Application



**Local Health Policy 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**](mailto:kschultz@interactforhealth.org)**.**

**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\***

This funding is intended to support local policy and advocacy efforts focused on addressing the [**vital conditions for good health and well-being**](https://rippel.org/vital-conditions/) — the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems that shape our daily lives. Provide a description of your proposed local advocacy and policy efforts for which your organization is requesting funds, including specific policies you plan to address. Please consider the following in your response:

* Describe your identified local policy efforts and how they work to improve health and advance health justice
* Include anticipated key activities, milestones, events, etc., related to your policy efforts.
* If these efforts build on existing policy efforts, what has been the progress to date? How have your efforts evolved over time?
* If these are new policy efforts, what makes this the right time?
* Describe your organization’s capacity for advocacy and policy efforts and any previous success with advancing policy efforts.
* List any key partners for this work.

*Character Limit: 6000*

## General Policy Strategies\*

We are interested in understanding more broadly the policy strategies your organization is using to advance your efforts. Which of the following area(s) best describe the policy strategies/tactics you are pursuing? Please select all that apply. (Definitions for policy strategies can be found [**here**](https://www.grantinterface.com/Documents/Download/011812eb-0999-4473-a5a9-e0fa9eea56cd).)

**Choices**

Capacity-building for advocacy and policy work Champion development/influencer education Coalition-building

Communications and messaging Grassroots organizing

Litigation Lobbying

Model legislation Research and analysis

Policymaker education and awareness (including campaigns) Political will campaign

Public education and awareness (including campaigns)

Public forums and listening tours/surveys to identify the public’s priorities Public will campaign

Regulatory feedback

Voter outreach and engagement

Other: Please describe in the box below.

## General Policy Strategies, Other

If you checked "Other" above, please describe the policy strategy/tactic you are pursuing.

*Character Limit: 250*

## 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+

Describe the specific population of focus for **this work** and to what extent you will prioritize the above communities.

*Character Limit: 2000*

## Population of Focus Engagement in Decision-Making\*

In general, for the specific population(s) of focus for this work, please indicate how your organization engages this group in strategic decision-making such as agenda-setting, governance, etc. The specific population(s) of focus (choose one):

**Choices**

Are informed of the process and resulting decisions but are not asked for input

Are consulted for their opinions, needs, and wishes but do not have direct decision-making power Can vote on options created by others (i.e., organization)

Have active input and collaboration in developing alternatives and setting priorities Directly shape, select, implement, vote on, and change alternatives

I don’t know

## 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*

## General Policy Outcomes\*

Which of the following best describe the general policy outcomes your efforts are seeking to influence? Please select all that apply. (Definitions for policy strategies can be found [**here**](https://www.grantinterface.com/Documents/Download/011812eb-0999-4473-a5a9-e0fa9eea56cd).)

**Choices**

Changed attitudes or beliefs

Collaborative action among partners Increased advocacy capacity Increased knowledge

Increased or improved media coverage Increased political will or support Increased public will or support

New political champions Policy change

Stronger coalitions

Successful mobilization of public voices Other: Please describe below

## General Policy Outcomes, Other

If you checked "Other" above, please describe the general policy outcomes you are pursuing.

*Character Limit: 250*

## 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 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 years you are requesting funds. Interact for Health funds **cannot** be used for lobbying activities.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Amount Requested (Year 1)** | **Amount Requested (Year 2)** | **Amount Requested (Year 3)** |
| **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. If feasible, representatives from collaborating organizations are required to participate in the site visit, which will be conducted Monday, April 21 - Friday, May 2, 2025.

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**](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'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*

## 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

Please upload if applicable to your organization. Governmental organizations do not need to upload anything here.

*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*