Interact for Health provides funding and support to 20 counties in Greater Cincinnati with diverse communities, and is committed to expanding equity, diversity and inclusion among the grantees it funds. Interact for Health encourages organizations to be aware of their own experience with equity, diversity and inclusion.

How does your organization address equity, diversity and inclusion in its board composition, staffing and programming?

Lead Organization Service Area*
Character Limit: 250

Lead Organization’s Primary Funding Sources*
Character Limit: 250

Lead Organization’s Annual Budget*
Character Limit: 20

Lead Organization’s Certification/Accreditation
Character Limit: 250

Lead Organization’s Activities*
Please provide a list of current programs and activities.
Character Limit: 250

Number of Clients Served by Lead Organization Annually*
Please provide the number of clients served annually.
Number of Lead Organization's Staff Members*
Please provide the number of staff members (in full-time equivalencies [FTEs]).

Capability (Internal)*
Describe the organization’s ability to perform the project. Make your case based on knowledge of the organization, history with project leadership, and previous grant history, if applicable. Be sure to note how much has been granted to the organization over the past five years.

Fiscal Sponsorship*
Interact for Health is not able to make grants to unincorporated groups and non-governmental organizations that (1) do not have IRS recognition of their tax-exempt status under Section 501(c)(3) and (2) are not also classified as a public charity under either Section 509(a)(1) or 509(a)(2).

When these issues occur, Interact for Health may be willing to work through a “fiscal sponsor” – an eligible organization willing to receive funding from Interact that is used to support the project.

If you have questions about whether your organization is acting as a fiscal sponsor, please contact Senior Grants Manager Kristine Schultz at 513-458-6619 or kschultz@interactforhealth.org.

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

Choices
Yes
No

Sponsored Organization

Year Sponsored Organization Established*

Sponsored Organization's Mission*

Sponsored Organization's Service Area*

Sponsored Organization's Primary Funding Sources*
Sponsored Organization's Annual Budget*
Character Limit: 20

Sponsored Organization's Activities*
Character Limit: 250

Sponsored Organization's Staff Members*
Please provide the number of paid and unpaid staff members (in full-time equivalencies [FTEs]).
Character Limit: 250

Sponsored Organization's Disclosures Form*
Please download a Disclosures Form. After the form has been completed and signed by an authorized signer for the Sponsored Organization, please upload the document below.

Use the text box below for any explanations.
Character Limit: 1000 | File Size Limit: 1 MB

Sponsored Organization Conflict of Interest Declaration (Internal)*
List any conflicts of interest, otherwise indicate "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, please upload the file below. 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

Project Information
Project Title*
Character Limit: 100

Statement of Problem, Opportunity or Need*
Identify and describe the need for opioid use disorder treatment services in the community, using local data when possible.
Character Limit: 2000

Background (Internal)*
Add any additional details needed to clarify context. Do not restate grantee's answer to the previous question.
Character Limit: 1000
Proposed Project*
Describe the proposed campaign implementation strategies specific to your community, including intended timeline. Describe whether this is planning, implementing a new program or expanding an existing program. Describe how the applicant is currently implementing or plans to implement “Five Signs of Quality Treatment” from the Substance Abuse and Mental Health Services Administration. Implementation grants should include any new or innovative programmatic approaches.

Character Limit: 6000

Project Analysis (Internal)*
Add any additional details to clarify context. Explain how this project furthers the strategies and initiatives in Interact for Health's strategic plan.

Character Limit: 2000

Population of Focus*
Describe the specific population in need of treatment services. Explain how you will include the specific population when implementing the project.

Character Limit: 1000

Number of People Reached
For implementation grants only, how many people do you anticipate reaching?

Character Limit: 10

Geographical Area*
Describe the geographical area of focus.

Character Limit: 250

Geographical Area with Key Information (Internal)*
Definitions:
Pop. = Total population of the county.
W = Percentage of population which is white.
B = Percentage of population which is black.
O = Percentage of the population which is some other race.
HL = Percentage of the population which is Hispanic or Latino.
FPL = Percentage of the population which earns 200% of the Federal Poverty Level or less)
*Data is from the 2017 American Community Survey

Choices
Adams County, OH (Pop.: 27,926, W: 98.8%, B: 0.8%, O: 1.7%, HL: 1.0%, <200% FPL: 49.6%)
Brown County, OH (Pop.: 43,799, W: 98.5%, B: 1.4%, O: 1.5%, HL: 0.9%, <200% FPL: 37.4%)
Butler County, OH (Pop.: 375,702, W: 87.7%, B: 9.4%, O: 5.6%, HL: 4.5%, <200% FPL: 27.7%)
Clermont County, OH (Pop.: 202,166, W: 96.7%, B: 2.1%, O: 2.8%, HL: 1.8%, <200% FPL: 24.5%)
Clinton County, OH (Pop.: 41,869, W: 96.8%, B: 3.4%, O: 2.6%, HL: 1.6%, <200% FPL: 36.0%)
Hamilton County, OH (Pop.: 808,703, W: 70.4%, B: 27.7%, O: 4.9%, HL: 3.0%, <200% FPL: 33.6%)
Goal and Outcomes*
Describe the goal and proposed outcomes of the project. Describe how the goal and outcomes were determined. For implementation grants, what metrics are available to track the outcomes? For planning grants, include a goal that identifies community assets and needs, as well as a projected implementation date.

