

LOI Application Guide



This guide provides step-by-step instructions for submitting an online letter of interest application to The California Wellness Foundation using the Cal Wellness Grants Portal.

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Key Links to Access the Cal Wellness Grants Portal

Note: Please use Mozilla Firefox or Internet Explorer when accessing these links. You may click on the hyperlinked text below or cut and paste it into your Internet browser's address bar. If you have difficulties accessing our grants portal, please call (818) 702-1900 and ask for Grants Management.

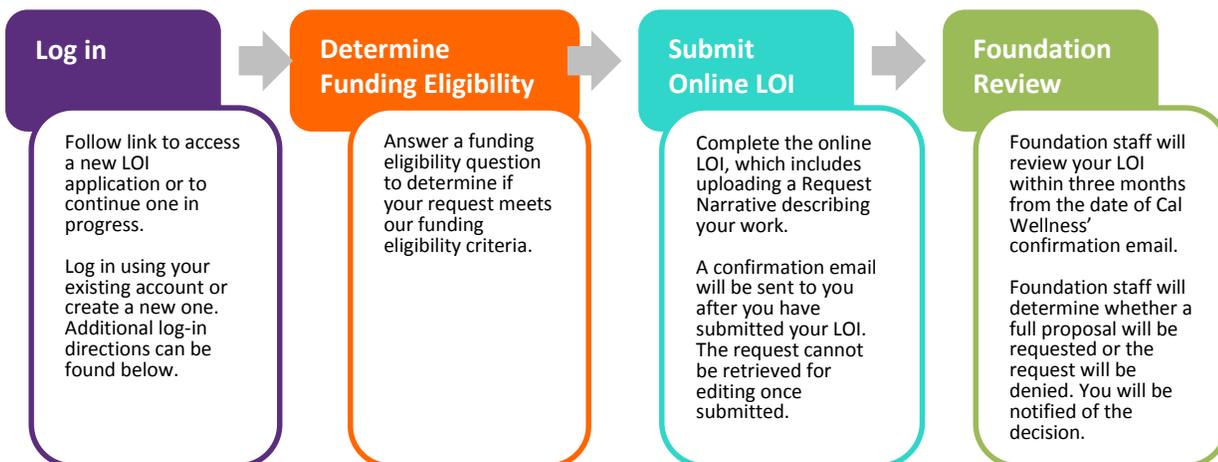
To start a new LOI: https://www.GrantRequest.com/SID_1839?SA=SNA&FID=35006

To return to your account to access an in-progress or submitted LOI: https://www.GrantRequest.com/SID_1839?SA=AM

Online Letter of Interest

The California Wellness Foundation (Cal Wellness) accepts letters of interest (LOIs) through the online Cal Wellness Grants Portal. The submission of an LOI is the initial step in seeking a grant from Cal Wellness. The following instructions will direct you in: 1) how to submit a new LOI; and 2) how to return to an LOI that is in progress or previously submitted. Once you have submitted an LOI, your request will be reviewed and you will receive an email with the status of your request.

The process for submitting an online LOI and the subsequent Foundation review is as follows.



Submitting a New LOI

You must have an account to start a new LOI. See step-by-step instructions below.

1. Click here to [Start a New LOI](#) or click the “Start a New LOI” button on the [How To Apply](#) page on CalWellness.org.
2. The link will take you to the account sign-in page. If you do **not** have an existing account, follow **Step 3** below to create a new one. Otherwise, **log in using your existing account** by entering the email address and password used to set up the account, and **skip to Step 4**. If you have forgotten your password, click the “Forgot Password?” link (below the Password box) to reset it.



3. **Create a new account** by clicking the “Create a New Account” link (below the email box). Remember, do **not** click the “Create a New Account” link if you have an existing account.

