**Voices for Healthy Kids IEE Workgroup Application**

**Application Questions**

**This document is for applicants use to prepare responses to the questions – ALL applications must be submitted into the** [**online grant management system**](https://voicesforhealthykids.fluxx.io/)**.**

**New applicants must register in the system for approval and may take 1-2 business days.**

**Please Note:**

* This form is to assist you in preparing your application. **You must enter your responses into the online form.**
* When copying and pasting, there is often formatting issues that you will need to address in the online system. Please plan ahead to ensure you have time to make the necessary edits.
* It is strongly recommended to enter in your responses prior to the day the application is due and ensure you have all required documentation uploaded into the system.

**Application**

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# Organization Information

**Organization** (auto entered to your organization)

**Location** (auto entered to your organization’s location)

**Primary Signatory:** The person at your organization that **has the authority to sign contracts**. If your application is awarded, this contact will be listed on the contract and the contract will be sent to them electronically for signing. Grant award payments are not processed until a contract has been signed.  Please provide the correct information to expedite this process in the event your application is approved. This person only receives the contract and payment emails. They will not receive the system generated emails for report reminders, etc.

**Primary Contact:**The key contact for the administration of the grant and financial and narrative reporting. This person will receive **all** **communications**.

**Coordinator:** The person that will manage the IEE workgroup.  This person will receive **all communications**.  This can be updated if awarded/hired.  
  
**You can list the same contact for multiple roles.** These are available for applicants that have more than one staff responsible for supporting a funded grant. Both Primary Contact and Coordinator receive all system generated emails.  
  
If awarded, you will have the option to add or update contacts.

**Primary Contact**

**Primary Signatory**

**Coordinator**

# Lead Organization Board and Staff Diversity

At Voices for Healthy Kids, we believe that collecting and reporting data on racial and ethnic groups is an important initial step to address inequities. We encourage our applicant organizations to collect and report data  on racial and ethnic composition of boards and staff. If you do not currently collect information about your own organization, we encourage you to use these survey questions  and this [resource guide](https://www.schusterman.org/resource/more-than-numbers-a-guide-toward-diversity-equity-and-inclusion-dei-in-data-collection). Voices for Healthy Kids is working to increase funding to organizations and campaigns with board and staff that are Black/African American, Hispanic/Latino/a, American Indian, Alaska Native, Asian American, Native Hawaiian and Pacific Islander.  
  
The following questions are voluntary, if you do not respond it will not cause you to be ineligible for receiving grants, service on a committee, or any potential future employment-related decision. We are invested in the recruitment and retention of diverse applicants, grantees and volunteer committees. This information will help AHA to track the effectiveness of our recruitment.

**Lead Organization Board**

How do you collect information about the demographic composition of the board of directors?

We maintain self-reported data for each board member.

Information is not formally collected but we can ascribe demographic characteristics (not recommended).

We don’t collect demographic information or can’t report this information at this time.

We don’t wish to report this information.

Other (pops up a text box)

Explain how you collect information:

Indicate the number of board members that are representative of the following racial or ethnic groups (For members that are representative of more than one group, select Multiracial/Multiethnic):

African American or Black

Asian or Asian American

Hispanic, Latino/a or Spanish Origin

Middle Eastern or North African

Native American or Alaska Native

Native Hawaiian or Pacific Islander

White (non-Hispanic)

Multiracial/ Multiethnic

Race or ethnicity not described by categories above

Does your board have lived experience that you would want Voices for Healthy Kids to know about?

We define lived experience as first-hand involvement and knowledge of the social issues that impact communities that are discriminated against or face other barriers (including poverty or lack of access) to living a healthy life.

**Lead Organization Staff**

How do you collect information about the demographic composition of the full-time staff?

We maintain self-reported data for each staff member.

Information is not formally collected but we can ascribe demographic characteristics (not recommended).

We don’t collect demographic information or can’t report this information at this time.

We don’t wish to report this information.

