As the nation's largest nonprofit, integrated health care system, Kaiser Permanente seeks to make positive contributions to health and wellness in the community as part of our social mission. Kaiser Permanente addresses needs and priorities identified locally which affect overall community health and the health care system. This is accomplished, in part, by supporting partnerships with community-based organizations through our community grants program. Kaiser Permanente Fontana and Ontario Medical Center’s Community Benefit Grants Program provides opportunities to respond to grant requests from nonprofit organizations, educational institutions, and government-sponsored projects whose work aligns with our key funding priorities.

A Letter of Interest (LOI) is the first step in the process of applying for a grant, followed by an invitation to submit a complete grant application. We encourage that applicants read the eligibility and priority area sections on this page carefully to ensure that your proposal meets the basic requirements. The LOI guidelines will assess the potential fit between your organization’s mission, project, program goals, strategies, objectives and Kaiser Permanente’s funding priorities, and will give instructions on how to complete and submit an online application, by invitation only.

We look forward to receiving proposals which include strategic activities to create a greater impact. Examples of activities may include a combination of direct services, outreach, promotion, prevention, intervention, education, self-care management, training, policy, and environmental changes intended to improve health status, enhance knowledge, skills, behavior, impact environments, policies and/or develop coalition capacity. Organizations are encouraged to work together in partnership to address identified need(s).

The Community Benefit Grants Program will focus on three funding priorities identified in the 2010 Community Health Needs Assessment which was conducted for the Kaiser Foundation Hospital-Fontana for the service area community of San Bernardino County. This Letter of Interest is for grant cycle 2012-2013 with a specific grant period of one year (August 2012-July 2013). The due date for submitting your Letter of Interest is Wednesday, January 4, 2012. A Letter of Interest can be submitted for any amount ranging from a minimum of $5,000 to a maximum of $25,000.

**Grant Funding Priorities**

Kaiser Permanente Fontana and Ontario Medical Centers will consider a Letter of Interest from local nonprofit health and human service organizations that submit a Letter of Interest aligned to the following areas of need among vulnerable populations:

**Need I:** Increase Access to Health Insurance Coverage and Health Care Service
- Primary care services, and/or dental services, and/or mental health services;
- Prevention, detection, education, self-care management of health conditions (hypertension, and/or diabetes, and/or asthma, and/or breast cancer, and/or cervical cancer, and/or colorectal cancer)

**Need II:** Reduce and Prevent Obesity and Overweight

**Need III:** Improve Social Determinants of Health
Sample Goals and Strategies for Need Areas
Kaiser Permanente Fontana and Ontario Medical Centers would like to share sample goals and strategies for organizations to consider for each one of the areas of need.

Deadlines
• Letter of Interest Due (Wednesday, January 4, 2012)
• Invitation to Submit Online Grant Application/Declination of LOI (Monday, February 6, 2012)
• Online Grant Application Due (Monday, March 5, 2012)
• Grant Review Committee (April-May 2012)
• Notify Grant Applicants (May-June 2012)
• Grant Period Start (July-August 2012)

If you have any questions about Kaiser Permanente's grants program, please contact Martha Valencia, Sr. Community Benefit Health Specialist at Martha.R.Valencia@kp.org.

Eligibility
To be eligible to submit an LOI, an applicant organization (or fiscal agent), must have operations in California and be a local, state, or federal government agency operating for public purpose, or one of the following types of nonprofit organizations:
• 501 (c)(3) tax-exempt organization with a 509 (a) designation indicating that the organization is not a private foundation 501(c)(19)
• 501 (c)(8) or 501 (c)(10) operating under a lodge system and only if used solely for charitable purposes and serving the general community
• A local, state, or federal government agency, including any of its subdivisions that perform substantial governmental functions

In addition, organizations must:
• Provide services to disadvantaged and/or underserved populations that address funding priorities identified in the Kaiser Permanente Fontana Medical Center Community Health Needs Assessment
• Provide services within the geographic boundaries of the Kaiser Permanente Fontana and Ontario Medical Center service area, which includes the majority of San Bernardino County and includes a section of eastern Los Angeles County. The service area includes the communities of Apple Valley, Banning, Beaumont, Big Bear, Bloomington, Calimesa, Cherry Valley, Chino, Chino Hills, Claremont, Colton, Crestline, Diamond Bar, Fontana, Glen Avon, Grand Terrace, Hesperia, Highland, La Verne, Lake Arrowhead, Loma Linda, Montclair, Mountain View Acres, Muscoy, Ontario, Pomona, Rancho Cucamonga, Redlands, Rialto, Rubidoux, Running Springs, San Antonio Heights, San Bernardino, Victorville, Upland, Wrightwood, and Yucaipa.
• Address critical public health needs among vulnerable populations
• Have submitted progress and/or final reports for all previous grants
**Funding Restrictions**

