



INTERACT  
FOR HEALTH

## Amplifying Youth Voice in Mental Health 2023

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### *Project Overview*

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Thank you for your interest in partnering with us as we work toward a healthier and more just community.

We appreciate the time it takes for you to complete this application. We encourage you to be concise in your responses. Applicants are not expected to maximize the character limits. If, however, the character limits become a challenge to sharing your idea, please contact Director of Grants Management [Kristine Schultz](#).

Feel free to [reach out to our team](#) if you have any questions. Thank you for everything you do for our community.

#### **Project Title\***

*Character Limit: 100*

#### **Proposed Project\***

Provide a description of the proposed project or work for which your organization is requesting funds.

*Character Limit: 6000*

#### **Project Duration\***

Please enter the anticipated duration of your project in months.

*Character Limit: 2*

#### **Anticipated Project Start Date**

*Character Limit: 10*

### *Population and Geography of Focus*

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#### **Population of Focus\***

Describe the specific population of focus for **this project**.

*Character Limit: 2000*

## Priority Populations\*

For people in our region to have a just opportunity to live their healthiest lives, we must focus on improving the lives of those who experience the greatest injustices in health outcomes. To achieve this, funded projects will center and elevate people and communities who are:

- Black
- Hispanic
- Children and families with low incomes (200% Federal Poverty Level)
- Rural (Low density/Low population)
- People who identify as LGBTQ+

Describe how this project prioritizes these priority populations. Further, how are the priority populations engaged in the project?

*Character Limit: 2000*

## Geographical Area\*

Describe the geographical area of focus of **this project**.

*Character Limit: 250*

## *Learning and Impact*

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### Defining Success\*

What changes do you hope to see as a result of this project? What do you hope to say about the impact of this work? This could include changes in programming, practices, policies or relationships.

Where are you currently on the **continuum of amplifying youth voice** and where do you hope to go with this project?

*Character Limit: 1000*

### Anticipated Measures and Outcomes

How will you know you have made progress? What will you change with this project? Describe your anticipated measures and outcomes. Think about what you hope to change, by how much, and how you will collect that information.

If you would like a framework for thinking about your grant's outcomes you can download the [Grant Outcomes Template](#) and complete the columns to identify the outcomes for the proposed project. Additional instructions, tips and specifics are included in the template. Click the button below to upload the completed template.

Alternatively, if you have already completed an evaluation plan or theory of change for this project (e.g., created an evaluation plan for another funder), you may upload that instead.

## Budget Information

### Project Budget

Please complete the budget chart below for the years you are requesting funds. Include only direct costs (defined below) in the budget chart below. The appropriate indirect cost rate would then be applied by Interact for Health according to the Indirect Cost Policy, found under "Does Interact for health fund overhead or administrative costs?" on the [Grantee FAQ](#) page of our website.

Direct Costs are expenses related specifically to a particular project. They include costs for salary and benefits for staff working directly on the grant-funded project, consultants, equipment and supplies, grant-related travel and grant-related meeting costs. These costs would not be incurred if the project being funded did not exist. Interact for Health funds **cannot** be used for lobbying activities.

Indirect costs are an organization's overhead, administrative or other expenses that are not readily identifiable with a specific activity or project or are shared among projects or functions. Examples of such costs include personnel costs (wages and benefits) of management, administrative and fundraising staff, occupancy and facilities, utilities, telephone/internet access, etc.

If you are applying for general operating support, please skip this question.

Expenses	Amount Requested (Year 1)	Amount Requested (Year 2)	Amount Requested (Year 3)
Salaries and Benefits			
Consultants			
Equipment and Supplies			
Project-Related Travel			

<b>Project-Related Meeting Costs</b>			
<b>Other</b>			
<b>Total</b>			

**Expense Narrative**

Provide additional detail about the expenses requested in the form above.

*Character Limit: 2000*

**Other Funding Sources for this Project\***

If the request to Interact for Health does not cover the entire cost of the project, please list other funding sources (other foundations, corporations, etc.) and amounts requested for this project. Applicants are encouraged to identify matching or in-kind contributions from their organization or other organizations.