Enter an email address. Only one email address can be associated with a Cal Wellness Grants Portal account. This email address is where you will receive automated confirmation emails and other notifications. It is highly recommended that you use the **applicant organization’s general email** account that is monitored regularly (e.g., info@applicant.org). Using a general email address prevents access issues caused by staffing changes and absences, as well as complications that may arise from using a professional grant writer who may work for several organizations but whose email address can be used only for one applicant organization.

Enter a password that meets the listed criteria (at least five characters, using both letters and numbers). Click “Continue.”

CalWellness.org
THE CALIFORNIA WELLNESS FOUNDATION

Contact Us | CalWellness

New Applicant?

An account allows you to access your saved and submitted applications at any time. It also allows us to send you a submission confirmation e-mail and notify you if additional information is necessary to process your application.

E-mail

Confirm E-mail

Password (must contain at least 5 characters, with both letters and numbers)

Confirm Password

[Return to login](#)

- Once you have successfully created an account or logged into your existing account, you will be directed to the funding eligibility question. If you believe your organization and request meet our eligibility criteria, select the appropriate response and click “Submit.” Then, you will be directed to a new LOI application. You will not be able to submit an LOI if you answer that your organization and request do not meet our minimum requirements.

Funding Eligibility

Cal Wellness makes grants to advance wellness for Californians.

We support nonprofit organizations, public agencies, religious organizations and tribal governments. We do not accept applications for grants to individuals.

Applicant organizations must generally have valid tax-exempt status under Section 501(c)(3) of the Internal Revenue Code and be classified as a public charity, not as a "private foundation," under Section 509(a). In addition, Cal Wellness does not fund Section 509(a)(3) Type III non-functionally integrated supporting organizations.

Cal Wellness will not consider organizations that discriminate by race, color, creed, gender, sexual orientation or national origin, nor consider activities that exclusively benefit the members of sectarian or religious organizations.

Grants are not generally awarded for annual fund drives, building campaigns, major equipment or biomedical research.

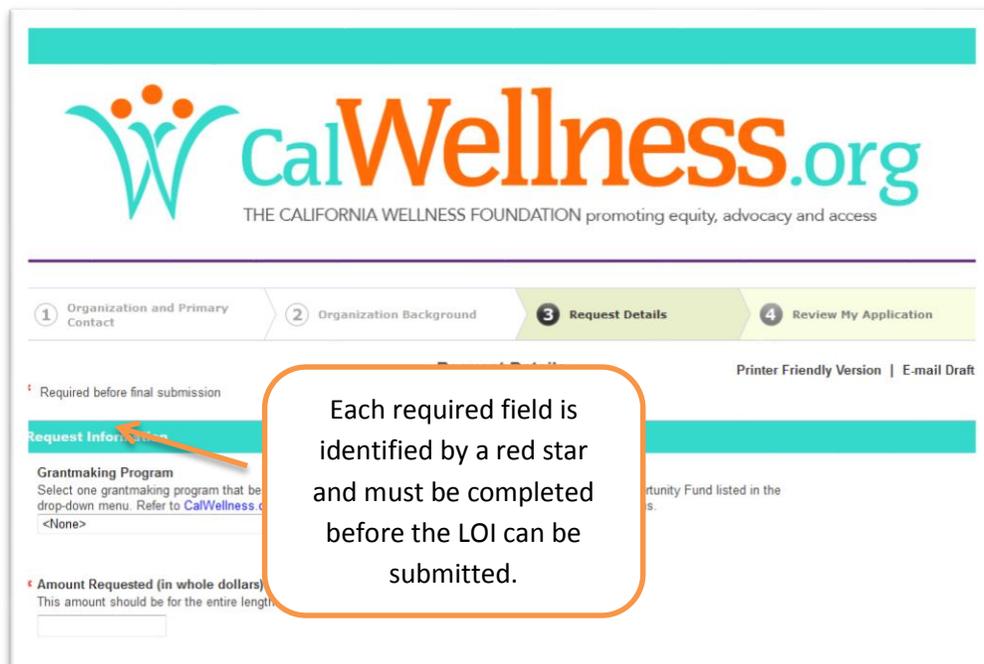
Cal Wellness does not provide international funding or fund organizations located outside the United States.

