

2021 HealtheVoices Impact Fund - Traditional Application

Community Foundation of New Jersey



Thank you for applying to the 2021 HealtheVoices Impact Fund.

This form is the Traditional Application for individuals, which uses the standard question format.

- The purpose of the fund is to support discrete, time-bound projects, with identified measurable outcomes and specific deliverables, submitted by online health advocates or nonprofits, that align with Janssen's charitable giving mission to advance the health of patients.
- The project should be completed by October 30, 2022. Funding is not intended to support ongoing activities.
- Grant sizes will range from \$2,000 to \$6,000.
- **You may submit more than one application, but only one project may receive funding.**
- Please note that if your project is selected, the income received is taxable to individuals.
- The submission deadline is July 31, 2021 and you will be notified of a decision by October 30, 2021.
- Grants provided are made possible through the generosity of Janssen Pharmaceutical Companies of Johnson & Johnson.

Information about the process

- Projects will be competitively selected for funding based on the perceived impact for patients in areas of high unmet needs.
- **If a prior recipient of a grant from the fund, the project funded must be completed and the final report submitted to CFNJ.**
- The proposed project title and content, along with the online efforts accessible through the applicant's public profile, will be reviewed and evaluated for a possible conflict with Johnson & Johnson values, which would result in the project being ineligible for funding.

Character Limit: 100

Please attest that you are a U.S. Citizen*

Choices

I am a U.S. Citizen

I am NOT a U.S. Citizen

Has this project received prior support from Janssen Pharmaceutical Companies?*

Character Limit: 250

Please describe other similar projects you have completed in the past*

If not applicable, please mark "N/A".

Character Limit: 250

Legal name, address, and email contact information*

Individuals must apply using their legal name.

Character Limit: 250

Please provide a Bio and background information*

You can either answer in the text area or upload the Bio.

If you choose to upload the information, please also write "N/A" in the text area.

Character Limit: 5000 | File Size Limit: 1 MB

Social Media Information

If you care to share the access information for your Facebook, Twitter, or Instagram accounts, or for your website or blog, please list them in the text box.

Character Limit: 250

Grant amount requested*

The requested grant amount must be in the \$2,000 to \$6,000 range. This amount should be equal to or less than the total amount of your project budget.

Character Limit: 250

Project Name*

Please also provide the working title, if available.

Character Limit: 250

Description of Project*

Please provide information about the concept, structure, tone, focus, and other pertinent details.

Character Limit: 5000

If you have a video about the project, please include a link

Videos are not required, but if you have prepared one that provides helpful information, please include the link.

Character Limit: 500 | File Size Limit: 1 MB

Project Budget*

Please include all projected expenses for the project. The cost of your time/labor should be included as well as software, hosting expenses, consultants, design and implementation costs, materials and supplies. The time you invest to complete the project should be valued using a rate of \$25/hour or an otherwise fair and objective rate of labor. Food and travel expenses and general operating support should be excluded. The total budget should be equal to or more than the amount requested. **PLEASE WRITE "N/A" in the text area if uploading the budget.**

Character Limit: 2000 | File Size Limit: 4 MB

Please indicate the minimum amount needed to complete the project*

Please indicate how your project would be modified if the full requested grant amount was not approved. We strongly suggest that you provide a minimum amount or we may not provide funding for this project.

Character Limit: 250

How would you fund the remaining expenses if the budget is larger than the grant size?*

For example, how would you fund the remaining expenses if your project budget is \$10,000 and the maximum grant size is \$6,000?

Character Limit: 1000

Project Goals, Intended Outcomes and Outcome Measurements*

Measurable outcomes refer to a program's measure of impact in achieving some positive change. Outcomes measurement **MUST** be included or the application will not be considered.

Character Limit: 5000

How does this project advance the health of patients and benefit the community?*

Please explain how the project seeks to assist patients or caregivers through one or more of the following:

- Outreach and Awareness
- Education about the Disease and Resources Available
- Patient Engagement and Empowerment
- Creating Patient Community - Addressing Stigma and Isolation
- Education for patients on how to be an effective patient advocate

Character Limit: 10000

How does this project target underserved populations or healthcare disparities?*

Please explain how underserved populations experiencing inequalities and gaps would be reached, and how healthcare disparities would be addressed.

Character Limit: 1000

How does this project address high unmet areas of need?*

An unmet need is a deficiency currently being experienced that is not being addressed adequately or effectively by other means.

Character Limit: 1000

What is the expected number of people who will DIRECTLY benefit from the project?*

Please provide your best estimate and include your rationale for this number.

Character Limit: 250

Timeline information*

Please list the projected schedule of activities, the projected start date for each activity, the intended completion date of each activity, and the intended completion date for the project.

Character Limit: 250

If selected as a recipient, please attest to your willingness to share your experience and project***Choices**

I am willing to share information about this project if requested.

I am NOT willing to share information about this project.

If selected as a recipient, please attest to your willingness to provide six and 12 month updates***Choices**

I am willing to provide six-month and 12-month project updates.

I am NOT willing to provide six-month and 12-month project updates.

If selected as a recipient, please attest to your willingness to disclose the funding on materials*

The disclosure that should be used on all project materials is:

"Funding for this project was provided by the HealtheVoices Impact Fund at the Community Foundation of New Jersey, which was funded by a contribution from Janssen Pharmaceuticals, Inc."

Choices

I am willing to disclose the funding source on all project materials.

I am NOT willing to disclose the funding source on all project materials.

Attestation that you will not benefit financially from this project*

Benefitting financially does not include the time required to design and implement the project.

Choices

I will NOT benefit financially from this project.

I WILL benefit financially from this project.

Attestation as to whether you are or are not a Healthcare Professional*

Choices

I am NOT a Healthcare Professional.

I AM a Healthcare Professional.

If you are a Healthcare Professional, please list your position

Character Limit: 250

Attestation that the funding would not be used for any of the following restricted purposes:*

- capital expenses (construction and building-related)
- research or endowments
- fundraising events and equipment for fundraising events
- trips/tours (including salaries for time spent on trips/tours)
- political groups or candidates for office
- medications of any type, any medical treatment, or direct health services
- support for sectarian and religious organizations that do not serve the general public on a nondenominational basis

Choices

Funding would NOT be used for any restricted purposes.

Funding WOULD be used for restricted purposes.

Please provide your best estimate for the length of time needed to complete this application*

Character Limit: 1000