**Voices for Healthy Kids Policy Campaign**

**Rapid Response 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.

**Rapid Response Application**

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# Lead Organization Information

**Organization Eligibility**

* To be eligible as a Lead, Co-Lead or Subgrant 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)**

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.

**If you indicated you have a Fiscal Sponsor.** Please complete the Lead Organizational Diversity section (below) for the Organization listed as Lead - Do not list the diversity of the Fiscal Sponsor.

**(IF AHA)**

For American Heart Association applicants, include the data for the board that most represents the geographic focus of this application.

Describe any details on the board(s) represented by this data:

**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

# 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

**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**

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.

**Policy Issue Area**

Funding Early Care and Education Access

Early Head Start/Head Start Appropriations

Healthy School Meals Expansion

Sugary Drink Tax and Investment

Paid Family and Medical Leave

SNAP Access and Expanded Benefits

SNAP Incentives and Produce Prescription Programs

Water Access in Schools

Water Access in Communities

Innovative Policy Issue

Clearly State your Policy Goal:

Describe the population that may benefit most from this policy and explain how the policy will build equity.

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

When would the policy potentially be passed (month/year)?

Narrative Application

Provide a brief response (up to 5 paragraphs) to address the prompts for this section. If applying with more than one co-lead/subgrant, longer responses are welcomed.

* Provide an overview of your organization and mission.
* Explain the policy, legislative landscape, and the urgent need for support.
* What activities, tactics and tools will your campaign employ to pass or defend against the proposed policy? (grassroots, media advocacy, community canvasing, etc.)
* What is your relationship with key decision makers and how have they responded in the past?
* What key relationships and partnerships do you plan to create or leverage to advance the success of the campaign?

# Budget

View the [budget template](https://voicesforhealthykids.org/assets/main/grantadmin/pcbudgetplanningtool6.2022.xlsx) for budget line items and required budget narrative questions.

Describe your experience in direct and grassroots lobbying and how lobbying and non-lobbying expenses will be tracked.

# Budget – Additional 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

**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)

**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.)
* To add additional documents, please click on the '+'.
* Please do not upload organizational documents in the application documents section as they will not be reviewed and will be deleted.

# Agreement to Website Listing

Voices for Healthy Kids lists grantees on our website. You may decline for any reason, particularly if you are concerned the announcement will negatively impact your campaign.

Would you like your organization listed as a grantee?

 Yes, please list my organization
 No, please do not list my organization