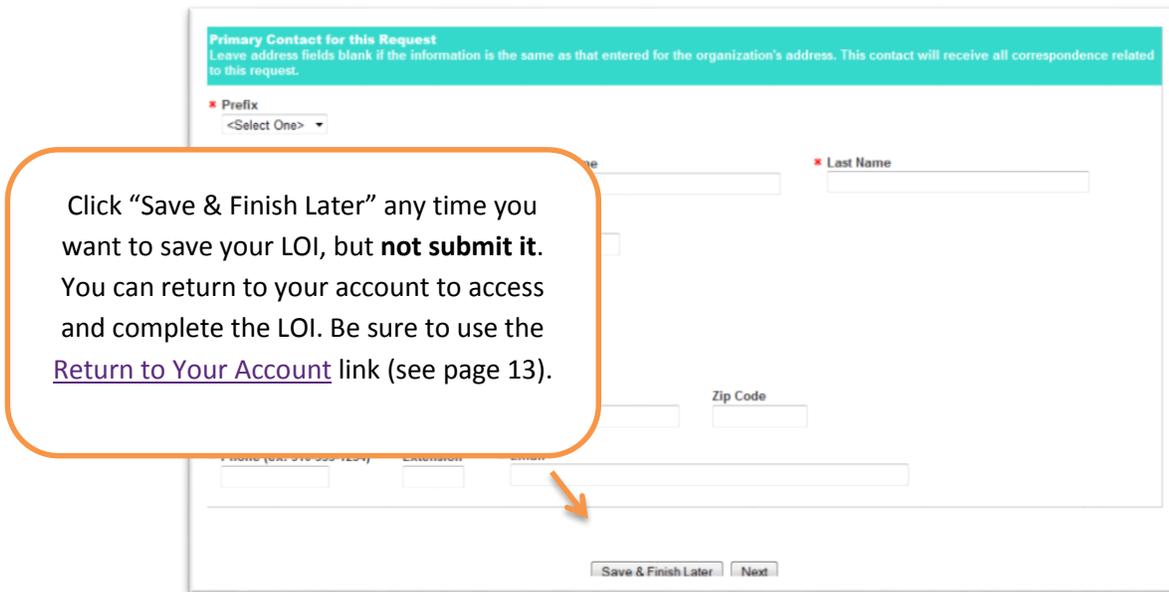
Does your organization and request meet these criteria?

-Select One- ▾

Cal Wellness supports work within California that improves the health of Californians. We do not accept applications for grants to individuals.

5. If you answered yes to the funding eligibility question, you will be directed to the Cal Wellness online LOI application. Directions on how to complete the application begin on page 6 of this guide.





6. A feedback section is included at the end of the application. Your feedback is very important to the continual improvement of our online grant application process. ***Your feedback, positive or negative, will in no way affect your request for funding.***
7. Before submitting, you must go to page 4 of the online application, "Review My Application." Once you have reviewed your LOI, click "Submit" at the bottom of that page. Click "Submit" again to confirm. ***Remember, you cannot retrieve an LOI for editing after it's been submitted.***

Organizations or Projects Under Umbrella Organizations

If your organization or project is under an umbrella organization (sometimes called a fiscal sponsor), please use information only for your organization or project, except where otherwise indicated. Where the term "applicant organization" is used, it refers to the organization or project that will do the work for which the request is being made.

How to Complete the Online LOI

In this section of the application guide, you will find instructions for how to complete each section of the LOI. You can use this portion of the guide to draft your responses and then cut and paste them into the online form. Keep in mind that only plain text will copy into the LOI fields. Boldface, italics, etc., will not transmit. The LOI application has four pages:

- 1 – Organization and Primary Contact
- 2 – Organization Background
- 3 – Request Details
- 4 – Review My Application

Page 1: Organization and Primary Contact

Organization Contact Information

Complete this section using your organization's general contact information. Use your own organization's information even if your organization falls under the umbrella of a larger tax-exempt organization (sometimes referred to as a fiscal sponsor).

