Application



**Rural Changemakers 2025**

# *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**](https://www.interactforhealth.org/staff/) **if you have any questions. Thank you for everything you do for our community.**

*Overview*

**Title\***

*Character Limit: 100*

**Proposed Work\***

Provide a description of the work for which your organization is requesting funds.

*Character Limit: 6000*

## Anticipated Grant Duration\*

Please enter the anticipated duration of your grant request in months.

*Character Limit: 2*

## Anticipated 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, Interact for Health focuses our funding on groups that are facing the greatest barriers to health and well-being. Our priority populations include the following:

* Black
* Hispanic
* Children and families with low incomes (200% [Federal Poverty Level](https://aspe.hhs.gov/sites/default/files/documents/1c92a9207f3ed5915ca020d58fe77696/detailed-guidelines-2023.pdf))
* Rural (Low density/Low population)
* People who identify as LGBTQ+

This is a grant opportunity that explicitly prioritizes our Rural (low density/low population) communities. In addition to this, describe how you will engage Interact for Health's other priority populations of focus in this project.

*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*

## Seven Vital Conditions of Health\*

The Seven Vital Conditions of Health are the building blocks all people and communities need to thrive and experience well-being.

They include:

* Belonging and Civic Muscle (e.g.: connections with neighbors, volunteering)
* Thriving Natural World (e.g.: public green spaces, clean water)
* Basic Needs for Health and Safety (e.g.: preventative care, violence prevention)
* Humane Housing (e.g.: affordable housing, resources to prevent housing crisis)
* Meaningful Work and Wealth (e.g.: labor representation, equitable wages for

workers)

* Lifelong Learning (e.g.: outside classroom engagement, nontraditional learning

models)

* Reliable Transportation (e.g.: community rideshare, public transit)

Describe at least one of the Vital Conditions of Health that this project addresses in your community, and how it does so. Define the impact of the vital health condition that you have previously identified on the members of your community.

*Character Limit: 6000*

## Community Voice and Leadership\*

How do community members shape or impact this project?

*Character Limit: 2000*

## 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

Briefly describe the specific, measurable outcomes that let you know what is changing or the difference that is made as a result of your project, in particular **the role of the community members in shaping these outcomes**. 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 your 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 "Upload a File" 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**](https://www.grantinterface.com/Documents/Download/baa643ef-d685-4961-8aa9-febb39c5aff9) 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**](https://www.grantinterface.com/Documents/Download/9fcc4373-502e-46f6-a6e4-6c8b4eca06a2)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 and/or click the "Upload a File" button below to upload a document.

*Character Limit: 2000 | File Size Limit: 5 MB*

# *Budget Request*

## Budget Request

Please complete the budget chart below for the 18 months you are requesting funds. Interact for Health funds **cannot** be used for lobbying activities.

|  |  |  |
| --- | --- | --- |
|  | **Amount Requested (first 12 months)** | **Amount Requested (last 6 months)** |
| **Funding** |  |  |

## Expense Narrative

Provide additional detail about the expenses requested in the budget above by using the text box and/or click the "Upload a File" button below to upload a document.

*Character Limit: 2000 | File Size Limit: 2 MB*

## 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.

*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](https://www.interactforhealth.org/ensuring-accountability/)—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 Memb ers** | **CEO/Exec utive Director** | **Other C- Suite/Exec utive Leadership** | **All Oth er Staf f** | **Note s: Plea se ente r any note s you woul d like to shar e with us abo ut this data** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Asian/ Asian American/ Pacific Islander** |  |  |  |  |  |
| **Black/African American/African** |  |  |  |  |  |
| **Hispanic/Latino/Lati na/Latinx** |  |  |  |  |  |
| **Middle Eastern/North African** |  |  |  |  |  |
| **Native American/American Indian/Indigenous** |  |  |  |  |  |
| **White/Caucasian/Eu ropean** |  |  |  |  |  |
| **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:

* Thursday, May 15
* Friday, May 16
* Monday, May 19
* Thursday, May 22
* Friday, May 23
* Monday, May 26
* Tuesday, May 27.

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 provide **three** dates and times for a possible site visit. Site visits are anticipated to last one hour.

*Character Limit: 1000*

# *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**](https://www.interactforhealth.org/upl/media/fiscal_sponsorship_information.pdf).

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.

* 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.

