



Con Alma Health Foundation 2025 Multi-Year Letter of Intent Information

Multi-Year Grant Duration: From a dropdown list, please select 24 months (2 years) or 36 months (3 years)

Multi-Year Funding Amount Requested: From a dropdown list, please select annual funding amount: \$30,000 \$40,000, or \$50,000

Total Request Amount: Auto calculated from annual amount and duration - click Save Draft to calculate the total

Letter of Intent (LOI) Description: LOI questions appear below

In 600 words or less, answer the following in your LOI:

- Tell us about your organization and the work that you do.
- What project are you proposing?
- Who will benefit from this funding?
- Where do they live?
- What long-term changes do you expect with this project?
- How does your project align with one of Con Alma’s priority areas?

Evaluation Table

Question	Evaluation (Rating of 1-4)
<ul style="list-style-type: none"> • Tell us about your organization and the work that you do. 	How well does the organization demonstrate competence and a good track record?
<ul style="list-style-type: none"> • What project are you proposing? 	How well does the proposal address root causes or underlying issues that affect health equity?
<ul style="list-style-type: none"> • Who will benefit from this funding? 	How well does this serve under-resourced or marginalized people?
<ul style="list-style-type: none"> • Where do they live? 	How well does this project reach an under-resourced geographic area?
<ul style="list-style-type: none"> • What long-term changes do you expect with this project? 	How likely is the work described to make a long-term difference?
<ul style="list-style-type: none"> • How does your project align with one of Con Alma’s priority areas? 	How well do the proposed outcomes align with one of Con Alma’s priority areas?