



Request for Information (RFI)

Background

Superior Health Foundation (SHF) is focusing efforts on improving medical transportation throughout the entire Upper Peninsula region through this year's proactive grants program.

In 2019, SHF will award approximately \$340,000 to an organization, or a collaborative group of organizations, for innovative approaches which leverage the foundation's funding to make substantial progress in addressing and establishing a reliable medical transportation network to serve patients and their families across the Upper Peninsula.

This Request for Information (RFI) will help SHF determine organizations with the capacity and focus appropriate for the level and reach we are planning to achieve with these funds.

Please fill out the following online form to submit your responses by the deadline of **4:00 p.m. Eastern Daylight Time on Tuesday, April 30, 2019**. If you prefer a hard copy form, please call Leah Berthiaume at the SHF office: (906) 225-6914 or print the form from this website and mail or fax to:

Superior Health Foundation
121 N. Front St., Marquette, MI 49855
Phone: 906-225-6914
Fax: 906-225-6916

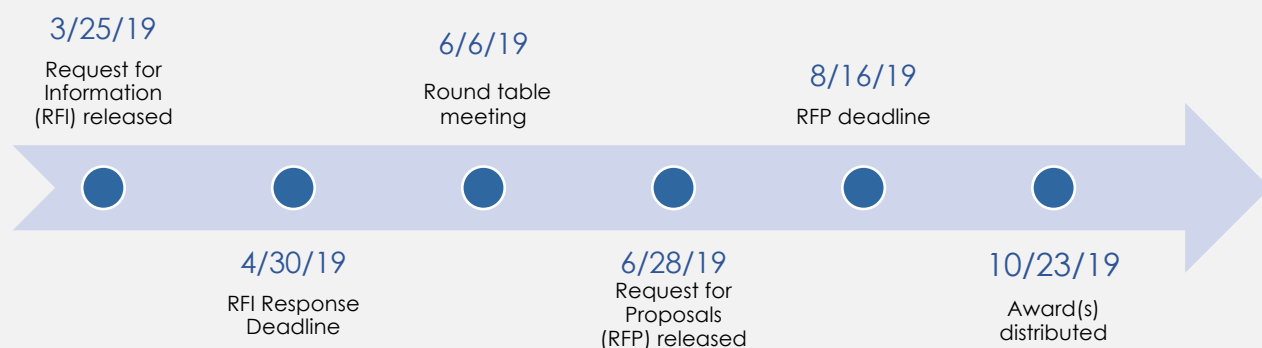
All mailed or faxed responses must be received at the SHF office by **4:00 p.m. Eastern Daylight Time on Tuesday, April 30, 2019**.

Key dates for the 2019 Proactive Grant Giving process

When the grants committee has reviewed all responses to this RFI, you will be contacted via the contact information you provide to let you know if you will be invited to participate in a round table meeting on [June 6, 2019](#) and subsequently submit a full proposal.

The RFP (Request for Proposals) will be developed after the round table meeting and released on or about [June 28, 2019](#), with the award(s) to be made at the Superior Health Foundation's Fall Grant Awards Celebration on [October 23, 2019](#).

Key dates for Superior Health Foundation 2019 Proactive Grant Giving



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Organization

- 1) Name of organization:
- 2) Mission and/or vision of organization:
- 3) Top leadership or administrator contact information:
 - a. Name(s):
 - b. Phone(s):
 - c. Email(s):
 - d. Mailing address(es):
 - e. Fax number(s):
- 4) Other key contacts:
- 5) Years in operation:
- 6) Current budget with funding sources:
- 7) Number of employees:
- 8) Number of volunteers:

Service Delivery Area/Collaboration Footprint

- 1) Service area(s):
- 2) Collaboration/partner areas:
- 3) Referral and network capacity:
- 4) Growth plans:

Programs or Services Offered

- 1) List programs and/or services with brief description(s) (1-3 sentences):
- 2) Numbers served directly in past three years:
- 3) Indirect services (awareness, information, etc.):
- 4) Awards:

Partners

- 1) Please list your organization's partners currently and in the past three years:
 - a. Name of partner organization
 - b. Brief description of partnership

Clients

- 1) List types of clients served:
- 2) Numbers of clients served (total – all programs and services):
- 3) List criteria for clients to receive services:

Potential Proposal Information:

- 1) Please identify the top three needs, gaps or ideas you have identified for medical transportation that you would address with the proactive grant giving funds:
- 2) Please briefly describe each of the three items:
- 3) Potential partners:
- 4) Match funding or project expansion from state or national programs already in process:
- 5) Estimated budget range (if known, not necessary at this stage):
- 6) Timeline with key milestones:

Thank you for your response to this Request for Information. You will be contacted by a SHF staff member to acknowledge receipt of this response, and after the review process you will be informed of the status of your submission.