Rural Changemaker 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 Niergarth.

Feel free to reach out to our team 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)
- 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: 4000

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 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

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

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, October 6th
- Thursday, October 9th
- Friday, October 10th
- Monday, October 13th
- Tuesday, October 14th
- Thursday, October 16th
- Friday, October 17th.

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.

If you have questions about whether your organization is acting as a fiscal sponsor, please contact Director of Grants Management Kristine Niergarth at 513-458-6619 or kniergarth@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'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 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 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