



## Rural Changemaker - 2024

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### Instructions

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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

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#### Project Title\*

Character Limit: 100

## Proposed Project\*

Provide a description of the work for which your organization is requesting funds, including the following:

- Identify and describe the problem, opportunity or need in your community or among your population of focus. Include relevant local data to support your statement.
- Describe the project, including anticipated activities, planning efforts (if applicable), how the project addresses the stated problem or opportunity, and intended timeline.
- List other organizations or partners involved in the project and their roles.

*Character Limit: 6000*

## 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

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## 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 of focus for **this work** and to what extent you will prioritize the above communities. You may focus on just one of the populations above or have multiple populations across these categories.

*Character Limit: 2000*

## 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

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### 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 **slidedeck** 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

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### 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 used 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)
Salaries and Benefits		
Consultants		
Equipment and Supplies		
Project-Related Travel		
Project-Related Meeting Costs		
Other		

<b>Total</b>		
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## 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 used for lobbying activities.

	<b>Amount Requested (Year 1)</b>	<b>Amount Requested (Year 2)</b>
<b>General Operating Support</b>		

## Other Budget Information

### Expense Narrative

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

*Character Limit: 2000*

### 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.) 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 continue the work after the grant funding ends?

*Character Limit: 1000*

## 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 share with us about this data

<b>Asian/Asian American/ Pacific Islander</b>					
<b>Black/African American/ African</b>					
<b>Hispanic/Latino/ Latina/Latinx</b>					
<b>Middle Eastern/North African</b>					
<b>Native American/American Indian/Indigenous</b>					
<b>White/Caucasian/ European</b>					
<b>Multi-Racial or Multi- Ethnic</b>					
<b>Unknown Race/Ethnicity</b>					
<b>Total</b>					

## Site Visit

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### 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 March 18-25, 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.

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

Monday, July 1, 10 am – noon  
Monday, July 1, noon – 4 pm  
Tuesday, July 2, noon – 4 pm  
Monday, July 8, 10 am – noon  
Monday, July 8, noon – 4 pm  
Tuesday, July 9, 10 am – noon  
Tuesday, July 9, noon – 4 pm  
Thursday, July 11, 10 am – noon  
Thursday, July 11, noon – 4 pm  
Friday, July 12, 10 am – noon  
Friday, July 12, noon – 4 pm  
Monday, July 15, 10 am – noon  
Monday, July 15, noon – 4 pm  
Tuesday, July 16, noon – 4 pm  
None of these times work for us.

## Project Contact

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### 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

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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

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### 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](mailto: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.

- **Board Members:** An elected participant on the board of directors of an organization.
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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.

<b>Race and Ethnicity</b>	<b>Board Members</b>	<b>CEO/Executive Director</b>	<b>Other C- Suite/Executive Leadership</b>	<b>All Other Staff</b>	<b>Notes: Please enter any notes you would like share with us about this data</b>
<b>Asian/ Asian American/ Pacific Islander</b>					
<b>Black/African American/African</b>					
<b>Hispanic/Latino/ Latina/Latinx</b>					
<b>Middle Eastern/North African</b>					
<b>Native American/American Indian/Indigenous</b>					
<b>White/Caucasian/ European</b>					
<b>Multi-Racial or Multi- Ethnic</b>					
<b>Unknown Race/Ethnicity</b>					
<b>Total</b>					

### **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**

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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*

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**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*

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### **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*