**Voices for Healthy Kids
Preemption Repeal 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/)**.**

**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.

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# 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 addressing inequities. We encourage our applicant organizations to collect and report data on the racial and ethnic composition of boards and staff. If you do not currently collect information about your 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) We are committed to increasing funding to organizations that demonstrate capacity to address issues impacting Black/African American, Hispanic/Latino/a, American Indian, Alaska Native, Asian American and Pacific Islander communities, 1st generation immigrants, persons with disabilities and families with low income.

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 recruiting and retaining 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 individuals directly affected by the social issues that impact communities that are discriminated against or face other barriers 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 individuals directly affected by the social issues that impact communities that are discriminated against or face other barriers 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

# Co-Lead and Subgrant Organization(s)

Voices for Healthy Kids believes campaigns are most successful through collaboration between community organizations, advocacy groups, coalitions and others.

Joint proposals of two or more organizations, either as co-lead and/or subgrant are welcome but not required.

As with the Lead organization, co-leads and subgrants organizations and campaigns should demonstrate a history of and the ongoing capacity to address issues impacting Black/African American, Hispanic/Latino/a, American Indian, Alaska Native, Asian American and Pacific Islander communities, 1st generation immigrants, persons with disabilities and families with low income.

**Co-Lead Definition:** Co-lead organizations play a significant role in the campaign and receive a portion of the budget reflective of what is needed to complete their work.

**Subgrant Definition:** Subgrant organizations are expected to complete specific tactics of the campaign such as grassroots recruitment or community organizing, and the budget allotment should be reflective of their tasks.

**AHA Collaborator** **Definition:** If state or local American Heart Association team serves in a Co-Lead (AHA Collaborator Co-Lead) or Subgrant (AHA Collaborator Subgrant) role, you must indicate this relationship in the drop-down selection. If your application is funded, the payment for the portion of the grant/tactics will not be included in the lead organization payments; it will be internally dispersed to the local AHA team for expending. However, the lead organization for the campaign will be responsible for the financial reporting and narrative reporting for the funds/tactics the AHA Collaborator is supporting for the campaign.

Example: Total request budget is $200,000 with 2 subgrants at $25,000 each and an AHA Collaborator at $25,000.

Lead organization would receive $175,000 in funding for the $200,000 campaign and would manage the MOU and payments to the 2 subgrants @ $25,000 each. The AHA Collaborator would receive $25,000 directly from Voices for Healthy Kids and report through the Lead Organization for financial and narrative reports.

\*This template only lists fields for one organization, but you will need fill out the same information for all co-lead/subgrant organizations you are applying with. Please use the Co-Lead and Subgrant Template for more fields and to send to co-lead/subgrant organizations to complete. All information must be filled out in the grant management system before submitting

**Organization**

Is the organization considered a co-lead or subgrantee on this proposal?

 Co-Lead

 Subgrant

 AHA Collaborator Co-Lead

 AHA Collaborator Subgrant

Organization
Address
City
Zip
Website
Primary Contact
Title
Phone
Email

**Co-Lead or Subgrant 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 individuals directly affected by the social issues that impact communities that are discriminated against or face other barriers to living a healthy life.

**Co-Lead or Subgrant 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

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

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

We define lived experience as individuals directly affected by the social issues that impact communities that are discriminated against or face other barriers to living a healthy life.

**Financial and Fiscal Information**

Amount allocated to co-lead/subgrant

Brief summary of co-lead/subgrant responsibilities

Organization eligibility

 non-profit

 federally recognized Indian tribe or a subdivision of a tribe

 not a non-profit, will have a fiscal sponsor

 not a non-profit, lead will serve as the fiscal sponsor

 non-profit (American Heart Association)

Would this organization like to be listed on the announcements as a funded grantee?

 Yes, please list this organization

 No please do not list this organization

# Campaign Information

Selection the Preemption Application Type

 Preemption Cross-Issue Coalition
 Preemption Proactive Campaign
 Preemption Repeal Campaign

Funding Summary

*1-2 Sentence summary of your preemption campaign*

Policy to Repeal

*List the preemptive policy you are hoping to repeal. Please include a link to the current policy.*

Please Note: Grant Start Date must be the 1st of the month, and Grant Closed Date must be the last day of the calendar month.

Grant Start Date

Grant End Date

Anticipated Amount Requested

**Geographic Focus**

*(This feature works best in Chrome)* **Please use the '+' to the right of Geographic Focus to open the geographic location selector.**You can 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).

# Short Form Narrative

**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.

Provide a brief response (up to 5 paragraphs) to address the below prompt for this section. If applying with multiple co-lead/subgrants, more extended responses are welcomed.

**Narrative**

* Provide an overview of your organization and mission.
* How does the campaign goal tie to your organization’s mission?
* How will your campaign goal impact expectant parents, infants, toddlers, and their families?
* Does your organization have experience in advocating for policy (federal, tribal, state, or local)? If so, please share some of your successes.
* Briefly explain the campaign strategy, including community engagement, legislative tactics, etc.
* If applicable, provide a brief overview of each co-lead/subgrant organization.

# Documents Upload

**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)

**Required for each co-lead/subgrant, if applicable**

* Non-Profit Tax-Exempt Form (i.e. 501(c)(3)) - Not required for AHA Collaborators
* Fiscal Sponsor Documentation (if applicable) - Not required for AHA Collaborators
* A letter of support from the organization indicating the commitment and collaboration as a co-lead and/or subgrantee on this campaign.

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