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| --- | --- | --- | --- | --- | --- |
| **Race and Ethnicity** | **Board Memb ers** | **CEO/Exec utive Director** | **Other C- Suite/Exec utive Leadership** | **All Oth er** | **Note s: Plea se ente** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Staf f** | **r any note s you woul d like to shar e with us abo ut this data** |
| **Asian/ Asian American/ Pacific Islander** |  |  |  |  |  |
| **Black/African American/African** |  |  |  |  |  |
| **Hispanic/Latino/Lati na/Latinx** |  |  |  |  |  |
| **Middle Eastern/North African** |  |  |  |  |  |
| **Native American/American Indian/Indigenous** |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **White/Caucasian/Eu ropean** |  |  |  |  |  |
| **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**](https://www.grantinterface.com/Documents/Download/ce4399a5-5fc4-45b8-86a3-203b0e9bcda3) 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**](https://www.interactforhealth.org/upl/media/fiscal_sponsorship_information.pdf).

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 a 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**](https://www.grantinterface.com/Documents/Download/ce4399a5-5fc4-45b8-86a3-203b0e9bcda3) 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*

# *Recommendations*

## Application Recommended for Site Visit (Internal)

Is this application recommended for a site visit?

**Choices**

Yes No

## Application Recommended for Funding (Internal)

Is this application recommended for funding?

**Choices**

Yes No

# *Financial Analysis*

## Financial Analysis (Internal)\*

*Character Limit: 1000*

## Lead Organization's Annual Budget (Internal)\*

*Character Limit: 20*

## Financial Analysis Worksheet (Internal)

*File Size Limit: 1 MB*

## For General Operating Support Grants Only (Internal)

Indicate what percentage of the organization's entire budget this grant comprises. 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*

# *Project Analysis*

## Goal of the Grant\*

Write a short, succinct sentence that begins with "to" and describes the primary goal/purpose of the grant.

*Character Limit: 150*

## Project Analysis (Internal)\*

Provide your analysis of the work including any additional details to clarify context. Explain how this project furthers the strategies and initiatives of Interact for Health.

Consider the following:

* How the work will address disparities and engage the community and other partners.
* The organization's ability to perform the work based on knowledge of the organization, history with project leadership and previous grant history, if applicable.
* The strengths and risks of the work. For any risks (consider the project, organization, external threats, and sustainability), please note the method to monitor or manage the risk.
* Key learnings from collateral contacts.
* Any support beyond the check (e.g., capacity building, learning/evaluation support, programmatic technical assistance) the grantee may need.

*Character Limit: 2000*

## Priority Populations (Internal)

To what extent does the work prioritize our priority populations?

Scale:

1. Not at all (i.e., prioritize different populations; are not specific about the populations they serve)
2. Somewhat (i.e., take a universal approach to serving all people but do not have specific strategies that focus specifically and exclusively on priority population)
3. Very much (e.g., focus specifically and exclusively on priority population; have specific strategies that focus on priority population)

|  |  |
| --- | --- |
| **Priority Population** | **Priority of Population in Project** |
| **Black** |  |

|  |  |
| --- | --- |
| **Hispanic** |  |
| **Children and families with low incomes** |  |
| **Rural** |  |
| **People who identify as LGBTQ+ (Mental Health only)** |  |

## Geographical Area, County and State (Internal)\*

Select the geographical area(s) in which this work is predominantly happening.

**Choices**

Adams County, Ohio Brown County, Ohio Butler County, Ohio Clermont County, Ohio Clinton County, Ohio Hamilton County, Ohio Highland County, Ohio Warren County, Ohio Statewide Ohio

Boone County, Kentucky Bracken County, Kentucky Campbell County, Kentucky Gallatin County, Kentucky Grant County, Kentucky Kenton County, Kentucky Pendleton County, Kentucky Statewide Kentucky Dearborn County, Indiana Franklin County, Indiana Ohio County, Indiana

Ripley County, Indiana Switzerland County, Indiana Statewide Indiana

## Small Area Geography (Internal)

Optional: If the geographical area of focus for this project is *smaller or more specific* than the county or state designation, then please share the specific neighborhood, city, township or other area for this project, including ZIP codes.

*Character Limit: 250*

## Urban-Suburban-Rural (Internal)\*

Based on the applicant’s description of the geographical area of focus, is this work predominantly focused in urban, suburban, and/or rural areas? In general, Hamilton County is considered urban, Boone, Butler, Campbell, Kenton, and Warren are considered suburban, and Adams, Bracken, Brown, Clermont, Clinton, Dearborn, Franklin, Gallatin, Grant, Highland, Ohio, Pendleton, Ripley, and Switzerland are considered rural. Feel free to adhere to the grantee’s selection for smaller area geographies if it is more accurate.

