

How to Apply

Go to www.tuftshealthplanfoundation.org. Our process is electronic to make it easy for you. Please submit your grant application by the [due date](#) for the focus area for which you are applying. Our system will close at 4 p.m. ET on the due date.

Step 1 – Register and create your secure online account

If you are a first time user, [CyberGrants](#), our online system will require you to register.

Notifications regarding your application will be sent to the email address provided when you register. Please make sure that email information is correct. For current users, please update your information if it has changed. For ease of access, we recommend bookmarking your registration page for future reference.

Step 2 – Letter of Intent


After successfully registering, complete and submit your LOI. We will only accept online submissions. For technical questions, please see the “Need Support?” link on CyberGrants or contact one of our community investors.

Step 3 – Invitation to Submit Full Proposal

You will be notified via email if we are inviting a full proposal for consideration. If invited, you’ll be provided a link to our online full proposal application.

Step 4 – Notification of Funding

Organizations are notified regarding funding decisions after our board meets and approves grants. Notification dates are in [Due Dates](#).

[Preview of Letter of Intent on the next page](#) 



Preview Form

This is an example of the application questions with which you will be presented. It is recommended that you compose the answers to the paragraph questions in a word processing program and then cut and paste that text into the online application.

Organization Information

Please be sure to read the instructions for each question. This section focuses on information for your organization.

*** Legal name**

(Text)(100 character maximum)

Instructions:

- As listed with the IRS.

*** Address**

(Text)(100 character maximum)

Instructions:

-

*** City**

(Text)(50 character maximum)

Instructions:

*** State**

(Single-Select List)

- (Not Applicable)
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- Armed Forces Africa/Canada/Europe/Middle East
- Armed Forces Americas (except Canada)
- Armed Forces Pacific
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia

Instructions:

- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Northern Mariana Islands
- Ohio
- Oklahoma
- Oregon
- Palau
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah

- Vermont
- Virgin Islands
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

* Zip

(Text)(20 character maximum)

Instructions:

Contact Information

Match your primary contact information or create a new contact. This information will be used for primary contact for all grant related information and correspondence. As the primary contact for this organization, you can make changes to the profile. *Note: it is important to keep information as timely as possible.*

* First Name (Primary Contact)

(Text)(40 character maximum)

Instructions:

* Last Name (Primary Contact)

(Text)(40 character maximum)

Instructions:

* Title

(Text)(255 character maximum)

Instructions:

* Email Address

(Text)(100 character maximum)

Instructions:

* Telephone

(Text)(30 character maximum)

Instructions:

Request Information

Instructions:

* Focus area

(Single-Select List)

- Collaboration and Community Engagement
- Policy and Advocacy
- Systems and Best Practices

- We make larger investments in opportunities to promote healthy aging through three focus areas:

- Collaboration and Community Engagement: supporting large-geographic, multi-sector community work

- Policy and Advocacy: planning, convening and/or engaging in activities to affect change

- Systems and Best Practices: improving or building systems.

All focus areas should primarily address the needs of older adults.

If you are not sure what we mean by each category, [learn more here](#).

What focus area best fits or aligns with this request?

* Project/program title
(Text)(255 character maximum)

* Total project/program budget
(Currency)(20 character maximum)

* Requested cash amount
(Currency)(20 character maximum)

* Is this a multi-year request?
(Yes/No)

Number of years requested
(Number)(15 character maximum)

Multi-year amounts
(Paragraph)(350 character maximum)

* Target geographic area
(Multi-Select List)

- Connecticut
- ----Statewide - CT
- ----Fairfield County
- ----Hartford County
- ----Litchfield County
- ----Middlesex County
- ----New Haven County
- ----New London County
- ----Tolland County
- ----Windham County
- Massachusetts
- ----Statewide - MA
- ----Boston
- ----Central
- ----Metrowest
- ----Northeast
- ----Southeast
- ----Western

Instructions:

- If you haven't named your project yet, we recommend a short name (five to ten words) that reflects your main objective.

Instructions:

Instructions:

Instructions:

Instructions:

Instructions:

- 1) Program Budget by year
E.g., Year 1: \$96,000 / Year 2: \$90,000

Total for all years should equal Total Program Budget.

- 2) Amount Requested by year
E.g., Year 1: \$56,000 / Year 2: \$50,000

Total for all years should equal Total Amount Requested.

Instructions:

- Please select the geographic area that is expected to benefit as a result of this request. To select more than one item, hold the CTRL key and select the relevant items. We fund projects impacting Connecticut, Massachusetts, New Hampshire and Rhode Island. As most MA organizations describe their work by region instead of county, please see [here](#) for how each region is defined; a list of cities and towns by region can be found [here](#) .

- Rhode Island
- ----Statewide - RI
- ----Bristol County
- ----Kent County
- ----Newport County
- ----Providence County
- ----Washington County
- New Hampshire
- ----Statewide - NH
- ----Belknap County
- ----Carroll County
- ----Cheshire County
- ----Coos County
- ----Grafton County
- ----Hillsborough County
- ----Merrimack County
- ----Rockingham County
- ----Strafford County
- ----Sullivan County

* Target geographic area - detail
(Paragraph)(500 character maximum)

Instructions:

- Please list any specific geographic areas (counties, municipalities, cities, communities, and/or neighborhoods) that will be impacted by this request.

Program Information

* Alignment
(Paragraph)(1000 character maximum)

Instructions:

- How does this request align with the selected focus area?

* Program/project summary
(Paragraph)(1000 character maximum)

Instructions:

- What are you trying to accomplish with program?

* Community
(Paragraph)(1000 character maximum)

Instructions:

- Please describe the community need(s) and how this program is addressing. Provide supporting data. (For Field/Capacity Building applicants, please describe organization's need.)

* Action steps & timeline
(Paragraph)(1000 character maximum)

Instructions:

- How will this program be implemented? Please outline main phases, actions steps and time frame.

* Partners
(Yes/No)

Instructions:

- Are there any other partners/organizations you are working with on this project?

Other partners in this project
(Paragraph)(1000 character maximum)

Instructions:

- Who are the other partners and what are their roles?

* Is this a new program?
(Yes/No)

Instructions:

Past performance
(Paragraph)(750 character maximum)

Instructions:

- Please state past performance/impact of this program.

* Use of funds
(Paragraph)(1500 character maximum)

Instructions:

- How will Tufts Health Plan Foundation funds be used?

* Committed or pending support
(Paragraph)(1500 character maximum)

Instructions:

- List committed or pending support for this program/project. Indicate current organization name, amount and status. Do not abbreviate funder names. (e.g., Tufts Health Plan Foundation - \$50,000 pending, XYZ company - \$10,000 approved).

Metrics

* People Served

Instructions:

* Outcomes
(Paragraph)(1000 character maximum)

Instructions:

- What are the projected outcomes or outputs?

* Evaluation
(Paragraph)(750 character maximum)

Instructions:

- What are you measuring and why? How do you know program is working?

[Need Support?](#)