Organization Contact Information

* **Organization Name**
Name of the organization conducting the work

* **Street Address**

* **City** * **State (ex. CA)** * **Zip Code**

* **Phone (ex. 510-555-1234)** **Fax (ex. 510-555-4567)** **Website**

Primary Contact for this Request

Please provide contact information for the best person to contact with questions regarding this request. This person will receive correspondence related to this request. You may leave the address fields blank if the address for the primary contact is the same as the organization address.

Primary Contact for this Request
Leave address fields blank if the information is the same as that entered for the organization's address. This contact will receive all correspondence related to this request.

* **Prefix**
<Select One> ▾

* **First Name** **Middle Name** * **Last Name**

* **Title**

Address

City **State (ex. CA)** **Zip Code**

* **Phone (ex. 510-555-1234)** **Extension** * **Email**

Page 2: Organization Background

The “applicant organization” always refers to the organization or project that will do the work for which the request is being made, even if that organization or project falls under an umbrella organization. If your organization or project falls under an umbrella organization, use your organization’s or project’s information for each section except for the employer identification number (EIN). Use the umbrella organization’s EIN for that section only.

About the Applicant Organization

Date Organization Established: Please provide the date the applicant organization was established or when it first began its work. It is not necessary to know the exact date. If the exact date is not readily accessible, use “January 1” of the year the organization was established. (For example, if the organization first started work in 2012, enter 01/01/2012.)

Mission Statement: Please provide the mission statement of the applicant organization (limit 100 words). You may cut and paste from an existing document into this field. Only plain text will be copied over. Boldface, italics, etc., will not copy from an external document.



The screenshot shows a form titled "About the Applicant Organization" with a teal header. It contains two main sections:

- * Date Organization Established:** A text input field with a calendar icon to its right. The instruction reads: "Please provide the date the organization began its work. If the exact date is not readily accessible, use January 1 followed by the year the organization was established (ex. 01/01/2001)." The field is currently empty.
- * Mission Statement:** A large text area for entering the mission statement. The instruction reads: "Please provide the mission statement of the applicant organization. Please limit the mission statement to 100 words or fewer." Below the text area, it says "Word count 0 of 100".

Financial Information

This section asks you to identify the applicant organization’s financial information. If your organization or project falls under an umbrella organization, use your organization’s or project’s information.

Current Fiscal Year: Select your organization's current fiscal year from the drop-down menu. Select a year range that best reflects your fiscal year if it does not begin and end in the same calendar year. For example, if your fiscal year is July 1, 2014, to June 30, 2015, then choose “2014-2015” from the drop-down menu. If your fiscal year is the same as the calendar year (for example beginning January 1, 2014, and ending December 31, 2014), then choose the current year.

Current Fiscal Year Operating Budget (\$): Provide the dollar amount for the current fiscal year’s operating budget in whole dollars.

Financial Information

*** Current Fiscal Year**
 Select your organization's current fiscal year from the drop-down menu. If your fiscal year does not begin and end in the same calendar year, select the year range that best reflects your fiscal year. If your fiscal year is the same as the calendar year, than choose the current year.

<None> ▾

*** Current Fiscal Year Operating Budget (\$) (ex. 500000)**
 In whole dollars, provide the organization's total operating budget for the current fiscal year. Enter numbers only; do not enter commas or a dollar sign.

Employer Identification Number

Enter the employer identification number (EIN) for the organization. The EIN is a unique nine-digit number assigned to a business entity so that it can be easily identified by the Internal Revenue Service.

If the applicant organization falls under the umbrella of a larger tax-exempt organization (sometimes referred to as a fiscal sponsor), then **use the umbrella organization's EIN** (e.g., Regents of University of California, Los Angeles, Public Health Institute, Community Partners).