Kaiser Permanente Fontana and Ontario Medical Center Community Benefit Grants Program will not consider funding requests from international, social, recreational clubs, or for the following:

- Sports teams and tournaments (e.g., golf, tennis, walks, and runs)
- Individuals
- Religious purposes
- Partisan political activities
- Endowments or memorials
- Re-granting purposes to other organizations

Kaiser Permanente will not consider requests from organizations that discriminate on the basis of race, color, national origin, religion, sex/gender, sexual orientation, age, physical or mental disability, or veteran status in their programs, services, policies, hiring practices, and administration. In addition, Community Benefit grants will not be awarded for activities, events, or programs organized or solely sponsored by alcohol, tobacco, or pharmaceutical companies. We do not provide grants for academic research, capital campaigns, event sponsorships (including community health fairs), or political campaigns.

**Sharing of Needs Assessment Data Findings**

Organizations that would like to obtain detailed specific data indicators from the 2010 Needs Assessment that was conducted for the Kaiser Permanente Fontana Service Area (San Bernardino County), can pull the data from the Healthy City website [www.healthycity.org](http://www.healthycity.org), which is a web-based data and mapping platform. Access is free and available to all. The Executive Summary of our needs assessment findings is attached. You may request the entire report of the 2010 Community Health Needs Assessment.

**Submission Process**

Please submit:

- A LOI as a hard copy on letterhead dated and signed by the Executive Director by mail, address LOI to Kaiser Foundation Hospitals (2-3 pages).
- A copy of the tax exempt status determination letter from the Department of the Treasury Internal Revenue Service; or a copy of the certification from the Office of the State Attorney General where the qualified organization is registered; or for Government agencies, a notarized letter from the organization’s Chief Financial Officer or Certified Public Accounting firm indicating they have been granted exemption. If the organization is using a Fiscal Agent, submit documentation for the Fiscal Agent organization.
- If you would like to receive confirmation that your LOI was received, please send an email to Martha.R.Valencia@kp.org with the email line, “Please confirm receipt of LOI for organization name”
- Keep a copy of your LOI. The online application will have similar fields as the LOI.
- Mailing address:
  Kaiser Permanente Fontana Medical Center
  Public Affairs Department [Letter of Interest]
  9961 Sierra Avenue, Fontana, CA 92335
**Content for Letter of Interest Request**

The LOI should include the following information on letterhead:

**Organizational General Information**
Organization’s legal name (or fiscal agent)
Organization’s Tax ID# /tax status
Organization name/address/city/state/zip code/ phone number/fax/email/web address
  - Best for organization contact information to appear on the actual letterhead in the footer/header
  - Must provide a regular mailing address, P.O. Box address not acceptable unless valid reason exist, if so, please provide reason. All correspondence will be mailed to mailing address.

Executive Director name, phone, email
Program or project contact name, title, phone, email

**Organizational Capacity**
Brief summary of organization’s history
Brief summary of organization’s mission, goal(s), and the communities/localities and populations served
Current organization’s programs, activities, recent accomplishments, awards and/or recognitions

**Request**
Project title
Specify the need area for which applying
  - **Need I:** Increase Access to Health Insurance Coverage and Health Care Service
    - Primary care services, and/or dental services, and/or mental health services;
      Prevention, detection, education, self-care management of health conditions
      (hypertension, and/or diabetes, and/or asthma, and/or breast cancer, and/or cervical cancer, and/or colorectal cancer)
  - **Need II:** Reduce and Prevent Obesity and Overweight
  - **Need III:** Improve Social Determinants of Health

Project start/end date (one year term)
Total project budget
Amount of funding request and specify how funds will be used
Specify if project is new or continuing

**Project Need**
Describe the need or problem your project or program addresses, what capacity your organization has to address this need

**Brief Project Narrative**
Describe the proposed project and indicate how it aligns with one of the Kaiser Permanente Fontana and Ontario Medical Center Priority Need Areas I, II, III
What are the major activities proposed with this funding request?
What will change for the target population?
Who is your organization collaborating with to implement the project/service.

**Target Group**
Population(s), age group(s), gender, ethnicities

**Objectives**
Briefly list three (3) to five (5) objectives
Number of People Expected to Reach or Serve

Funding Partners
Specify other funding that has been secured for the proposal or planned funding applications for the same proposal

Documents
- Letter of Interest
- Sample Goals and Strategies
- Executive Summary of the 2010 Community Health Needs Assessment