Character Limit: 2000

Goal of the Grant*
Formerly known as Project Description or the "to statement," this will be used as a starting point for evaluation as well as in Interact for Health's annual IRS Form 990. This field is an internal question on this form, but will be shared with grantees on future forms.

Character Limit: 150

Anticipated Outcomes (Internal)*
Using a bullet point list, identify the outcomes that will likely become part of the evaluation plan for the project.

Character Limit: 500

Strengths and Risks (Internal)*
Describe the strengths and risks of the project. For any risks (consider the project, organization, external threats and sustainability), please note the method to monitor or manage the risk.

Character Limit: 1000

Intellectual Property (Internal)
The grant agreement gives ownership of any work products to the grantee, with right of use given to Interact for Health. Are there any work products that Interact for Health should own?

Character Limit: 500
Public Policy Implications (Internal)
Identify public policy issues raised or addressed by this project. Identify the relevance, usefulness, and deficits of this project for policy issues. Identify groups or coalitions that may be interested in the outcomes of the project. Identify dissemination plans for policy-relevant work. Identify how much of this work is built into the project versus what will need to be funded separately, or done by us. Add anything else relevant.

Character Limit: 750

Collaborators*
List other partners involved in the project and their roles.

Character Limit: 1000

Capacity and Related Experience*
For implementation grants, describe your organization's capability to provide access to treatment in service area gaps. Describe your organization's previous experience with similar projects and/or the population of focus. Planning grants should include the capacity to develop a plan and any experiences with treatment or community planning.

Character Limit: 1000

Previous Project Funding (Internal)*
Note if this project has been funded previously (e.g. renewable, funding implementation after planning, etc.) and how much was awarded.

Character Limit: 500

Project Duration*
Please enter the anticipated duration of your project in months (most will be 6 to 12 months).

Character Limit: 2

Project Duration (Internal)*
Character Limit: 2

Anticipated Project Start Date
Character Limit: 10

Site Visit Notes (Internal)*
Provide the following information: date, attendees, key learnings/impressions.

Character Limit: 2000

Collateral Contacts (Internal)*
Provide name, title and organization of collateral contacts and key learnings.

Character Limit: 500

Scoring Rubric (Internal)
File Size Limit: 2 MB
**Budget Information**

Grant funds may be used for all activities related to the proposed project. This includes personnel (salaries/benefits), consultants, local travel, conferences (travel/fees, not meals), office equipment, supplies (including printing and copying), and meeting facilitation costs (including food). Interact for Health funds cannot be used for lobbying activities. If you have special budgetary issues or questions, consult your Program Officer.

Please identify and include any matching or in-kind contributions from the lead organization or other organizations. Volunteer time and indirect costs such as overhead (facility and administrative costs) can be counted as in-kind contributions of the organization to the project and documented in the overall project budget. More information about indirect costs can be found in our [Overhead Policy](#).

Please download a copy of the [Budget Request Form](#). Please submit one form per year of funding requested and submit the completed copies using the links below.

**Total Amount Requested***

*Character Limit: 20

**Total Amount Recommended (Internal)***

*Character Limit: 20

**Amount Requested in Year 1***

*Character Limit: 20

**Amount Recommended in Year 1 (Internal)***

*Character Limit: 20

**Budget Request Form - Year 1***

*File Size Limit: 2 MB

**Other Funding Sources for this Project***

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

**Sustainability Analysis (Internal)***

Comment on the organization's plans and ability to sustain the project after grant funding ends.

*Character Limit: 500
For General Operating Support Grants Only (Internal)
Indicate percentage that this grant comprises of the organization's budget. Note whether the organization has filed a 501(h) election for lobbying (can be found on the 990) and what percentage of the organization's budget is used for lobbying. ***NOTE - This general operating support grant is NOT earmarked to fund lobbying activities, satisfying Interact for Health's anti-lobbying regulation.

Character Limit: 250

Site Visit Availability
Before selecting projects for funding, the program officer 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 from March 23 to 26. 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 it below and the Program Officer will work with you to identify a date and time for a site visit.

Choices
Monday, March 23, 9 a.m. - noon
Monday, March 23, 1 p.m. - 4 p.m.
Tuesday, March 24, 9 a.m. - noon
Tuesday, March 24, 1 p.m. - 4 p.m.
Wednesday, March 25, 11 a.m. - 2 p.m.
Thursday, March 26, 9 a.m. - noon
Thursday, March 26, 1 p.m. - 4 p.m.
None of these times work for us.

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

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*  
Character Limit: 254

Project Contact Phone Number*  
Character Limit: 25

Resume/CV of Project Contact*  
File Size Limit: 1 MB

**Required Materials**
Please upload the following documents for the Lead Organization.

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 Annual Report (if available)  
File Size Limit: 4 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 Disclosures Form*  
Please download a Disclosures Form. After the Disclosures form has been completed and signed by an authorized signer for the Lead Organization, please upload the document below.

Use the text box below for any explanations.  
Character Limit: 1000 | File Size Limit: 1 MB
Conflict of Interest Declaration (Internal)*
List any conflicts of interest, otherwise indicate "none."
Character Limit: 250

Concluding Statement*
Please upload a concluding statement signed and dated by the organization’s Executive Director or CEO, attesting that the application is complete and true.
File Size Limit: 1 MB

Financial Analysis (Internal)*
Character Limit: 1000

Financial Analysis Worksheet (Internal)
File Size Limit: 1 MB