Employer Identification Number (EIN)

EIN (ex. 12-3456789)
 Please enter the Employer Identification Number for your organization, or if your organization/project falls under the umbrella of a larger tax-exempt organization (sometimes referred to as a fiscal sponsor), then use that organization's EIN.

Page 3: Request Details

Request Information

This section collects information on the grant request. We do **not** need a line-item budget for your request at the LOI stage. We **do** require a Request Narrative. Please see detailed instructions below for what to include in the narrative and how to upload it into the online LOI application.

Grantmaking Program: Select one grantmaking program that best reflects your request from the drop-down menu. Do not select the portfolio itself (e.g., Bridging the Gaps in Access and Quality Care), but one of the grantmaking programs under a portfolio (e.g., Advancing Health Care Reform and the Affordable Care Act). Refer to CalWellness.org for descriptions of the portfolios.

Amount Requested: Please provide the grant amount requested using whole dollars. This amount should be for the entire length of the requested grant period.

Duration of Requested Grant Period: Please provide the length of time for the requested grant period in whole months. The duration requested must be 36 months or fewer.

Core Operating Support or Project Support: Please identify whether this grant request is for core operating support or for project support. Below are Cal Wellness' definitions of core operating support and project support.

Core operating support helps underwrite the day-to-day administrative, infrastructure and overhead costs that enable an organization to carry out its mission. Core operating support from Cal Wellness may also be used to sustain a specific, ongoing program within an organization, or to maintain existing health services.

Examples of core operating support include:

- providing salaries for key administrative staff;
- covering operating expenses (e.g., rent, phone, office supplies);
- supporting strategic planning, and staff and board development;
- sustaining ongoing community organizing efforts; and
- maintaining existing services of a community health clinic.

Virtually all legitimate, ongoing work of nonprofit organizations addressing the social determinants of health¹ and working to improve the health of Californians is eligible for core operating support from the Foundation.

Project support refers to the development of a new, or expansion of a specific, program or efforts to address the social determinants of health and improve the health of Californians. Two examples of project support are development of a new health education program, and staff salaries for a new project or program.

Geographic Area(s) of Focus for Grant Request: Please select the geographic area(s) that is (are) applicable to the grant request. Please note that Cal Wellness supports efforts within California that improve the health of Californians. You may choose statewide, nationwide **or** up to 10 counties. If you select statewide or nationwide, **do not** select specific counties. Make your selections (one per box) from the drop-down menus.

¹ The social determinants of health framework is central to our Advancing Wellness grantmaking program, because where people live and work, their race and ethnicity, and their income impacts their health and wellness. Review our philosophy [here](#).

Brief Summary of Request: Provide a brief, one-sentence summary of the request. Please limit the sentence to 25 words. You will have an opportunity to provide detailed information in the Request Narrative. The check mark to the right of the box enables the spell-check feature.

Request Information

Grantmaking Program
Select one grantmaking program that best reflects your request from under one of the three portfolios or Opportunity Fund listed in the drop-down menu. Refer to CalWellness.org for descriptions and the [LOI Application Guide](#) for more instructions.

<None>

Amount Requested (In whole dollars)
This amount should be for the entire length of the requested grant period.

Duration of Requested Grant Period (In whole months, maximum of 36 months)

Core Operating Support or Project Support
Identify whether this grant request is for core operating support or for project support. Below are Cal Wellness' definitions of core operating support and project support.

Core operating support helps underwrite the day-to-day administrative, infrastructure and overhead costs that enable an organization to carry out its mission. Core operating support from Cal Wellness may also be used to sustain a specific, ongoing program within an organization, or to maintain existing health services.

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Project support refers to the development of a new, or expansion of a specific, program or efforts to address the social determinants of health and improve the health of Californians. Two examples of project support are development of a new health education program, and staff salaries for a new project or program.

