



2024-2381 Chris - Testing

**Grant Agreement Signatory Contact First Name**

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**Grant Agreement Signatory Contact Last Name**

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**Grant Agreement Signatory Email**

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**Media Contact First Name**

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**Media Contact Last Name**

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**Media Contact Email**

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**Financial Contact First Name**

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**Financial Contact Last Name**

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**Financial Contact Email**

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## Organization Description

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**Does your organization CEO identify as Veteran, BIPOC, Female, LGBTQIA+, or a person with a Disability?**

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**How many people are on your Board of Directors (officers and members)?**

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**Please provide a breakdown of your board members by demographic**

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**Gender**

**Race**

**Ethnicity**

**Veterans**

**LGBTQIA+**

**Disability**

**Does your Board of Directors (the individuals serving on your board) have representation of the population your program intends to serve?**

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Select One

**What is the total number of employees in your organization?**

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**Please provide a breakdown of your organization's employees by demographic**

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**Gender**

**Race**

**Ethnicity**

**Military/Service Veterans**

**LGBTQIA+**

**Disability**

**Share your organization's mission in 100 or fewer words**

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**In what year was your last 990 filing?**

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**What is your organization's annual revenue, per your last filed 990/financial filing?**

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## Collaborating Partners

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**Is this organization submitting on behalf of a larger formal collaborative?**

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**Please attach MOUs for the collaborating organizations.**

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**Are you using a fiscal sponsor for this project?**

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Fiscal sponsor: A fiscal sponsor is a nonprofit organization that provides fiduciary oversight, financial management, and other administrative services to help build the capacity of charitable projects.

## Project Summary

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**Project Title**

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**Total Amount of Funding Requested (\$)**

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**Briefly describe your program's objective(s) (max 250 words)**

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**Select the populations your program/project will serve**

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**Within the focus populations selected above do you serve any of the following sub-populations**

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**The Humana Foundation defines health equity as “the elimination of unjust, avoidable and unnecessary barriers in health and healthcare which can impact. Health equity is the end goal for equal access, care, and health outcomes for all patients no matter economic, social, or environmental disadvantage.”**

**Please explain how your project addresses unchallenged policies, structural or other barriers which prevent access to equitable health in mental health or food nutrition**

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**Which geographies will program services be delivered? Check all that apply**

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We advance health equity by making high-impact investments in key communities and driving innovative national thought leadership. Our focus geographies include: Kentucky, with an emphasis on Louisville, Florida, Louisiana and Texas.

**As part of our commitment to transparency, Humana Foundation reports the use of all philanthropic funding through Fair 360. Sometimes programs will also serve other populations. If awarded a grant, will the funding you receive from Humana Foundation also serve any of the following groups? Please check all that apply**

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**Which of the focus areas listed does your project impact?**

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Select One

## Additional Files

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**Additional Files (Do Not Use for Due Diligence Files)**

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Use this folder to share files between applicant and the Humana Foundation. NOTE: This folder is not for Due Diligence files. If the Humana Foundation has requested Due Diligence files from your organization, use the Due Diligence tab on your application.

## Due Diligence Documents

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## Due Diligence Documents

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Upload 1 of the following items:

1. Most recent audit (PDF)
- OR
2. Most recent Form 990 (PDF)

## Desired Impact

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How does your organization define success of the program overall?

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In these next two questions, we would like to understand the target outcomes you hope to achieve with the target population through your services or activities. An outcome is an observed, measurable change in the population served by the activity or service. For example, a nonprofit screens a population for food insecurity, provides meals to those who are food insecure, surveys recipients of meals and observes a reported outcome of a reduction in their food insecurity among individuals who received meals in the program.

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Short-term outcomes

### Long-term outcomes

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If you are applying for multi-year funding, please select which years (check all that apply)

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- 2024
- 2025
- 2026
- 2027

Please provide the activities or services you intend to implement and when the activities or services will be completed.	Provide a brief description of your activity	Choose the frequency for when the activity will be implemented	No of People Impacted
Mentoring	test	Quarterly	40
Mentoring	test	Monthly	100

Please provide the services you intend to implement and when the services will be completed.	Provide a brief description of your service	Choose the frequency for when the service will be implemented	No of People Impacted
One-on-one classes	test	Annually	45

## Evaluation Plan

**How many people of the serviceable population do you anticipate reaching with your project activities or services?**

For example, 80% of seniors, who received healthy meals, report reduced food insecurity after completion of 12-week program

**What percentage of these people do you believe you will achieve your target outcomes?**

Short-Term Outcomes

N/A%

What percentage of these people do you believe you will achieve your target outcomes?