*Character Limit: 500*

**Anticipated Sustainability Plan\***

How do you plan to sustain the project after the grant funding ends?

*Character Limit: 1000*

**Lead Organization Demographics**

**Interact for Health's Commitment to Equity in our Grantmaking:** Interact for Health is working to ensure people in our region have a just opportunity to live their healthiest lives, regardless of who they are or where they live. We are committed to conversations about equity that build connections and move us forward with enhanced insights and shared purpose. We acknowledge that organizations—including our own—are at different stages in the process of thinking and working differently to center equity. One way we are starting is by collecting demographic data from our potential partners and grantees. We will use this data to better understand the diversity of whom we work with, inform our grantmaking, and equitably and efficiently direct resources in pursuit of our mission. Individual organizational demographic information will be kept confidential and reported in aggregate if shared externally. Thank you for your partnership in this important work.

**Race and Ethnicity**

In the chart below, please list the number (not percentage) of individuals at each level of your organization by how they identify in terms of race/ethnicity. If there are no individuals in a given category, leave that space blank. Individuals should be counted

only once in each column. In a fiscal sponsor/agent relationship, this data should represent the ultimate beneficiary of the funding. Universities, health systems and government entities should focus on the department, center, division, office, etc. that is carrying out the funded work.

We acknowledge that organizations may collect information on race/ethnicity in different ways. We also acknowledge that many organizations may collect this information using more detailed or broader categories than those listed. In some cases, you may not have the information or individuals prefer not to provide it. In these instances, please report counts on the categories for which you collect data—while all individuals should be accounted for in your reporting, not all race/ethnicity category options need to be used.

**Definitions:** Below are the definitions for the categories in this section.

- **Board Members:** An elected participant on the board of directors of an organization.
- **CEO/Executive Director:** The most senior executive, or administrative officer(s) in charge of managing an organization.
- **Other C-Suite/Executive Leadership:** The other senior executives (e.g. COO, CFO, VPs) in charge of managing an organization.
- **All Other Staff:** A group of people other than the executive leadership, such as employees, who are charged with carrying out the work of an establishment or executing some undertaking.

Race and Ethnicity	Board Members	CEO/Executive Director	Other C-Suite/Executive Leadership	All Other Staff	<p><b>Note:</b> Please enter any notes you would like to share with us about this data</p>
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Asian/ Asian American/ Pacific Islander					
Black/African American/African					
Hispanic/Latino/Latina /Latinx					
Native American/American Indian/Indigenous					
White/Caucasian/Euro pean					
Multi-Racial or Multi-Ethnic					
Unknown Race/Ethnicity					
Total					

*Site Visit*

**Site Visit Availability\***

Before selecting projects for funding, Interact for Health staff will conduct a site visit with the lead organization. Representatives from collaborating organizations are required to participate in the site visit, which will be conducted June 13-22, 2023.

Site visit topics will include:

- General discussion of your proposed project and budget.
- Population of focus for the project.

- Any disparities that exist and how this project plans to address them.
- Community engagement tactics.
- Collaborating partners and organizations or those you plan to engage.
- Your organization's journey around diversity, equity and inclusion.

Please select dates and times for a possible site visit. Site visits are anticipated to last one hour. If none of these times work for your organization, please note that below and our staff will work with you to identify a date and time for a site visit.

### Choices

- Tuesday, June 13, 2023, 9 a.m. - 12:30 p.m.
- Tuesday, June 13, 2023, 12:30 - 5 p.m.
- Wednesday, June 14, 2023, 12:30 - 5 p.m.
- Thursday, June 15, 2023, 9 a.m. - 12:30 p.m.
- Thursday, June 15, 2023, 12:30 - 4 p.m.
- Tuesday, June 20, 2023, 9 a.m. - 12.30 p.m.
- Tuesday, June 20, 2023, 12:30 - 4 p.m.
- Thursday, June 22, 2023, 9 a.m. - 12.30 p.m.
- Thursday, June 22, 2023, 12:30 - 4 p.m.
- None of these times work for us.