<Select One>

Geographic Area(s) of Focus for Grant Request
Choose all of the geographic area(s) that are applicable to the grant request. Please note that Cal Wellness supports efforts within California that improve the health of Californians. If the area is statewide or nationwide, do not select specific counties. Select one geographic area per drop-down menu. You may select up to 10.

<Select One>

Brief Summary of Request
Provide a one-sentence description of your request. Please limit the sentence to 25 words. You will have an opportunity to explain your request in greater detail in the Request Narrative. The check mark to the right of the box enables the spell-check feature.

Word count 0 of 25

Request Narrative

The Request Narrative should describe the following:

1. the issue(s) the organization or project will address;
2. what geographic area(s) and population(s) will be served or targeted and why;
3. how Cal Wellness funds will be utilized to address the identified issue(s) listed above (please include specific strategies, approaches and activities);
4. how the proposed work aligns with our grantmaking program, [Advancing Wellness](#); and
5. two key accomplishments of the organization.

We ask that you limit the Request Narrative to no more than two pages, using a 12-point font and one-inch margins. Please use the majority of the two pages to answer items 3 and 4 above. Accepted file types are Microsoft Word (.doc or .docx) and Adobe PDF (.pdf). No other attachments (e.g., line-item budget) are necessary.

Request Narrative

*** Request Narrative**
Please upload a narrative that describes the following:

1. the issue(s) the organization or project will address;
2. what geographic area(s) and population(s) will be served or targeted and why;
3. how Cal Wellness funds will be utilized to address the identified issue(s) listed above (please include specific strategies, approaches and activities);
4. how the proposed work aligns with our grantmaking program, [Advancing Wellness](#); and
5. two key accomplishments of the organization.

Please limit the request narrative to no more than two pages, using a 12-point font and one-inch margins. Please use the majority of the two pages to answer items 3 and 4 above. Accepted file types are Microsoft Word (.doc or .docx) and Adobe PDF (.pdf). No other attachments (e.g., line-item budget) are necessary.

How to Upload Documents

1. Click the "Browse" button below.
2. Locate the document on your computer.
3. Highlight the document and click "Open" or "Ok."
4. Click the Upload button.

No file selected.

Page 4: Review My Application

This page allows you to review your application. If you would like to make changes, you may do so directly within the fields. If you are satisfied with your answers and do not wish to make further edits, click the “Submit” button at the bottom of that page.

You will not be able to retrieve the application for changes once you have submitted your LOI.

Click the “Submit” button again to confirm. Once you have submitted an LOI, you will be directed to your Grants Portal account page and see a message at the top that reads: “Thank You! Your application has been submitted.”

Time-Out Settings

After 30 minutes of inactivity in an application, the system will warn you that you have five more minutes before the system times out and locks you out of the application. If you must leave the application for an extended period of time, be sure to click “Save & Finish Later” to ensure your work is saved.

