**American Heart Association**

**Voices for Healthy Kids**

**Strategic Campaign Fund Grant Application**

Thank you for your interest in the AHA/RWJF Strategic Campaign Fund’s Campaign award opportunity. This funding is intended to support strategic issue advocacy campaigns focused on fighting childhood obesity through state and local public policy campaigns aligned with the Voices for Healthy Kids’ policy priorities.

To apply, please complete the information requested below. Applications will not be evaluated until all requested information is submitted. Applications will not be accepted if missing or incomplete information is not submitted on or before the due date provided at the time an application is reviewed and requests for additional information made by AHA.

Date: \_\_\_\_\_\_\_\_\_\_\_\_

Name of applying fiscal agent 501(c)(3): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funding Request $\_\_\_\_\_\_\_\_\_\_\_

Period of funding From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(State)\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Zip)\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the contact person employed by the projected fiscal agent (if not, explain):

Please provide a brief (no more than 1 page) description of your organization or coalition, including a summary of your policy experience and success.

What level of government are you seeking for public policy change (for example, school board, city council, or state legislature)?

Have you confirmed that this body has the legal authority/jurisdiction to make this change and is not preempted from doing so?

Are you currently; or have ever been, a grantee of the American Heart Association or the Robert Wood Johnson Foundation? If yes, please explain for what and when.

Which policy priority will this campaign meet? Select One:

\_\_\_\_\_Reduce access to unhealthy competitive foods in schools

\_\_\_\_\_Reduce unhealthy beverage consumption using pricing (dis)incentives

\_\_\_\_\_Increase incentives and demand for strengthening industry self-regulation and government regulation of food marketing to kids

\_\_\_\_\_Increase the number of healthy food retail outlets receiving funding from food financing initiatives in underserved communities

\_\_\_\_\_Increase the use of joint use agreements and street-scale improvement in underserved communities

\_\_\_\_\_Improve physical activity standards in out-of-school/out-of-class time in underserved communities

How will your campaign meet the policy priorities above?

Please attach a detailed issue advocacy campaign plan (Attachment A) that at a minimum addresses the following items:

* Goals
  + Long-term goal of your campaign
  + Intermediate goals for the issue campaigns
  + Short-term or partial victories you can win as steps toward your long-term goal
* Organizational Considerations
  + List the resources that your organization brings to the campaign. Include: money, number of staff, facilities, reputation, etc.
  + List internal problems that have to be considered if the campaign is to succeed.
* Constituents, Allies/Opponents
  + Who cares about the issues enough to join in or help the campaign?
  + Who are your opponents?
* Targets
  + Primary targets (A primary target is always a person. It is never an institution or elected body.)
  + Secondary targets
* Tactics

*You may use your own campaign plan if your organization already has a format that communicates the required information.*

In addition, please address the following:

* Policy bottom-line
* Decision making process of this campaign
* Target Population
* Ability of organization to conduct direct and grassroots lobbying
* Explanation of how lobbying and non-lobbying expenses will be tracked

Budget and Budget Narrative

* Budget Template (Attachment B, Excel document)
* Explanations of budgets for contracts, subcontracts, consultants and staff time should include a justification and deliverables (Attachment C)
* Details about staff that work on this campaign (Attachment C)
* Details about consultants that will work on this campaign (Attachment C)

Documents to include with this submission:

* IRS 501(c)(3) determination letter

Timeline:

* Please allow 6 – 8 weeks for review and decision

Contact Information

* Submit this application and required attachments to voicesforhealthykids@heart.org
* Questions or Assistance with the Campaign Plan??? Please contact Debbie Hornor, Senior Manager, Field Consultation, at [debbie.hornor@heart.org](mailto:debbie.hornor@heart.org)

**Attachment A**

**Advocacy Strategy Chart**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goals** | **Organizational Considerations** | **Constituents, Allies, and Opponents** | **Targets** | **Tactics** |
|  |  |  |  |  |

**Attachment C**

**Budget Narrative**

| **Category** | **Narrative** |
| --- | --- |
|  | |
| Campaign Coordinator | Campaign Coordinator *Please list:*   * *Brief bio if position is occupied* * *% of time dedicated to the grant* * *Primary objectives for the position* * *Anticipated hire date if position is vacant* * *Projected Annual Salary*   ***Total Salary: $X*** |
| Project Staff | *List by position:*   * *Position title* * *Brief bio if position is occupied* * *% of time dedicated to the grant* * *Primary objectives for the positions* * *Anticipated hire date if position is vacant* * *Projected Annual Salary*  Total Project Staff Salaries: $X |
| Administrative Staff | *List by position:*   * *Position title* * *Brief bio if position is occupied* * *% of time dedicated to the grant* * *Primary objectives for the positions* * *Anticipated hire date if position is vacant* * *Projected Annual Salary*  Total Administrative Staff Salaries: $X |
| Other Staff | *List by position:*   * *Position title* * *Brief bio if position is occupied* * *% of time dedicated to the grant* * *Primary objectives for the positions* * *Anticipated hire date if position is vacant* * *Projected Annual Salary*  Total Other Staff Salaries: $X |
| Fringe Benefits | *Costs and % of salaries by benefit type (medical, dental, FICA, etc…)* Total Fringe Benefits: $X |
| **Other Direct Costs** | |
| Office Operations | *Provide rationale and dollar amount of each Office Operations line item on the budget template* |
| Advertising | *Provide rationale, vendor(s), and activities included on the budget template* |
| Communications & Marketing | *Provide rationale, vendor(s) and activities included on the budget template* |
| Polls & Surveys | *Provide rationale, vendor(s) and activities included on the budget template –* ***Please note all polls and surveys need to be reviewed and approved by AHA prior to polling or surveying*** |
| Equipment | *Provide rationale and activities included on the budget template* |
| Other | Provide rationale and activities included on the budget template |
| Travel | Provide rationale and calculations broken down by trip/cost category on the budget template (please see travel guidelines for costing estimates) |
| Meeting Expenses | *Provide rationale and breakdown by meeting / cost category on the budget template* |
| Purchased Services | *Provide rationale, name of consultant, cost, period of services, and expected outcome for each line item on the budget template* |