



Organization information

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

Health partner contact information

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

School or district partner contact information

School or district partner: _____
Contact name: _____
Phone: _____
Email: _____

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

The focus of this funding is to support planning for health services to high-need schools in Interact for Health's 20-county service area. In each section below select the answers that apply to the work of this particular project (not your entire organization).

The remainder of the application should be completed based on the health care organization that will be the health provider in the project, not the fiscal sponsor organization (if using one).

Project Title: _____

Duration of project (months): _____

Amount Requested from Interact for Health: _____

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 (check all that apply)

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 Caucasian Other

Cultural Groups Appalachian GLBT

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 health provider in the SBHC partnership.

Responses to the questions below 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 less)

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 less)

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