Other (pops up a text box)

Explain how you collect information:

Indicate the number of staff that are representative of the following racial or ethnic groups (For members that are representative of more than one group, select Multiracial/Multiethnic):

African American or Black

Asian or Asian American

Hispanic, Latino/a or Spanish Origin

Middle Eastern or North African

Native American or Alaska Native

Native Hawaiian or Pacific Islander

White (non-Hispanic)

Multiracial/Multiethnic

Race or ethnicity not described by categories above

Does your staff have lived experience that you would want Voices for Healthy Kids to know about?

We define lived experience as first-hand involvement and knowledge of the social issues that impact communities that are discriminated against or face other barriers (including poverty or lack of access) to living a healthy life.

Indicate the racial or ethnic group for the Leadership of your organization (CEO, Executive Director or other identified top leadership position of the organization)

African American or Black

Asian or Asian American

Hispanic, Latino/a or Spanish Origin

Middle Eastern or North African

Native American or Alaska Native

Native Hawaiian or Pacific Islander

White (non-Hispanic)

Multiracial/ Multiethnic

Race or ethnicity not described by categories above

Do not wish to report

Please indicate the racial or ethnic group for the Primary Staff lead for the IEE Workgroup:

African American or Black

Asian or Asian American

Hispanic, Latino/a or Spanish Origin

Middle Eastern or North African

Native American or Alaska Native

Native Hawaiian or Pacific Islander

White (non-Hispanic)

Multiracial/ Multiethnic

Race or ethnicity not described by categories above

Do not wish to report

To be hired

# Grant Information

Specific policy area the IEE Workgroup will address. (1-2 sentence summary).

**Geographic Focus**

\*This feature works best in Chrome.

Use the '+' to the right of Geographic Focus to open the geographic location selector. Use the search bar or drill down via the expandable + to your specific geographic focus.

Once you have located your geographic focus, highlight the name in the left window and click the '>' to move it to the right. Once you have selected your region(s), click 'Save.'    
  
Please be sure the Geographic Focus and the Jurisdiction match, please see the following examples.   
State = World / North America / United States / South / South Atlantic / Florida  
County = World / North America / United States / South / South Atlantic / South Carolina / Columbia  
City = World / North America / United States / West / Mountain / Colorado / Denver County / Denver  
  
If this is for a tribal region and the geographic focus does not align, please select the state your tribe receives mail.  
  
For a quick tutorial on adding your geographic focus [click here](https://www.youtube.com/watch?v=lCDfU5oeYyo).

Amount Requested:

What issue will this workgroup support?

Family Economic Supports (e.g., paid family and medical leave, earned income tax credits, child care subsidies)

Nutrition Security (e.g., SNAP, WIC)

Child Care (e.g. increasing access and enrollment, workforce support)

Healthcare Access & Support (e.g., Medicaid expansion, group prenatal care, maternal and child mental health supports)

Preemption

Other  
 Other, please describe.

# Application Narrative

**Provide a brief description of the applicant organization, its mission, and current commitment to health equity:**

***Up to 2 paragraphs***

**Please provide a description of the specific need this topic will address:**

**2-3 paragraphs**

* Include needs assessments and if available, data relating to the needs of the target population.
* What are critical questions the workgroup will explore? (Include those related to equity as part of the work)
* Will this work potentially lead to a recommendation for a new/changed/removed policy lever?
* How will the findings impact potential policy or policy campaigns?

**Describe how you plan to convene and engage the workgroup?**

**2-3 paragraphs**

* Include how you plan to coordinate with Voices for Healthy Kids to identify workgroup participants.
* How the workgroup will ensure critical information sharing and collaboration.
* How will the workgroup ensure equity action is part of the work?
* How will the workgroup integrate research findings into the work?

# Upload Organizational Documents

Organizational Documents Required:

Tax Exempt Form (i.e. 501©(3))

To add additional documents, please click on the ‘+.’

**Please do not upload application documents in the organizational documents section as they will not be reviewed and will be deleted.**

# Upload Application Documents

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