

# 2022 HealtheVoices Impact Fund - Nonprofit Application

---

*Community Foundation of New Jersey - Grants*



Thank you for applying to the 2022 HealtheVoices Impact Fund. **This form should only be used by nonprofit applicants.**

- The purpose of the fund is to support discrete projects, with identified measurable outcomes, submitted by online health advocates or health-related nonprofits, that align with Janssen's charitable giving mission to advance the health of patients.
- If a previous recipient of a grant from the fund, the project funded must be completed and the final report submitted to CFNJ by June 1, 2022.
- The project should be completed by October 31, 2023. Grant sizes will range from \$2,000 to \$6,000.
- You may submit more than one application, but only one project may receive funding.
- The submission deadline is July 15, 2022. You will be notified of a decision by October 1, 2022.
- 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.
- Applications should be for project-related work rather than for ongoing activities. Projected-related work is a time-bound effort with a specific deliverable that results from the activity.
- 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 verify that you are a 501c3 nonprofit org. and provide your EIN.\***

Nonprofit applicants must have been in existence before Dec. 31, 2019. **Please also provide the date of your IRS Tax Determination Letter.** You must have a profile in Guidestar.

*Character Limit: 250*

**Has this project received prior support from Janssen Pharmaceutical Companies of Johnson & Johnson?\***

*Character Limit: 250*

**Name and address of nonprofit and the website\***

*Character Limit: 250*

**Please list the main contact's name, title, and email address.\***

*Character Limit: 250*

**Please provide a description of the nonprofit and its mission\***

If you 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*

**Please attach BOTH the projected operating revenue and projected expenses for 2022\***

Nonprofits must have a minimum of \$15,000 in projected 2022 operating expenses. The maximum operating budget cannot exceed \$250,000.

*File Size Limit: 2 MB*

**Please attach your 2021 financial statements\***

**Unaudited statements will be accepted.** Please include the 2021 Income Statement and the Balance Sheet as of Dec. 31, 2021.

*File Size Limit: 4 MB*

**Please attach your most recent Form 990 or Form 990-EZ\***

You must have filed **at least one** 990 or 990-EZ to be eligible to apply.

*File Size Limit: 4 MB*

**Please provide a list of board members and their affiliations.\***

You must have a minimum of **five** independent board members. If you upload the list, please write "N/A" in the text area. We do not need addresses - just the affiliations of the board members.

*Character Limit: 500 | File Size Limit: 1 MB*

**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\***

*Character Limit: 100*

**Description of Project\***

Information should be provided about the concept, structure, working title, focus, and other pertinent details. Please also include the names of the responsible parties at the nonprofit who will be involved with the project design.

*Character Limit: 5000*

**If you have a video about the project, please provide the link**

Videos are not required, but if you have prepared a video about the project, please feel free to include the link.

Please also include brochures or other pertinent creative material.

*Character Limit: 500 | File Size Limit: 3 MB*

**Project Budget\***

Please include all projected expenses, including the cost of your time/labor, software and hosting expenses, consultants, design & implementation costs, materials, and supplies. The time you invest should be valued using a rate of \$25/hour, or an otherwise fair and objective rate of labor. Personal expenses, travel costs, 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. The minimum amount must be at least \$2,000. 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 but the maximum grant size is \$6,000?

*Character Limit: 1000*

### Project Goals, Intended Outcomes and Outcome Measurements\*

Outcomes measurement **MUST** be included or the application will not be considered complete. Measurable outcomes refer to a project's measure of impact in achieving some positive change. Both quantitative and qualitative measurements must be included, and numeric goals must be provided.

*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, healthcare disparities and unmet needs?\*

Please also explain how underserved populations experiencing inequalities and gaps would be reached, and how these healthcare disparities would be addressed. Please explain how this project addresses high unmet needs, which are defined as 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 would DIRECTLY benefit from the project\*

Please provide your best estimate **and provide a rationale for this number. The number must be a realistic one.**

*Character Limit: 250*

## Timeline information\*

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

*Character Limit: 250*

## If selected as a recipient, please attest to your willingness to share information about the project\*

### Choices

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

I am NOT willing to share information about the project.

## If selected as a recipient, please attest to your willingness to provide Mid-Year and Final Reports\*

These two reports will be filed online using the same system as used to submit the application.

### 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 the funding would not be used for 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.