**Choices** Urban Suburban Rural Statewide

## Total Amount Requested, All Years (Internal)\*

*Character Limit: 20*

## Indirect Amount - Planning and Project-based (Internal)

**For planning and project-based grants only**, enter the amount of indirect funds to be added to the applicant's requested amount.

Indirect = Total Amount Requested (All Years) x Indirect % (use chart below) Example: $50,000 x .15 = $7,500

The percentage of indirect cost recovery will be based on the asset size of the organization. The asset size will be determined from IRS Form 990 Line 22 Net Assets of the organization’s most recently filed Form.

* Organizations with assets $10 million or less will receive indirect cost recovery of 15% of direct costs on all project grants.
* Organizations with assets greater than $10 million and less than $100 million will receive indirect cost recovery of 10% of direct costs on all project grants.
* Organizations with assets of $100 million or greater will receive indirect cost recovery of 5% of direct costs on all project grants.

*Character Limit: 20*

## Total Amount Recommended, All Years (Internal)\*

Amount Requested + Indirect (if project-based)

*Character Limit: 20*

## Recommended Project Duration (Internal)\*

*Character Limit: 2*

## Conflict of Interest Declaration (Internal)\*

List any conflicts of interest, otherwise enter "none."

*Character Limit: 250*

## Focus Area (Internal)\*

**Choices**

Advancing Health Justice

Improving Mental Health and Well-Being Other Community Benefit

## Strategy (Internal)\*

**Choices**

Community Power - Urban/Suburban Community Power - Rural

Policy Change – Social Drivers of Health Narrative Change

Mental Health for Young People - Communities Mental Health for Young People - Schools Policy Change – Mental Health

Systems Change in Mental Health Overall Capacity Building

Data and Learning Data for Equity (IFC) Non-Specified

## Application Source\*

**Choices**

Invited

Response to RFP

# *Declination*

## Declination Notes\*

Provide details of why the work was declined (e.g. not eligible, not a good fit, not ready, etc.)

*Character Limit: 5000*

## Declination Priority Populations (Internal)

To what extent does the work prioritize our priority populations?

Scale:

1. Not at all (i.e., prioritize different populations; are not specific about the populations they serve)
2. Somewhat (i.e., take a universal approach to serving all people but do not have specific strategies that focus specifically and exclusively on priority population)
3. Very much (e.g., focus specifically and exclusively on priority population; have specific strategies that focus on priority population)

|  |  |
| --- | --- |
| **Priority Population** | **Priority of Population in Project** |
| **Black** |  |
| **Hispanic** |  |
| **Children and families with low incomes** |  |
| **Rural** |  |
| **People who identify as LGBTQ+ (Mental Health only)** |  |

## Declination Geographical Area, County and State (Internal)\*

Select the geographical area(s) in which this work is predominantly happening.

**Choices**

Adams County, Ohio Brown County, Ohio Butler County, Ohio Clermont County, Ohio Clinton County, Ohio Hamilton County, Ohio Highland County, Ohio Warren County, Ohio Statewide Ohio

Boone County, Kentucky Bracken County, Kentucky Campbell County, Kentucky Gallatin County, Kentucky Grant County, Kentucky Kenton County, Kentucky Pendleton County, Kentucky Statewide Kentucky Dearborn County, Indiana Franklin County, Indiana Ohio County, Indiana

Ripley County, Indiana

Switzerland County, Indiana Statewide Indiana

## Declination Small Area Geography (Internal)

Optional: If the geographical area of focus for this project is *smaller or more specific* than the county or state designation, then please share the specific neighborhood, city, township or other area for this project, including ZIP codes.

*Character Limit: 250*

## Declination Urban-Suburban-Rural (Internal)\*

Based on the applicant’s description of the geographical area of focus, is this work predominantly focused in urban, suburban, and/or rural areas? In general, Hamilton County is considered urban, Boone, Butler, Campbell, Kenton, and Warren are considered suburban, and Adams, Bracken, Brown, Clermont, Clinton, Dearborn, Franklin, Gallatin, Grant, Highland, Ohio, Pendleton, Ripley, and Switzerland are considered rural. Feel free to adhere to the grantee’s selection for smaller area geographies if it is more accurate.

**Choices** Urban Suburban Rural Statewide