**Voices for Healthy Kids Policy Campaign**

**Short Form 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 and approval and 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.
* Character limits include spaces. If you have not checked on the character counts in Word, the online form might not check the character counts until you submit. If you are pasting the responses from Word into your online form and they are over the character limit, then you will not be able to submit until you check each response to make sure it is under the max character limit.

**Short Form Application**

Table of Contents

[Lead Organization Information 1](#_Toc74066148)

[Co-Lead and Subgrantee Organizations 7](#_Toc74066149)

[Co-Lead or Subgrantee #1 7](#_Toc74066150)

[Co-Lead or Subgrantee #2 10](#_Toc74066151)

[Co-Lead or Subgrantee #3 13](#_Toc74066152)

[Co-Lead or Subgrantee #4 15](#_Toc74066153)

[Grant Information 18](#_Toc74066154)

[Policy Campaign Information 18](#_Toc74066155)

[Population Impact 20](#_Toc74066156)

[Short Form Application 21](#_Toc74066157)

# Lead Organization Information

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

**Location** (auto entered to your organizations location)

**Primary Contact:**The key contact for the administration of the grant. This person will receive all communications.   
**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.  
**Campaign Coordinator:** The person that will manage the policy campaign.  This person will receive all communications.  This can be updated if awarded/hired.

**Primary Contact**

**Primary Signatory**

**Campaign Coordinator**

*\*You will have the option to add new contacts to your account*

**The primary signatory contact has changed since I last applied:** Yes/No

**Type of organization (required)**

Non-AHA or AHA

**If Non-AHA**

Total Number of Employees

*Based on most current IRS 990.*

Annual Operating Budget

*Based on most current IRS 990.*

**Has this organization had any past policy advocacy related work with the American Heart Association and/or Voices for Healthy Kids.** Yes

**Organizational Website:**

If your website is not listed, please update the information in your organization details.

**Does this application have a Fiscal Sponsor that is different than the applying organization?** Yes/No

**If Yes:**

Name

Tax ID

Street Address

City

State

Postal Code

Organization Email

Organization Website

Primary Contact Name

Primary Contact Email

**Lead Organization Board and Staff Diversity**

Voices for Healthy Kids believes that lived experiences are important qualifications in community led policy change work. We also acknowledge, currently and historically, that organizations led by people of color often face more barriers and receive less funding than white led organizations.  Addressing racial and health inequities is key to the Voices for Healthy Kids mission.  We believe that collecting and reporting data on racial and ethnic groups is an important initial step in addressing inequities. Voices for Healthy Kids is also working to increase funding to organizations and campaigns that have leadership that is American Indian/Alaska Native/Pacific Islander, Black/African American, Hispanic/Latino/a, or Asian American. We encourage our applicant organizations to collect and report data on racial and ethnic groups.  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/sites/default/files/More%20than%20Numbers-%20A%20Guide%20Toward%20Diversity%2C%20Equity%20and%20Inclusion%20%28DEI%29%20in%20Data%20Collection.pdf).

The American Heart Association (AHA) has a true commitment to diversity, equity and inclusion, which we believe is integral to our mission and our values. As a part of our continuing efforts, we are providing applicants with the option to voluntarily provide self-identifying information. The following questions are strictly voluntary, meaning you may choose not to respond, and whether you respond or not will not affect your eligibility for granting, 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 and seek volunteers from diverse backgrounds, cultures, races/ethnicities and gender expressions. This information will help AHA to track the effectiveness of our volunteer recruiting efforts and ensure that we are furthering our diversity programs.

**Lead Organization Board**

Please indicate how you collect information about the demographic composition of the board of directors.

We survey the board of directors about their demographics.

We collect demographic information when a new member joins the board.

We don’t ask board members directly about demographic characteristics, but we know all of our members and can provide demographic characteristics.

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

We don’t wish to report this information.

\*If selected: We survey the board of directors about their demographics.

What year was your last survey conducted?

How many people are currently on your board?

Please 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, please 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?

**Lead Organization Staff**

Please indicate how you collect information about the demographic composition of the full-time staff.

We survey the staff about their demographics.

We collect demographic information when a new staff member is hired.

