**Voices for Healthy Kids**

**Preemption Repeal Campaign**

**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/)**.**

**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.

# Lead Organization Information

**Organization Eligibility**

* To be eligible as an applicant organization, an organization must have tax-exempt status under the Internal Revenue Code section 501(c)(3) as a public charity or under section 501(c)(4); have a fiscal sponsor that is a section 501(c)(3) public charity or a section 501(c)(4) organization; or be a federally recognized Indian tribe or a subdivision of a tribe.
* We are unable to fund private foundations, non-functionally integrated Type III supporting organizations, or government agencies (including public schools, state universities, etc.).
* Grant requirements include the ability to conduct lobbying activities as defined by the Internal Revenue Code. Section 501(c)(3) public charities are able to lobby; however, if your organization is restricted or prohibited from conducting lobbying activities by your leadership/board of directors, you are not eligible for this grant.
* Consult your legal counsel for guidance on lobbying. 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.

**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**.

**Campaign Coordinator:** The person that will manage the policy campaign.  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 Campaign Coordinator receive all system generated emails.

If awarded, you will have the option to add or update contacts.

**Primary Signatory**

**Primary Contact**

**Campaign Coordinator**

Does this application have a Fiscal Sponsor that is different than the applying organization?

Fiscal Sponsors must have tax-exempt status under the Internal Revenue Code section 501(c)(3) as a public charity, or under section 501(c)(4). If a Fiscal Sponsor is included, the following documentation will need to be uploaded:

- IRS Letter Confirming Tax-Exempt Status (i.e., 501(c)(3) or 501(c)(4))

- Most Recent IRS Form 990 including Schedule C (Do not include Schedule B)

- Copy of Fiscal Sponsorship Agreement that the applicant organization signed with the Fiscal Sponsor

**(If Yes) – The fiscal sponsor needs to register in the online grant management system.**

Fiscal Sponsor Organization
Location
Fiscal Sponsor Contact
Fiscal Sponsor Signatory

# 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/sites/default/files/More%20than%20Numbers-%20A%20Guide%20Toward%20Diversity%2C%20Equity%20and%20Inclusion%20%28DEI%29%20in%20Data%20Collection.pdf). 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 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 efforts.

**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 regularly 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

**Campaign Manager**

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 Leadership**

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

# Campaign 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

**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.

Need more assistance? [Watch this tutorial.](https://www.youtube.com/watch?v=lCDfU5oeYyo)

**Policy Issue Area**

Preemption

 **List the preemptive policy you are hoping to repeal.**

 *Include a link to the current policy.*

# Preemption Repeal Campaign

**Preemption Repeal Campaign Goals**

As a Preemption Repeal grantee, our organization agrees to work with Voices for Healthy Kids on a legislative campaign to officially repeal an existing state law(s) that limits the policymaking power of local governments (preemption) in the following ways:

* Develop and launch a policy campaign to repeal a harmful preemption policy that stifles local democracy, impedes public health and safety and/or perpetuates inequities.
* Deploy campaign tactics including coalition management/support, media advocacy roundtables, spokesperson training, growing and educate grassroots network, lobbying, etc.

**Indicate any additional activities your organization is interested in developing or any additional thoughts on your approach to this preemption repeal strategy.**

Application Narrative

Provide brief responses (up to 3 paragraphs) to address the prompts for each section.

**Provide an overview of your organization and mission.**

**Campaign Strategy:**

* What is the current political climate? Why is this the right time for preemption repeal?
* By repealing this policy, what specific local policy opportunities will become available in your state or community?
* What activities, tactics and tools (grassroots, media advocacy, community canvasing, etc.) will your campaign employ to repeal harmful preemption?
* Explain how your strategy, activities and tactics will build equity and protect or empower communities facing the greatest inequities.

**Collaboration**

* What key relationships and partnerships do you currently plan to leverage or create to repeal harmful preemption?
* If a coalition exists, describe the membership and decision-making process.
* If a coalition does not exist, outline the plan to create a coalition.
* Describe your collaboration strategy and how your organization will share power, engage community members (with paid opportunities) and promote equity.

# Budget

View the budget template for budget line items and required budget narrative questions.

**Additional Funds to Support This Campaign**

**Funds from Your Organization** - Funds from your organization would come from your organizational budget as a match to support this campaign. There is not a required level or percentage of funds to be available (matched) from your organization, however, it is important to note the match and in-kind contribution of the applicant as it reflects the capacity of the applicant and ability to carry out the work.

**Funds from Other Sources** - Funds from other organizations could be additional grant funds dedicated to this campaign, coalition partners supporting the campaign with a monetary match, etc. that would help carry out the work.

**Funds from Your Organization**

 Non-Lobbying Match

 Lobbying Match

 Narrative

*Describe how the funds from your organization will support this campaign.*

**Funds from Other Sources**

 Non-Lobbying Match

 Lobbying Match

 Narrative

*List all additional funders currently secured to support this campaign.
If a coalition partner is supporting specific campaign tactics they should be included. For example, ABC Organization will host all coalition meetings (X meetings at $$)*

# Documents Upload:

**Application Documents:**

* Upload any supplemental materials that support this application: (infographic, one page overview, video, campaign plan, website and/or social media links, media coverage link, letter of reference, cover letter etc.)

**Lead Organization Documents:**

*Required*

* IRS Letter Confirming Tax-Exempt Status (i.e., 501(c)(3) or 501(c)(4))
* Most Recent IRS Form 990 including Schedule C (Do not include Schedule B)
* If applying with a fiscal sponsor the following is required:
	+ Copy of Fiscal Sponsorship Agreement that the applicant organization signed with the Fiscal Sponsor
	+ Fiscal Sponsors IRS Letter Confirming Tax-Exempt Status (i.e., 501(c)(3) or 501(c)(4))
	+ Fiscal Sponsors Most Recent IRS Form 990 including Schedule C (Do not include Schedule B)

# Grant Announcement/News Release

Voices for Healthy Kids announces the list of awarded grantees. You may decline for any reason, particularly if you are concerned the announcement will negatively impact your campaign.

A template news release, sample email newsletter blurb, talking points and social media graphics will be made available should you want to post about the announcement to your networks if funded.

Would you like your organization (Lead) listed on the announcements as a funded grantee?
 Yes, please list my organization
 No, please do not list my organization