

2022 HealtheVoices Impact Fund - Application for Individuals

Community Foundation of New Jersey - Grants



Thank you for applying to the 2022 HealtheVoices Impact Fund.

This form is the Individual Application. Nonprofits should use the Nonprofit Application.

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, 2023. 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 June 28, 2022 at 5:00 pm, and 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.
- **If you are a prior recipient of a grant from the HealtheVoices Fund, the project must be completed and the Final Report submitted to CFNJ by June 1, 2022.**
- 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

Only U.S. Citizens may apply - there are no exceptions to this requirement.

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 of Johnson & Johnson?*

Character Limit: 250

Legal name, EMAIL ADDRESS AND HOME ADDRESS*

Individuals must apply using their legal name.

PLEASE INCLUDE YOUR EMAIL ADDRESS AND YOUR HOME ADDRESS.

Character Limit: 250

Please provide a Bio and background information*

Please tell us about yourself and your background, and let us know how your experiences and healthcare advocacy will assist you with this project. 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: 2 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*

Character Limit: 100

Description of Project*

Please provide information about the concept, structure, tone, focus, timing, working title, and other pertinent details. Please provide as many details as possible so we can get a better understanding of the project.

Character Limit: 5000

If you have a video about the project or other creative input, please include links

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

We also welcome creative additions to the application, such as brochures.

Character Limit: 500 | File Size Limit: 5 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. 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 you would need as an award from the HealtheVoices Impact Fund.*

The minimum grant amount is \$2,000, so please do not list a number below that amount.

Please indicate the minimum amount you would need as an award from the HealtheVoices Impact Fund in order 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 but the maximum grant size is \$6,000?

Character Limit: 1000

Project Goals, Intended Outcomes and Outcome Measurements*

Outcome Measurements must refer to a program's measure of impact in achieving some positive change. Measurement includes both quantitative and qualitative analysis. Numeric goals **MUST** be provided. Outcome measurements **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 assist underserved groups with healthcare disparities and address unmet needs?*

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

Please also 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 will DIRECTLY benefit from the project?*

Please provide your best estimate and include your rationale for this number. Please be sure that this number is realistic!

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 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 that you will provide both Mid-Year and Final Reports*

These two reports will be completed online using the same system as this application process uses.

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 HealthVoices 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. You are entitled to receive additional reimbursement from other sources for your out-of-pocket costs that are not covered by the award.

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*

A Healthcare Professional is defined as "any member of the medical, dental, pharmacy, or nursing professions or any other person who in the course of his or her **professional** activities may prescribe, recommend, purchase, supply, or administer a pharmaceutical product".

Choices

I am NOT a Healthcare Professional.

I AM a Healthcare Professional.

If you are a Healthcare Professional, you MUST 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.