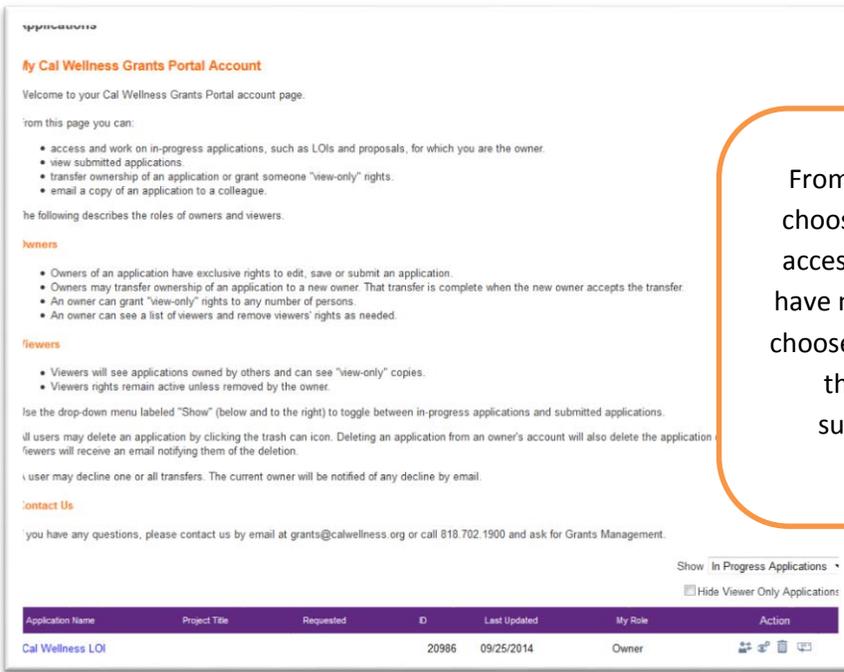
Return to Your Account

If you have an LOI in progress or have submitted an LOI, you must use the [Return to Your Account](#) link on the How To Apply page on CalWellness.org to access the application. The “Return to Your Account” link is:

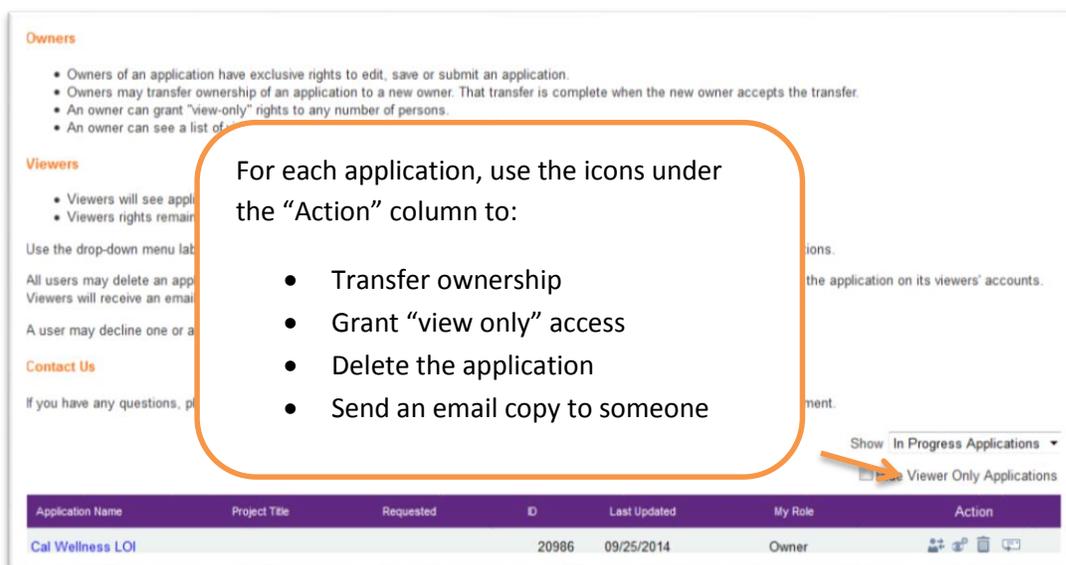
https://www.GrantRequest.com/SID_1839?SA=AM

Please Note: You will not be able to access an in-progress LOI (an LOI that you started and saved) unless you use the [Return to Your Account](#) link. If you click on the link to start a new request, it will take you to a new LOI application only.

Once you are logged in to your Cal Wellness Grants Portal account page, you will need to select in-progress or submitted LOIs from the “Show” drop-down menu on the right side of the page. See the screen-shot below.



You will see a list of the LOIs you have in progress or previously submitted (depending upon your selection in the “Show” drop-down menu). On this screen, you can transfer the ownership of the application to someone else or email a copy of the application. The Grants Portal also allows you to identify multiple viewers for each application. This can be helpful when seeking input or when you want your LOI reviewed by other staff without transferring ownership.



Contact Us

For additional assistance, please email grants@calwellness.org or call (818) 702-1900 and ask for Grants Management.