Advocacy Capacity Building 2025

Instructions

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 Niergarth.

Feel free to reach out to our team if you have any questions. Thank you for everything you do for our community.

Overview

Title*
Character Limit: 100

Proposed Work*
Provide a description of the proposed local policy and advocacy efforts for which your organization will focus on during the cohort to move from programmatic solutions to policy advocacy. This can be a broad issue area or more specific policy if this has already been identified. Please consider the following in your response:

- Describe how these efforts will work to improve health outcomes by reducing disparities and advancing health justice.

- Describe your organization's capacity for advocacy and policy efforts, including how this work is divided/staffed within the organization.

- List any key partners for this work.

Character Limit: 6000

Building Advocacy & Policy Capacity: Approach and Practices*
How would this capacity building opportunity support/expand the role of advocacy and policy in your organization? What are the skills or capacities you hope to gain? How would this opportunity help advance your organization's strategic goals?

Character Limit: 6000

Learning Cohort*

This funding opportunity will utilize a learning cohort model in which grantees will gather for quarterly sessions and shared learning experiences. What might you hope to gain from participating in the learning cohort? Are there specific topics related to policy and advocacy that you want to explore in group learning opportunities? How would your organization contribute to the learning cohort?

Character Limit: 6000

Population and Geography of Focus

Population of Focus*

For people in our region to have a just opportunity to live their healthiest lives, Interact for Health focuses our funding on groups that are facing the greatest barriers to health and well-being. Our priority populations include the following:

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

Describe the specific population of focus for **this work** and to what extent you will prioritize the above communities.

Character Limit: 2000

Population of Focus Engagement in Decision-Making*

In general, for the specific population(s) of focus for this work, please indicate how your organization engages this group in strategic decision-making such as agenda-setting, governance, etc. The specific population(s) of focus (choose one):

Choices

Are informed of the process and resulting decisions but are not asked for input
Are consulted for their opinions, needs, and wishes but do not have direct decision-making power
Can vote on options created by others (i.e., organization)
Have active input and collaboration in developing alternatives and setting priorities
Directly shape, select, implement, vote on, and change alternatives
I don't know

Geographical Area*

Describe the geographical area (county/counties, city, neighborhood, etc.) of focus of **this work**. If possible, please specify whether this geography is urban, suburban, rural, or some combination.

Character Limit: 250

Learning and Impact

Defining Success*

What specific shifts in thinking, practices, policies, operations or culture do you hope to see as a result of your participation in this program? A year from now, how does your organization look or operate differently? How do you anticipate these shifts will contribute to advancing health equity?

Character Limit: 3000

Additional Information

Additional Information

You may provide additional information to support your application by using the text box and/or click the "Upload a File" button below to upload a document.

Character Limit: 2000 | File Size Limit: 5 MB

Budget Request

Expense Narrative

These capacity building grants will be for $40,000 for 12-months. Provide detail about how the funds will be used by using the text box and/or click the "Upload a File" button below to upload a document.

Character Limit: 2000 | File Size Limit: 2 MB

Project Contact

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

Please identify the project contact.

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

Fiscal Sponsorship*

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

Organizations that do not have nonprofit or governmental tax status may still seek funding through fiscal sponsorship. A fiscal sponsorship is a partnership between a 501(c)(3) tax-exempt nonprofit organization (the sponsor organization) and charitable project that does not have tax-exempt status (the organization without 501(c)(3) status, aka the sponsored organization). When Interact for Health provides funding for a fiscal sponsorship, the 501(c)(3) organization is considered the Lead Organization" on the project.

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 Niergarth at 513-458-6619 or **kniergarth@interactforhealth.org**.

Is the Lead Organization acting as a fiscal sponsor for this project (providing funds to a sponsored organization)?

Choices
Yes
No

Sponsored Organization

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

Sponsored Organization Conflict of Interest Declaration (Internal)*
List any conflicts of interest, otherwise enter "none."
Character Limit: 250

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

Please upload the following documents for the Lead Organization.

Lead Organization's Most Recent Form 990
Please upload if applicable to your organization, governmental organizations do not need to upload anything here.
File Size Limit: 5 MB

Lead Organization's Current Operating Budget*
If organization is large and/or complex, please submit a departmental budget.
File Size Limit: 2 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

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

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