**What percentage of these people do you believe you will achieve your target outcomes?**

Long-Term Outcomes

N/A%

What percentage of these people do you believe you will achieve your target outcomes?

**What mechanism will you use to collect data to evaluate your described targeted outcomes?**

Select the Program's Primary Focus Area (Select the option that MOST applies to your program)

Select One

What type of measurement tool are you using for evaluation? Please select the focus area from the following dropdown, and then select the appropriate measurement tool:

Please Select

How frequently will you use this tool to evaluate impact on the target population?

Select One

What staff, materials or resources will you need to evaluate these outcomes

If your program is not fully funded, how would this impact the number of people you reach, activities provided, and outcomes achieved?

## Responsible person's role details

Who will be responsible for managing your evaluation plan, including data collection, analysis and reporting? Please describe the person's role with your organization

Contact first name

Contact last name

Contact email address

Contact phone number

Contact role

## Budget

Please provide a budget narrative. Your narrative should include each position to be funded and the percentage of salary you are requesting for each position, a description of fiscal agent fees and/or consultant fees, and any additional information that may be needed to help us understand the needs of your proposed project. As a general rule, Humana Foundation does not fund more than 50 percent of any position, however if you are requesting an exception please provide justification in the budget narrative. (NOTE: You are also required to complete the budget tool located at the end of this form)

### Itemized Budget Year 1

Position Title (ex. Executive Director)	Humana Foundation Investment	In Kind Donations (optional)	Other Investors (optional)	Total Project Budget
	\$1,000	\$0	\$0	\$1,000
	Humana Foundation Investment	In Kind Donations (optional)	Other Investors (optional)	Total Project Budget
Type	Humana Foundation Investment	In Kind Donations (optional)	Other Investors (optional)	Total Project Budget
Item	Humana Foundation Investment	In Kind Donations (optional)	Other Investors (optional)	Total Project Budget
TOTAL COSTS	\$1,000	\$0	\$0	\$1,000

### Itemized Budget Year 2

Position Title (ex. Executive Director)	Humana Foundation Investment	In Kind Donations (optional)	Other Investors (optional)	Total Project Budget
	\$0	\$0	\$0	\$0
	Humana Foundation Investment	In Kind Donations (optional)	Other Investors (optional)	Total Project Budget
Type	Humana Foundation Investment	In Kind Donations (optional)	Other Investors (optional)	Total Project Budget





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Item	Humana Foundation Investment	In Kind Donations (optional)	Other Investors (optional)	Total Project Budget
TOTAL COSTS	\$0	\$0	\$0	\$0

Itemized Budget Year 3

Position Title (ex. Executive Director)	Humana Foundation Investment	In Kind Donations (optional)	Other Investors (optional)	Total Project Budget
	\$0	\$0	\$0	\$0

Type	Humana Foundation Investment	In Kind Donations (optional)	Other Investors (optional)	Total Project Budget
Item	Humana Foundation Investment	In Kind Donations (optional)	Other Investors (optional)	Total Project Budget
TOTAL COSTS	\$0	\$0	\$0	\$0

Itemized Budget Year 4

Position Title (ex. Executive Director)	Humana Foundation Investment	In Kind Donations (optional)	Other Investors (optional)	Total Project Budget
	\$0	\$0	\$0	\$0

Type	Humana Foundation Investment	In Kind Donations (optional)	Other Investors (optional)	Total Project Budget
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Item	Humana Foundation Investment	In Kind Donations (optional)	Other Investors (optional)	Total Project Budget
TOTAL COSTS	\$0	\$0	\$0	\$0

Itemized Budget Year 5

Position Title (ex. Executive Director)	Humana Foundation Investment	In Kind Donations (optional)	Other Investors (optional)	Total Project Budget
	\$0	\$0	\$0	\$0

Type	Humana Foundation Investment	In Kind Donations (optional)	Other Investors (optional)	Total Project Budget

  

Item	Humana Foundation Investment	In Kind Donations (optional)	Other Investors (optional)	Total Project Budget
TOTAL COSTS	\$0	\$0	\$0	\$0

Multi-Year Total (Year 1 + Year 2 + Year 3 + Year 4 + Year 5)

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
TOTAL COSTS	\$1,000	\$0	\$0	\$0	\$0	\$1,000

Eligibility