We don’t ask staff directly about demographic characteristics, but we know all of our staff and can provide demographic characteristics.

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

We don’t wish to report this information.

\*If selected: We survey the staff about their demographics.

What year was your last survey conducted?

How many people are currently full-time staff?

Please 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, please 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

Please 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

**Campaign Manager**

Please indicate the racial or ethnic group for the campaign manager:

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

**Coalition**

Please indicate the racial or ethnic group for the Leadership of your coalition:

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

No coalition currently

# Co-Lead and Subgrantee Organizations

**Collaborative Applicant Information:**

*The Co-Lead/Subgrantee section is required to have at least one collaborative organization included in the application.*

Voices for Healthy Kids believes campaigns are most successful through collaboration between community organizations, advocacy groups, coalitions and others. Therefore, the Policy Campaign Grant is a collaborative grant. All applications are expected to be submitted as a joint proposal of two or more organizations, either as lead and subgrantee collaboration or as co-leads. Voices for Healthy Kids values authentic community engagement and equity-building strategies in all aspects of supported campaigns and therefore requires at least one of the organizations in the joint proposal to be representative of or serve the listed priority populations (children who are Black/African American, Hispanic/Latino, American Indian and Alaskan Native and children living in families with low-income).

Please contact Voices for Healthy Kids to learn more about our collaborative approach. Also, we may be able to assist in making connections for your organization. For additional questions or assistance, please contact Shannon Melluzzo, Manager, Advocacy Grants at [voicesforhealthykids@heart.org](mailto:voicesforhealthykids@heart.org).

All organizations must meet the eligibility criteria for funding through Voices for Healthy Kids including:

1) Organization must be registered as a nonprofit organization with tax-exempt status. Proof of the Organizations' nonprofit status must be uploaded. If you have a question on non-profit status of an applicant organization please contact Voices for Healthy Kids.

2) Organization must have the ability to lobby. Grant requirements include the ability to conduct lobbying activities as defined by the IRS code. If the organization is restricted to conducting educational activities and prohibited from conducting lobbying activities, they are not eligible for this grant.

Please consult your legal counsel for guidance on lobbying; however, in general, lobbying includes: communicating directly with legislators on specific legislation concerning your views on such legislation, or, communicating to the public on specific legislation concerning your views on legislation and asking them to take action.

## Co-Lead or Subgrantee #1

**Organization**

**Address**

**City**

**State**

**Zip Website**

**Contact Name**

**Title**

**Email Address**

**Phone**

**Organization is a nonprofit organization?** Yes/No

**Type of organization (required)**

Non-AHA or AHA

**If Non-AHA**

Total Number of Employees

*Based on most current IRS 990.*

Annual Operating Budget

*Based on most current IRS 990.*

**Has this organization had any past policy advocacy related work with the American Heart Association and/or Voices for Healthy Kids.** Yes/No

**Co-Lead or Subgrantee #1 Board and Staff Diversity**

Voices for Healthy Kids is also working to increase funding to organizations and campaigns that have leadership that is American Indian/Alaska Native/Pacific Islander, Black/African American, Hispanic/Latino/a, or Asian American. We encourage our applicant organizations to collect and report data on racial and ethnic groups. Please see the description listed under the Lead Organization Board and Staff Diversity for more information.

**Co-Lead or Subgrantee #1 Board**

Please indicate how you collect information about the demographic composition of the board of directors.

We survey the board of directors about their demographics.

We collect demographic information when a new member joins the board.

We don’t ask board members directly about demographic characteristics, but we know all of our members and can provide demographic characteristics.

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

We don’t wish to report this information.

\*If selected: We survey the board of directors about their demographics.

What year was your last survey conducted?

How many people are currently on your board?

Please 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, please 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?

**Co-Lead or Subgrantee #1 Staff**

Please indicate how you collect information about the demographic composition of the full-time staff.

We survey the staff about their demographics.

We collect demographic information when a new staff member is hired.

We don’t ask staff directly about demographic characteristics, but we know all of our staff and can provide demographic characteristics.

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

We don’t wish to report this information.

\*If selected: We survey the staff about their demographics.

What year was your last survey conducted?