## *Project Contact*

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### Project Contact\*

The project contact for the grant, if awarded, will be responsible for ongoing communication and reporting.

Will you, the applicant, be the project contact for the grant?

### Choices

- Yes
- No

## *Project Contact Information*

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Please identify the project contact.

### Project Contact Prefix\*

#### Choices

- Dr.
- Fr.
- Mr.
- Mrs.
- Ms.

Mx.  
Rev.  
Sr.

### Project Contact First Name\*

*Character Limit: 25*

### Project Contact Last Name\*

*Character Limit: 25*

### Project Contact Business Title\*

*Character Limit: 250*

### Project Contact Organization\*

*Character Limit: 250*

### Project Contact Email Address\*

*Character Limit: 254*

### Project Contact Phone Number\*

*Character Limit: 25*

## *Fiscal Sponsorship*

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### Fiscal Sponsorship\*

Interact for Health is able to make grants only to public or private nonprofits or governmental organizations.

Organizations that are not nonprofits or governmental entities may still seek funding through fiscal sponsorship. A fiscal sponsorship is a relationship between a 501(c)(3) tax-exempt nonprofit organization (the sponsor organization) and charitable project that does not have tax-exempt status (the sponsored organization).

For additional details, please read Interact for Health's [Fiscal Sponsorship Policy](#).

If you have questions about whether your organization is acting as a fiscal sponsor, please contact Director of Grants Management Kristine Schultz at 513-458-6619 or [kschultz@interactforhealth.org](mailto:kschultz@interactforhealth.org).

Is the Lead Organization acting as a fiscal sponsor for this project?

#### Choices

Yes  
No



## *Sponsored Organization*

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### **Sponsored Organization's Name\***

*Character Limit: 250*

### **Sponsored Organization's Annual Budget\***

*Character Limit: 20*

### **Sponsored Organization's Conflict of Interest\***

Explain any conflicts of interest between the sponsored organization and Interact for Health. Specifically, note if any board members, officers, professionals or executives have personal or business connections with Interact for Health or its Trustees (list attached)?

It may be helpful to consult our [Board of Directors](#) list.

*Character Limit: 2000*

### **Fiscal Sponsorship Agreement\***

Please read Interact for Health's [Fiscal Sponsorship Policy](#).

If you have a completed and signed Fiscal Sponsorship Agreement, click the button below to upload the document. If you have not yet completed an agreement, please explain where the organizations are in the process of developing one.

*Character Limit: 250 | File Size Limit: 2 MB*

## *Required Materials*

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Please upload the following documents for the Lead Organization.

### **Lead Organization's Most Recent Form 990\***

*File Size Limit: 2 MB*

### **Lead Organization's Current Operating Budget\***

If organization is large and/or complex, please submit departmental budget.

*File Size Limit: 1 MB*

### **Lead Organization's Audited Financial Statement (if available)**

*File Size Limit: 4 MB*

### **Lead Organization's Board of Trustees\***

Please upload a list including names, employers and position titles.

*File Size Limit: 1 MB*

## Lead Organization's Conflict of Interest\*

Explain any conflicts of interest between the lead organization and Interact for Health. Specifically, note if any board members, officers, professionals or executives have personal or business connections with Interact for Health or its Trustees (list attached).

It may be helpful to consult our [Board of Directors](#) list.

*Character Limit: 2000*

## How Your Application May Be Shared

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Interact for Health may work with external reviewers to review your application. The reviewers will sign a commitment to confidentiality. All parts of your application, except those uploaded in "Required Materials," will be shared. By submitting this application, you acknowledge that your application will be shared with external reviewers.

## Permission to Share Application with Other Funders\*

Other local funders may be interested in supporting this initiative. Do you give Interact for Health permission to share this application with other local funders?

### Choices

Yes

No

## Applicant Feedback

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### Hours Spent on Application

Please estimate the total number of hours you and your staff spent on the grant application creation process.

*Character Limit: 20*

### Application Improvement Suggestions

We are constantly working to improve the applicant experience in the application process. Please share any feedback that might make this process better.

*Character Limit: 3000*