

Organization information

Name: _____
 Address: _____
 Phone: _____
 Web address: _____
 Fiscal sponsor (if different than above): _____
 EIN: _____

Contact information

	Executive Director	Project Director	Application Writer
Name:			
Email address:			
Phone number:			

Organizational description

Complete this section for the fiscal sponsor, if applicable.

Please describe your organization. (Limit to 100 words.) Be sure to include:

- Mission statement,
- relevant history (including grants from Interact in the past two-years),
- primary funding sources,
- annual budget,
- current services offered,
- number of staff members (in full-time equivalencies (FTEs)) in the agency, and
- number of people served annually.

Project information

Project Title: _____

Type of grant (Select ONE) Access to Treatment Impact on Children

Duration of project: _____

Amount requested from Interact for Health: _____

Amount of other funding for this project (including in-kind): _____

Total project budget: _____

Geographical area focus for this project (check all that apply)

Choose county or counties where the work **for this project** will be done. Do not select counties where your organization operates, but will not be the focus of this work.

Ohio Adams Brown Butler Clermont
 Clinton Hamilton Highland Warren

Kentucky Boone Bracken Campbell Gallatin
 Grant Kenton Pendleton

Indiana Dearborn Franklin Ohio Ripley Switzerland

Population served for this project (check all that apply)

Choose the population focus **for this project**, not all populations your organization serves.

Age

- | | |
|--|--|
| <input type="checkbox"/> Infants and preschool (0-5) | <input type="checkbox"/> Children (grades K-8) |
| <input type="checkbox"/> Adolescents (grades 9-12) | <input type="checkbox"/> Young adults (ages 18-24) |
| <input type="checkbox"/> Adults (ages 25-64) | <input type="checkbox"/> Seniors (65 and older) |
| <input type="checkbox"/> All ages | <input type="checkbox"/> Not applicable |
-

Ethnicity African American Asian American Hispanic/Latino
 Native American White Other

Cultural Groups Appalachian LGBTQ

Commitment to equity, diversity and inclusion

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. Interact also strives to understand how organizations throughout our region are experiencing and pursuing equity, diversity and inclusion. To these ends, please answer the questions below. All questions should be answered from the perspective of the organization that is doing the work, not the fiscal sponsor organization (if using one).

*Responses to the following questions will **not** be used for funding decisions.*

Community work: Please describe your organization's or staff's history and experience working in under-resourced communities, with people who have low incomes and/or people of color. Describe how this experience will be applicable to your proposed project. (150 words or fewer)

Organizational work: Please describe whether your organization is actively pursuing equity, diversity and inclusion, and how. This may include activities such as educational sessions for the staff or board; examining the demographics of leadership, staff and board; examining diversity of external suppliers; creating policies that support inclusion, and others. (150 words or fewer)

Please email this Proposal Cover Sheet along with other required materials to:
proposals@interactforhealth.org