

2024 HealtheVoices Impact Fund - Individual Application

Community Foundation of New Jersey - Grants



Thank you for applying to the 2024 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 Johnson & Johnson's charitable giving mission to advance the health of patients.

- The project should be completed by October 30, 2025. Funding is not intended to support ongoing activities.
- **There is only one award size of \$5,000.**
- **Your project budget must be equal to or greater than \$5,000.**
- **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 Tuesday, June 18, 2024 at 5:00 pm Eastern Time, and you will be notified of a decision by October 1, 2024.
- Grants provided are made possible through the generosity 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, 2024.**
- 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's 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 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

Project Name*

Character Limit: 250

Description of Project*

Please provide information about the concept, activities, 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. Your labor expenses should not exceed more than 25% of the total budget. Personal expenses, travel costs, and general operating support should be excluded. **The total budget must be equal to or more than \$5,000.** **PLEASE WRITE "N/A" in the text area if uploading the budget.**

Character Limit: 2000 | File Size Limit: 4 MB

How would you fund the remaining expenses if the budget is larger than \$5,000?*

For example, how would you fund the remaining expenses if your project budget is \$10,000 and the award size is \$5,000?

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.

How will this project address 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

Please attest to your agreement to provide information about your project if you receive an award*

Choices

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

I am NOT willing to share information about this project.

Please attest that you will provide both Mid-Year and Final Reports if you receive an award.*

The reports are not optional. They need to 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.

Please attest to your willingness to disclose the funding source on materials if selected*

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 Johnson & Johnson."

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 profession

Character Limit: 250

If you are a health care professional, please indicate your willingness to sign an attestation:

The attestation is as follows:

"I attest that the project for which I am seeking funding would not otherwise be undertaken as a component of my role as a clinician, cannot be used as a mechanism to garner business, and presents no conflicts of interest with my professional responsibilities."

Choices

I agree to sign the attestation.

I do not agree to sign the attestation.

Attestation as to whether you are or are not a government official.*

A Government Official is defined as an 1) appointed or elected representative of a governmental body who is empowered with legislative, policy-making, or fiscal authority (for example, Representative, Mayor, Councilperson) or 2) Someone who works at a federal, state, or local government office (for example, VA facilities, a state-run university or hospital, or a county-run clinic).

Choices

I am a government official.

I am NOT a government official.

If you are a government official, please provide the title of your position

If you are a government official, please provide the title of your position and designate what type of position you hold.

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.