Project Overview
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

Population and Geography of Focus

Population of Focus*
Briefly describe any population(s) of focus of this project and/or your work more broadly. How are the priority populations engaged in this project and/or your work more broadly?
Character Limit: 2000

Geographical Area*
Describe the geographical area of focus of this project.
Character Limit: 250
Learning and Impact

Evaluation Approach and Practices*
Please describe the role of data and evaluation in your organization and the approaches used, particularly as they relate to equitable practices (if applicable). How would this capacity building opportunity support the role of evaluation in your organization? What are the skills or capacities you hope to gain? How would you ensure that the learning from this program is sustained within your organization after the grant ends?

Character Limit: 2000

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?

Character Limit: 1000

Organizational Equity Journey*
We acknowledge that organizations are at different stages in the process of thinking and working differently to center equity. How does your organization currently incorporate equity, diversity and inclusion in thinking and practice (i.e., policies, procedures, populations of focus, and so on)? Please include any trainings your staff or board has completed.

Character Limit: 1000

Other Technical Support*
In addition to the funds, what other supports could this capacity building program provide to support your implementation of the proposed project?

Character Limit: 750

Learning Cohort*
What specific topic(s) do you/your team want to explore in group learning opportunities? How would you/your team contribute to the learning cohort?

Character Limit: 250

Additional Information

You may provide additional information to support your application by using the text box or file upload button below.

Character Limit: 2000 | File Size Limit: 5 MB
## Anticipated Expenses

Please complete the chart below.

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Salaries and Benefits</td>
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<td>Consultants</td>
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<tr>
<td>Equipment and Supplies</td>
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<td>Project-Related Travel</td>
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<td>Project-Related Meeting Costs</td>
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<tr>
<td>Other</td>
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<td><strong>Total</strong></td>
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</tbody>
</table>

## Other Budget Information

### Expense Narrative

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

*Character Limit: 2000*

## Lead Organization Demographics

**Data for Equity Funding Collaborative’s Commitment to Equity in our Grantmaking:** Members of the Funding Collaborative are 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 lead organization. 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.

<table>
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<tr>
<th>Race and Ethnicity</th>
<th>Board Members</th>
<th>CEO/Executive Director</th>
<th>Other C-Suite/Executive Leadership</th>
<th>All Other Staff</th>
<th>Notes: Please enter any notes</th>
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you would like to share with us about this data

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
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<td>Asian/Asian American/Pacific Islander</td>
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<td>Black/African American/African</td>
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<td>Hispanic/Latino/Latina/Latinx</td>
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<td>Native American/American Indian/Indigenous</td>
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<td>White/Caucasian/European</td>
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<td>Multi-Racial or Multi-Ethnic</td>
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<td>Unknown Race/Ethnicity</td>
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**Site Visit**

**Site Visit Availability***
Before selecting projects for funding, Data for Equity Funding Collaborative members 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 Oct. 18 through Oct. 25. Site visit topics will include:

- General discussion of your proposed project and budget.
- 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**
- Wednesday, Oct. 18, 9 a.m. - noon
- Thursday, Oct. 19, 9 a.m. - 2 p.m.
- Friday, Oct. 20, 9 a.m. - 3 p.m.
- Monday, Oct. 23, 9 a.m. - 3 p.m.
- Tuesday, Oct. 24, noon. - 3 p.m.
- Wednesday, Oct. 25, noon - 3 p.m.
- None of these times work for us.

**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 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*

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**Fiscal Sponsorship**

**Fiscal Sponsorship***

InterAct for Change 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 Schultz at 513-458-6619 or kschultz@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 Race and Ethnicity

In the chart below, please list the number (not percentage) of individuals at each level of the sponsored 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 (sponsored organization). 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.

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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
Please upload the following documents for the Lead Organization.

Lead Organization's Most Recent Form 990
File Size Limit: 5 MB
Lead Organization's Current Operating Budget*
If organization is large and/or complex, please submit 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

Data for Equity Funding Collaborative 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*