political affiliation, or religious belief.

**<drop down: Agree; Do not agree>**

**Authorized Signature**
By typing the name and title of your organization's President/CEO, or authorized Board member, you are certifying that the information included is accurate. NOTE: If the Tax ID number that you have provided is for a parent corporation or umbrella 501(c)3 organization, signer must be authorized to attest to that organization's policies and practices.

**Authorized Signer's Name**

<short text field>

**Authorized Signer's Title**

<short text field>

**Review/Submit**

**ATTENTION: PLEASE PRINT AND SAVE A COPY OF YOUR COMPLETED LOI BEFORE YOU SUBMIT.**