How many people are currently full-time staff?

Please 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, please 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

Please 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

## Co-Lead or Subgrantee #2

**Organization**

**Address**

**City**

**State**

**Zip Website**

**Contact Name**

**Title**

**Email Address**

**Phone**

**Organization is a nonprofit organization?** Yes/No

**Type of organization (required)**

Non-AHA or AHA

**If Non-AHA**

Total Number of Employees

*Based on most current IRS 990.*

Annual Operating Budget

*Based on most current IRS 990.*

**Has this organization had any past policy advocacy related work with the American Heart Association and/or Voices for Healthy Kids.** Yes/No

**Co-Lead or Subgrantee #2 Board and Staff Diversity**

Voices for Healthy Kids is also working to increase funding to organizations and campaigns that have leadership that is American Indian/Alaska Native/Pacific Islander, Black/African American, Hispanic/Latino/a, or Asian American. We encourage our applicant organizations to collect and report data on racial and ethnic groups. Please see the description listed under the Lead Organization Board and Staff Diversity for more information.

**Co-Lead or Subgrantee #2 Board**

Please indicate how you collect information about the demographic composition of the board of directors.

We survey the board of directors about their demographics.

We collect demographic information when a new member joins the board.

We don’t ask board members directly about demographic characteristics, but we know all of our members and can provide demographic characteristics.

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

We don’t wish to report this information.

\*If selected: We survey the board of directors about their demographics.

What year was your last survey conducted?

How many people are currently on your board?

Please 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, please 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?

**Co-Lead or Subgrantee #2 Staff**

Please indicate how you collect information about the demographic composition of the full-time staff.

We survey the staff about their demographics.

We collect demographic information when a new staff member is hired.

We don’t ask staff directly about demographic characteristics, but we know all of our staff and can provide demographic characteristics.

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

We don’t wish to report this information.

\*If selected: We survey the staff about their demographics.

What year was your last survey conducted?

How many people are currently full-time staff?

Please 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, please 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

Please 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

## Co-Lead or Subgrantee #3

**Organization**

**Address**

**City**

**State**

**Zip Website**

**Contact Name**

**Title**

**Email Address**

**Phone**

**Organization is a nonprofit organization?** Yes/No

**Type of organization (required)**

Non-AHA or AHA

**If Non-AHA**

Total Number of Employees

*Based on most current IRS 990.*

Annual Operating Budget

*Based on most current IRS 990.*

**Has this organization had any past policy advocacy related work with the American Heart Association and/or Voices for Healthy Kids.** Yes/No

**Co-Lead or Subgrantee #3 Board and Staff Diversity**

Voices for Healthy Kids is also working to increase funding to organizations and campaigns that have leadership that is American Indian/Alaska Native/Pacific Islander, Black/African American, Hispanic/Latino/a, or Asian American. We encourage our applicant organizations to collect and report data on racial and ethnic groups. Please see the description listed under the Lead Organization Board and Staff Diversity for more information.

**Co-Lead or Subgrantee #3 Board**

Please indicate how you collect information about the demographic composition of the board of directors.

We survey the board of directors about their demographics.

We collect demographic information when a new member joins the board.

We don’t ask board members directly about demographic characteristics, but we know all of our members and can provide demographic characteristics.

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

We don’t wish to report this information.

\*If selected: We survey the board of directors about their demographics.

What year was your last survey conducted?

How many people are currently on your board?

Please 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, please 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?

**Co-Lead or Subgrantee #3 Staff**

Please indicate how you collect information about the demographic composition of the full-time staff.

We survey the staff about their demographics.

We collect demographic information when a new staff member is hired.

We don’t ask staff directly about demographic characteristics, but we know all of our staff and can provide demographic characteristics.

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

We don’t wish to report this information.

\*If selected: We survey the staff about their demographics.

What year was your last survey conducted?

How many people are currently full-time staff?

