



Sample Application Project Title

Application ID

Sample Application Project Title

Application Type

General Grant

Program Cycle Name

General Grant

Contact Information

Organization Information

Name:

Address:

Phone:

Website:

Primary Project Contact

Name:

Address:

Phone:

Website:

Secondary Project Contact First Name

Secondary Project Contact Last Name

Secondary Project Contact Phone

Secondary Project Contact Email



Sample Application Project Title

Grant Agreement Signatory Contact First Name

Grant Agreement Signatory Contact Last Name

Grant Agreement Signatory Email

Grant Agreement Signatory Title

Media Contact First Name

Media Contact Last Name

Media Contact Email

Financial Contact First Name

Financial Contact Last Name

Financial Contact Email

Organization Description

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

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

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?

Select One

What is the total number of employees in your organization?

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

Gender

Race

Ethnicity

Military/Service Veterans

LGBTQIA+

Disability

Share your organization's mission in 100 or fewer words

In what year was your last 990 filing?

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



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Have you previously received funding from Humana Inc. or the Humana Foundation

- Yes
 No

Collaborating Partners

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

Please attach MOUs for the collaborating organizations.

Are you using a fiscal sponsor for this project?

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.

No

Project Summary

Project Title

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Total Amount of Funding Requested (\$)

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

Select the focus populations your program/project will serve:

Veterans, School-Aged Children (K-12), Seniors (65+)



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

Race, Ethnicity, Gender Identity, Sexual Orientation, Disability, Low-Income, Other Special Population

Please select the suitable option to best describe Race served

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Unknown/NA

Please select the suitable option to best describe Ethnicity served

- Hispanic or Latino
- Not Hispanic or Latino
- Ethnicity Unknown

Sexual Orientation Options

Straight or heterosexual, Lesbian or gay, Bisexual, Queer, Pansexual, and/or questioning, Something else(or other), Don't know, Decline to answer

Other Sexual Orientation Option(Please Specify)

Gender Identity

Male, Female, Transgender man/trans man, Transgender woman/trans woman, Genderqueer/gender nonconforming neither exclusively male nor female, Additional gender category (or other)

Other Gender Identity(Please Specify)



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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

Test

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

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.

Kentucky, Louisiana, Florida, Texas, Other

Geographies served under Kentucky

- Louisville
- Other

Geographies served under Louisiana

- New Orleans
- Other

Geographies served under Florida

- South Florida (Miami-Dade and/or Broward County)
- Central Florida (Orange County - Orlando)
- North Florida (Duval County - Jacksonville and surrounding areas)
- Other



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Geographies served under Texas

- San Antonio
- Houston
- Other

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.

Which of the focus areas listed does your project impact?

Both

Please specify which of the following areas your project impacts. Check all that apply.

Nutritional Health, Access to Healthy Foods (focus of seniors), Nutritional Health, Models, Systems (focus of children [K-12], seniors or veterans), Nutritional Health, Literacy Programs (focus of children [K-12] or seniors)

Total number of people expected to reach with Nutritional Health Services

Please specify which, if any, of the following areas your project impacts. Check all that apply.

Mental Health/Emotional Connections, Loneliness in Underserved Populations (children [K-12], seniors or veterans), Mental Health/Emotional Connections, Senior Companionship (seniors), Mental Health/Emotional Connections, Promoting Equity in Services with Focus on Prevention (children [K-12], seniors or veterans)

Total number of people expected to reach with Mental Health/Emotional Connections Services



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Are you measuring any of the following: (Check all that apply)

- Loneliness
- Senior companionship
- Depression
- Trauma
- Suicide rates

What specific deliverables do you plan to accomplish with the funding?

Test

What is your projected number served in this project?

How do you plan to evaluate the long-term effectiveness of your project?

Test

Additional Files

Additional Files (Do Not Use for Due Diligence Files)

NOTE: This field is not used during your initial application submission. This folder is used to share files between an applicant and the Humana Foundation, should the Foundation require follow-up file uploads.

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.

Example

97.4 KB - 2024-06-13 10:26

Total Files: 1

Eligibility



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



Sample Application Project Title

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 2

Position Title (ex. Executive Director)	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
Indirect Costs	\$0	\$0	\$0	\$0
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
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



Sample Application Project Title

Indirect Costs	\$0	\$0	\$0	\$0
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Position Title (ex. Executive Director)	Humana Foundation Investment	In Kind Donations (optional)	Other Investors (optional)	Total Project Budget
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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
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TOTAL COSTS	\$0	\$0	\$0	\$0
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Itemized Budget Year 4

Position Title (ex. Executive Director)	Humana Foundation Investment	In Kind Donations (optional)	Other Investors (optional)	Total Project Budget
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Type	Humana Foundation Investment	In Kind Donations (optional)	Other Investors (optional)	Total Project Budget
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Indirect Costs	\$0	\$0	\$0	\$0
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Position Title (ex. Executive Director)	Humana Foundation Investment	In Kind Donations (optional)	Other Investors (optional)	Total Project Budget
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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
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TOTAL COSTS	\$0	\$0	\$0	\$0
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Itemized Budget Year 5



Sample Application Project Title

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