



INTERACT
FOR HEALTH

Local Health Policy 2024

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 Schultz](#).

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

Type of Support

General Operating Support grants offer flexibility to the recipient organization, as they can be used to cover day-to-day operational expenses, such as salaries, utilities, and rent. These grants empower organizations to allocate funds where they are needed most, allowing for adaptability and sustained organizational growth.

Project-Based Funding targets specific, often time-limited, initiatives, emphasizing a more focused impact on predetermined goals or outcomes. Funds must be utilized exclusively for the designated project.

Please indicate whether you are seeking General Operating Support or Project-Based Funding.

Choices

General Operating Support

Project-Based Funding

Project Overview

Project Title*

Character Limit: 100

Proposed Project*

Provide a description of your proposed advocacy and policy efforts for which your organization is requesting funds. Please consider the following in your response:

- Describe how your policy efforts work to improve health and advance health justice.
- Include anticipated key activities, milestones, events, etc., related to your policy efforts.
- If these efforts build on existing policy efforts, what has been your progress to date? How have efforts evolved?
- If these are new policy efforts, what makes this time right to address these issues?
- Describe your organization's capacity for advocacy and policy efforts and any previous success with advancing policy efforts.
- List any key partners for this work.

Character Limit: 6000

General Policy Strategies*

We are interested in understanding more broadly the policy strategies your organization is using to advance your efforts. Which of the following area(s) best describe the policy strategies/tactics you are pursuing? Please select all that apply. (Definitions for policy strategies can be found [here](#).)

Choices

Capacity-building for advocacy and policy work
Champion development/influencer education
Coalition-building
Communications and messaging
Grassroots organizing
Litigation
Lobbying
Model legislation
Research and analysis
Policymaker education and awareness (including campaigns)
Political will campaign
Public education and awareness (including campaigns)
Public forums and listening tours/surveys to identify the public's priorities
Public will campaign
Regulatory feedback
Voter outreach and engagement
Other: Please describe in the box below.

General Policy Strategies, Other

If you checked "Other" above, please describe the policy strategy/tactic you are pursuing.

Character Limit: 250

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

Population of Focus*

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 the specific population(s) of focus for **this work**. If applicable, please share an example that illustrates how the specific populations of focus are engaged/represented in your advocacy and policy efforts.

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

General Policy Outcomes*

Which of the following best describe the general policy outcomes your efforts are seeking to influence? Please select all that apply. (Definitions for policy strategies can be found [here](#).)

Choices

- Changed attitudes or beliefs
- Collaborative action among partners
- Increased advocacy capacity
- Increased knowledge
- Increased or improved media coverage
- Increased political will or support
- Increased public will or support
- New political champions
- Policy change
- Stronger coalitions
- Successful mobilization of public voices
- Other: Please describe below

General Policy Outcomes, Other

If you checked "Other" above, please describe the general policy outcomes you are pursuing.

Character Limit: 250

Defining Success*

What changes do you hope to see as a result of this work? What story do you hope to tell one day about the impact of this work? This could include the difference that is made for individuals, groups, and/or communities as well as the changes that occur in policies, practices, systems, structures, and/or mental models.

Character Limit: 1000

Anticipated Measures and Outcomes

Based on the vision of success shared above, briefly describe the specific, measurable outcomes that let you know what is changing or the difference that is made as a result of your work. What indicators will you use to measure those outcomes? How will you collect the information? We value learning alongside you and better understanding your vision and plan to measure the impact of your work. To that end, keep your outcomes

and measures realistic, right-sized, and meaningful to your organization.

Feel free to use the text box below to describe you anticipated measures and outcomes; alternatively, if you have an existing evaluation plan, theory of change, or logic model (e.g., one you developed for another funder), click the button below to upload that instead.

Optional Resources: We know learning and evaluation can be tricky. While not required as part of the application, below are a few resources that can help you think through your measures and outcomes:

- Download the **Outcomes Template** tool that will guide you through building out potential outcomes and measures. If you chose to use this tool, feel free to upload a completed version by clicking the "Upload a File" button below.
- Check out the **sliddeck** from an Evaluation and Learning 101 webinar for more resources (hosted in partnership with Innovation Network).

Character Limit: 2000 | File Size Limit: 2 MB

Additional Information

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

Project-Based Funding Budget

Project Budget

Please complete the budget chart below for the years you are requesting funds project-based funds. Include only direct costs (defined below) in the budget chart below. The appropriate indirect cost rate will later 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 earmarked 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.

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

Expense Narrative

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

Character Limit: 2000

General Operating Support Budget

General Operating Support Budget

Please complete the budget chart below for the years you are requesting general operating support funds.

Interact for Health funds **cannot** be earmarked for lobbying activities.

	Amount Requested (Year 1)	Amount Requested (Year 2)	Amount Requested (Year 3)
General Operating Support			

Other Budget Information

Other Funding Sources for this Work*

If the request to Interact for Health does not cover the entire cost of the work, please list other funding sources (other foundations, corporations, etc.) for your policy and advocacy efforts and long-term plans for sustaining this work.

Character Limit: 500

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 our partners, 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 fiscal sponsor. 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	Notes: Please enter any notes you would like to share with us about this data
Asian/ Asian American/ Pacific Islander					
Black/ African American/ African					
Hispanic /Latino/ Latina/ Latinx					

Middle Eastern/ North African					
Native American/ American Indian/ Indigenous					
White/ Caucasian/ European					
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 Monday, June 3 - Friday, June 7, 2024

Site visit topics will include:

- General discussion of your proposed work and budget.
- Population of focus for the work and how the priority populations are engaged in the work.
- Any disparities that exist and how this work 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.
- Capacity building support in which your organization may be interested (e.g., data/evaluation, communications, fundraising).

Please select dates and timeframes 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

Monday, June 3, 2024, 9 a.m. – noon
Monday, June 3, 2024, 1-4 p.m.
Tuesday, June 4, 2024, 9 a.m. – noon
Tuesday, June 4, 2024, 1-4 p.m.
Wednesday, June 5, 2024, 9 a.m. – noon
Wednesday, June 5, 2024, 1-4 p.m.
Thursday, June 6, 2024, 9 a.m. – noon
Thursday, June 6, 2024, 1-4 p.m.
Friday, June 7, 2024, 9 a.m. – noon
Friday, June 7, 2024, 1-4 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 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 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.

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

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- **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	Notes: Please enter any notes you would like to share with us about this data
Asian/ Asian American/ Pacific Islander					
Black/ African American/ African					
Hispanic/ Latino/ Latina /Latinx					

Middle Eastern/ North African					
Native American/ American Indian/ Indigenous					
White/ Caucasian/ European					
Multi-Racial or Multi-Ethnic					
Unknown Race/ Ethnicity					
Total					

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

Required for non-governmental organizations.

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

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