Please 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, please 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

Please 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

## Co-Lead or Subgrantee #4

**Organization**

**Address**

**City**

**State**

**Zip Website**

**Contact Name**

**Title**

**Email Address**

**Phone**

**Organization is a nonprofit organization?** Yes/No

**Type of organization (required)**

Non-AHA or AHA

**If Non-AHA**

Total Number of Employees

*Based on most current IRS 990.*

Annual Operating Budget

*Based on most current IRS 990.*

**Has this organization had any past policy advocacy related work with the American Heart Association and/or Voices for Healthy Kids.** Yes/No

**Co-Lead or Subgrantee #4 Board and Staff Diversity**

Voices for Healthy Kids is also working to increase funding to organizations and campaigns that have leadership that is American Indian/Alaska Native/Pacific Islander, Black/African American, Hispanic/Latino/a, or Asian American. We encourage our applicant organizations to collect and report data on racial and ethnic groups. Please see the description listed under the Lead Organization Board and Staff Diversity for more information.

**Co-Lead or Subgrantee #4 Board**

Please indicate how you collect information about the demographic composition of the board of directors.

We survey the board of directors about their demographics.

We collect demographic information when a new member joins the board.

We don’t ask board members directly about demographic characteristics, but we know all of our members and can provide demographic characteristics.

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

We don’t wish to report this information.

*\*If selected: We survey the board of directors about their demographics.*

What year was your last survey conducted?

How many people are currently on your board?

Please 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, please 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?

**Co-Lead or Subgrantee #4 Staff**

Please indicate how you collect information about the demographic composition of the full-time staff.

We survey the staff about their demographics.

We collect demographic information when a new staff member is hired.

We don’t ask staff directly about demographic characteristics, but we know all of our staff and can provide demographic characteristics.

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

We don’t wish to report this information.

*\*If selected: We survey the staff about their demographics.*

What year was your last survey conducted?

How many people are currently full-time staff?

Please 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, please 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

Please 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

# Grant Information

Funding Summary

*1-2 Sentence summary of your campaign*

Grant start dates must be the 1st of the month.

Grant Start Date

Grant end dates must be the last day of the month.

Grant End Date

Total Campaign Budget

Amount Requested

# Policy Campaign Information

**Policy Campaign Type and Jurisdiction**

What type of policy change is being proposed?

Appropriations

Local ordinance

Regulation

School Board

State-level statute passed by the legislature

Tribal

Voter ballot initiative (local or state)

Other

If other, explain

Level of Change Needed

Tribal

State

County

City

Other

If other, explain

**Geographic Focus**

*\*System component that must be selected. This feature works best in Chrome.*

Use the '+' to the right of Geographic Focus to open the geographic location selector. Use the search bar in the top of the pop-up to location your region. Highlight your region(s) 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  
City = World / North America / United States / West / Mountain / Colorado / Denver  
  
To add weights to the different locations you choose, click the pie-chart icon next to the '+' and assign percentages.  
  
If this is for a tribal region and the geographic focus does not align, please select state name your organization is located.

**Policy Issue Area**

Sugary Drink Tax and Investment

Healthier Options for Kids at Restaurants

SNAP Expansion and Nutrition Incentives

Early Care and Education Security

Early Head Start/Head Start Appropriations

School Food Access and Dietary Quality

Water Access in Schools

Preemption

Clearly State your Policy Objective

When would the policy be introduced (month/year)?

When would the policy be introduced (month/year)?

# Population Impact

What is the total number of people this policy could impact?

Select the priority populations the policy will seek to decrease health disparities for and the populations your campaign will engage.

Black/African American

Hispanic/Latino/a

American Indian or Alaska Native

Families with low income

List any other population your campaign will focus on

What percent of the target population is below the census poverty level?

Please select all age groups in target population for this campaign:

Population under 5

Population ages 5-9

Population ages 10-14

Population ages 15-17

Population ages 18-20

Population ages 21-64

Population over 64

# Short Form Application

Complete a brief narrative of the following:

* Describe the policy change you are seeking to make, including policy goals and the populations it would potentially impact.
* Description of the campaign funding needs, the total amount requested and a summary of funding available from other sources if any.
* Background on the lead organization and collaborating organizations' policy advocacy experience (non-Lobbying and Lobbying) including examples of policies passed.
* Clearly explain the campaign strategy you will take to pass this policy including community engagement, legislative engagement, and other elements that will help you pass the policy.

***6000 Character Limit***