

# 2025 HealtheVoices Impact Fund - Nonprofit Application

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*Community Foundation of New Jersey - Grants*

**Thank you for applying to the 2025 HealtheVoices Impact Fund.**

**This form should only be used by nonprofit applicants. PLEASE REVIEW THE NONPROFIT CRITERIA BEFORE BEGINNING THE APPLICATION. PLEASE DO NOT APPLY IF YOU DO NOT MEET THE NONPROFIT CRITERIA.**

The purpose of the fund is to support discrete projects, with identified measurable outcomes, submitted by health-related nonprofits, that align with Johnson & Johnson's charitable giving mission to advance the health of patients.

- The 2025 project should be completed by Dec. 31, 2026.
- There is only one grant size of \$5,000.
- The project budget must equal or be greater than \$5,000.
- You may submit more than one application, but only one project may receive funding.
- The submission deadline is **midnight Eastern Time** on Tuesday, July 8th. You will be notified of a decision by November 15, 2025.
- Grants are made possible through the generosity of Johnson & Johnson.

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## 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 your organization is a previous recipient of a grant from the HealtheVoices Fund, the project must be completed and the final report submitted to CFNJ by May 1, 2025.
- Applications should be for project-related work rather than for ongoing activities. Project-related work is a time-bound effort with a specific deliverable that results from the activity.
- Funds should be requested for new projects - not for existing programs or projects.
- 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*

**Please verify that you are a 501c3 nonprofit org. and provide your EIN.\***

Nonprofit applicants must have been in existence before Dec. 31, 2022. **Please also provide the date of your IRS Tax Determination Letter.** You must have a profile in Guidestar.

*Character Limit: 250*

**Please verify that your nonprofit meets the nonprofit application requirements\***

If your nonprofit does not meet these requirements and you cannot supply all the required documents, please do not submit an application.

- Most recent audited Financials or 990 (990-EZ is acceptable),
- Have a board with a minimum of five independent board members,
- Be in existence as a 501(c)3 organization for a minimum of two years,
- Have a profile in Guidestar,
- Have a minimum operating budget (annual expenses) of at least \$15,000, but NOT MORE than \$250,000.

*Character Limit: 250*

**Please verify that your nonprofit meets the nonprofit requirements\***

**Choices**

This nonprofit meets the nonprofit requirements.

This nonprofit does not meet the nonprofit requirements.

**Has this project received prior support from Johnson & Johnson?\***

*Character Limit: 250*

**How did you hear about the HealtheVoices Impact Fund?\***

Please let us know how you heard about the HealtheVoices Impact Fund.

*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 the links in the text box.

*Character Limit: 250*

**Please attach BOTH the projected operating revenue and projected expenses for 2025\***

Nonprofits must have a minimum of \$15,000 in projected 2025 operating expenses. The **maximum** operating budget cannot exceed \$250,000.

*File Size Limit: 2 MB*

**Please attach your 2024 financial statements\***

**Unaudited statements will be accepted.** Please include the 2024 Income and Expenses Statement and the Balance Sheet as of Dec. 31, 2024.

*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*

**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 and implementation.

*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 labor, software and hosting expenses, consultants, design & implementation costs, materials, and supplies. The labor costs should not exceed 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 the \$5,000 grant size.** 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 the \$5,000 grant?\*

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

*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:

- Engage, inform, and empower patients
- Coalesce and strengthen the advocate community
- Create inclusive patient communities, combatting stigma and isolation
- Provide education for patients on how to be an effective patient advocate

*Character Limit: 10000*

### How does this project address healthcare disparities using an inclusive approach?\*

Please explain your approach to addressing any healthcare disparities in an inclusive way. 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 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*

## Please attest to your willingness to share information about the project if a grant is received\*

### Choices

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

I am NOT willing to share information about the project.

## Please attest to your commitment to provide Mid-Year and Final Reports\*

These two reports are not optional. They must be completed online using the same system 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.

## Please attest to your willingness to disclose the funding on materials if selected for a grant\*

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 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.