Top of Form



Blue Shield of California Foundation

Letter of Inquiry (LOI) Reference Template

**Note:** This template is only for LOI development use.
 All LOI submissions must be received through our online form: <https://bscf.fluxx.io>

ORGANIZATION INFORMATION

Contact Details

Official Organization Name 

Official Organization Name: name corresponding to the employer identification number entered for your organization. This is the entity that, if a grant is approved, will receive grant payments.

Legal Name 

AKA Name 

AKA Name: all other names by which your organization is known (e.g. acronyms, former names). Please separate multiple entries with commas.

Tax ID 

Is project sponsored by applicant organization?        

Address 1 

Address 2 

City 

Country                                                                                                                                                 

State/Province                                                                                                                                  

Postal Code (Zip) 

Organization Phone 

Organization Fax 

Organization E-mail 

Organization Website 

Social Media

Facebook Page 

Twitter 

Organization Service and Governance

Select the region(s) in which organization operates. If organization operates in counties that span regional designations, select all regions that apply.

**North**: Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra , Siskiyou, Sutter, Tehama, Trinity & Yuba
**Sacramento Valley**: El Dorado, Placer, Sacramento & Yolo
**San Francisco Bay Area**: Alameda, Contra Costa, Marin, Napa, SF, San Mateo, Santa Clara, Solano & Sonoma
**Central**: Alpine, Amador, Calaveras, Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, Monterey, San Benito, San Joaquin, San Luis Obispo, Santa Barbara, Santa Cruz, Stanislaus, Tulare, Tuolumne & Ventura
**Los Angeles**: Los Angeles
**South**: Imperial, Orange, Riverside, San Bernardino & San Diego

Geographic Region Served by Organization

Central

Los Angeles

North

Sacramento Valley

San Francisco Bay Area

South

National

Statewide

Geographic Area Served by Request

Central

Los Angeles

North

Sacramento Valley

San Francisco Bay Area

South

National

Statewide

Founding Year 

Organization Annual Operating Budget Range  

Organization Mission Statement

LOI PRIMARY CONTACT INFORMATION

First Name 

Last Name 

Work Phone 

E-mail 

LOI INFORMATION

Amount Requested 

Total Project Budget 

Length (in months) of Proposed Support/Grant Term 

BSCF Priority (see website details)        

Tie to BSCF Priority
*Description of how this request relates to the selected BSCF Priority (refer to What We Fund page on our website for additional information on our funding priorities).*

LOI NARRATIVE DESCRIPTION

Project Budget Narrative

*Brief narrative description, outlining how the project budget will be expended in order to meet the proposed grant objectives. This narrative should be a succinct and meaningful justification for the budget required to meet all proposed grant objectives.*

Needs Statement

*Brief statement of the need for this project as identified through relevant facts from the community, referencing statistics, and/or research or evidence-based models.*

Project Summary

*Brief summary (1-3 sentences) of how requested funding would be used. Discuss how the organization proposes to proceed with the project, if funded. The summary should include the activities to be performed under the project and the basic timeframe for accomplishing the objectives and activities.*

Key Objective 1

*BSCF defines objectives as specific, measurable, time bound, operational statements of the desired accomplishments of the project necessary to achieve its goal. Example: By December 31, 2016, the executive team will participate in a day-long session on using utilization data to identify cost-saving opportunities and on consolidating services.*

Key Objective 2

Key Objective 3

Additional Objectives