



# Riverside Community Health Foundation

## LOI Grant Guidelines 2010

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### About the Grantmaking Process

Riverside Community Health Foundation (RCHF) is a 501 (c) (3) non-profit public benefit foundation that provides and facilitates programs and services to improve the health of the residents within Riverside, California. The Foundation is seeking grant proposals, consistent with our identified mission, to increase access to needed health care services in the Riverside City.

The Riverside Community Health Foundation is governed by its own independent Board of Directors which considers funding proposals at meetings held in January, March, May, July, September, and November.

***Effective January 1, 2005, the Foundation requests a Letter of Inquiry (LOI) prior to submitting a proposal.*** Letters of Inquiry may be submitted at any time. Organizations which best match our grant making priorities and funding criteria will be invited to submit a full proposal upon receipt and favorable review of the LOI. Applicants invited to submit a proposal, may submit at anytime; however, the proposal will be reviewed during the months of January, March, May, July, September, and November. All applicants should submit proposals 30 days prior to the month in which they would like to be considered. For example, to begin the process and be considered in March, submit proposals by February 1. On the average, from the time a proposal is submitted, the decision-making process takes 2 months, but can take up to 4 months.

Note: An invitation to submit a LOI or proposal does not signify or guarantee an award; it informs you that Riverside Community Health Foundation is interested in receiving information about your project for consideration. Grant awards are assured only after the application review process has been completed, meaning the Riverside Community Health Foundation Board of Directors has made a final determination regarding the award and an award letter has been finalized.

Please review the following instructions carefully. Because Riverside Community Health Foundation's grantmaking priorities and application guidelines may change over time, applicant organizations are encouraged to periodically visit our website for the latest information.

## **Understanding the Guidelines**

The applicant organization should consider the Foundation's mission, vision, priorities, eligibility requirements, and funding restrictions with respect to the funding request.

### **Mission**

Our mission is to improve the health and well being of the Riverside community.

### **Vision**

Riverside Community Health Foundation will improve the health status of its community by funding, developing, and operating partnerships and collaborations that provide expanded access to high quality health care services and education.

### **Priorities**

- Expand access to healthcare for Riverside residents
- Increase health education and prevention in the community
- Provide programs and services that improve the health and well being of Riverside residents

### **Eligibility Requirements**

To be eligible for a Riverside Community Health Foundation Grant, the applicant organization must:

- Be a 501 (c)(3) non-profit organization, school, or government agency
- Improve health care access for children and families
- Promote cooperation/partnership with other organizations
- Demonstrate organizational capacity to implement the proposed project
- Establish criteria for effectively evaluating strategies, timetables, and measurable objectives
- Serve Riverside residents from the following zip codes: 92501, 92502, 92503, 92504, 92505, 92506, 92507, 92508, 92509, 92518, 92521, 92522 and 91752.

### **Funding Restrictions**

RCHF does not award grants for:

- Annual fund drives (i.e. membership drives, dinner, benefits, food or clothing drives);
- Individuals;
- Scholarships or fellowships;
- Research that does not have a direct application to implementing a community-driven health intervention;
- Media projects (film, television, radio, website, PSAs) that are not part of a broader project or strategy;
- Political campaigns, voter registration drives or lobbying for specific legislation;
- Endowments;
- Capital funding for the purchase, construction or renovation of any facilities or other physical infrastructure;
- Operating deficits or retirement of debt; and

- Indirect costs in amounts that exceed 15 percent of the total of requested personnel and operating costs, or indirect costs not directly associated with the proposed project or program.

### **Funding Categories**

- Inpatient Funds: 50.93% of funds are for inpatient hospital services to be used through a non-profit hospital.
- Outpatient Funds: 46.57% of funds are to be used for outpatient health care services, which involve the delivery of direct clinical care, or a clinical position to provide health care services.
- Health Education: 2.5% of funds are to be used to provide health education, prevention and promotion programs or services.

## **How to Submit the Letter of Inquiry (LOI)**

Letters of Inquiry may be submitted at any time. Within 30 days of receiving the LOI, the Foundation will review the inquiry and notify applicant that the Foundation is either unable to provide funding at this time or is requesting a complete grant proposal. Please follow the format, writing, and submission guidelines below.

### **Formatting the Letter of Inquiry**

Please submit a Letter of Inquiry and answer all the questions using the following format:

- 1-2 pages
- Use applicant letterhead
- 12-point font
- Single-spaced
- One-inch margins
- Single-sided pages
- Signed

### **Writing the Letter of Inquiry**

In 1-2 pages, please answer the following six (6) questions:

#### **1. The Funding Request**

In 5-6 sentences, please describe your funding request and include the dollar amount you are requesting. Highlight how your proposed program/project fits with the Foundation's mission and goals.

#### **2. About Your Organization**

In 5-6 sentences briefly describe your organization's history and mission, including the year it was established. *Please provide the name of your organization and contact information, including your name, telephone, and email address; this is who will be contacted for further information.*

### **3. The Problem or Need**

In 5-6 sentences, describe the particular health problem or need your program or project seeks to address. What is the current magnitude of this problem or need specific to the city of Riverside?

### **4. The Program**

In 5-6 sentences, describe the program's purpose and list 2-3 major objectives for this project/program during the funding period.

### **5. The Target Population**

Describe who will benefit from this program. Highlight any relevant characteristics that further clarify your target group, i.e. gender, age groups, ethnicity/race, disability, socio-economic status and/or income level, and geographic area.

### **6. Success, Outcomes, and Results**

As a result of funding, what constitutes success for your organization or program?

### **Submitting the Letter of Inquiry**

Please **do not** submit brochures or any other materials with your Letter of Inquiry. **Unrequested materials will be ignored and/or discarded.** Send Letters of Inquiry by mail to the attention of:

Ninfa E. Delgado  
Vice President  
Riverside Community Health Foundation  
4445-A Magnolia Avenue  
Riverside, CA 92501