

Impact Fund

by Health  Voices

2026 HealthVoices Impact Fund Application Checklist

Is My Project a Fit?

Use this checklist to determine whether your project aligns with the purpose, criteria and requirements of the Fund before applying.

1. Does my project align with the mission?

My project clearly supports one or more of the following:

- Engages, informs or empowers patients
- Strengthens the patient advocate community
- Builds patient communities and helps reduce stigma or isolation
- Reaches underserved, marginalized or excluded populations
- Educates patients on how to advocate effectively for themselves

 *If you checked at least one—your project is aligned with the Fund’s core goals.*

2. Is my project the right type of work?

- My project is **new** (not existing or ongoing work)
- It is **time-bound** with a clear start and end date
- It has a **specific deliverable or outcome** (not general activities)
- It can be completed by **December 2027**

✓ *If yes across the board, your concept fits the project structure required.*

 3. Can I clearly show impact?

- I can define **clear goals and measurable outcomes** (quantitative + qualitative)
- I can estimate how many people will **directly benefit** from the project
- My project addresses a **real unmet need or gap** in patient or advocacy support

✓ *Projects are competitively selected based on perceived impact—this is critical for success.*

💰 4. Does my budget fit the Fund?

- My total project budget is **\$5,000 or more**
- I understand the **grant amount is fixed at \$5,000**
- If my project costs more, I can **identify other funding sources**
- Labor costs do not exceed **25% of the budget**

✓ *If yes, your financial plan is aligned.*

⊘ 5. Does my project avoid restricted uses?

My project does **NOT** fund:

- Ongoing programs or general operating support
- Capital expenses, research or fundraising events
- Travel, medical treatment or direct healthcare services
- Political or for-profit activities

✓ *If none of these apply, your project meets funding guidelines.*

 6. Am I eligible to apply?

For individual applicants:

- I am a **U.S. citizen**
- I am **18 years or older**
- I understand the award is **taxable income**
- I am applying as an individual (not an LLC or nonprofit via individual application)

For nonprofit applicants:

- My organization is a **501(c)(3)** in good standing
- It has been active for **at least 2 years**
- Annual operating budget is **\$15K–\$250K**
- It has a **board of at least five members**

You must fully meet either individual OR nonprofit criteria to proceed.

 7. Am I ready to meet application & reporting requirements?

- I can submit my application by **July 7, 2026 (midnight ET)**
- I am willing to provide **mid-year and final reports**
- I agree to **acknowledge funding** in project materials
- I am comfortable sharing project updates and results publicly

These are mandatory requirements for all award recipients.

Final Check

If you can confidently say:

- My project aligns with the mission
- My concept is a defined, time-bound project

- ✓ I can clearly measure impact
- ✓ I meet eligibility and funding requirements

 **Your project is a strong fit for the 2026 HealthVoices Impact Fund!**