

## **How to Apply: Momentum Fund**

Go to [www.tuftshealthplanfoundation.org](http://www.tuftshealthplanfoundation.org). Our process is electronic to make it easy for you.

Please submit your grant application by the [due date](#) for the focus area for which you are applying. Our system will close at 4 p.m. ET on the due date.

### **Step 1 – Register and create your secure online account**

If you are a first time user, CyberGrants, our online system will require you to register.

Notifications regarding your application will be sent to the email address provided when you register. Please make sure that email information is correct. For current users, please update your information if it has changed. For ease of access, we recommend bookmarking your registration page for future reference.

### **Step 2 – Application**

After successfully registering, complete and [submit your application](#). We will only accept online submissions. For technical questions, please see the “Need Support?” link on CyberGrants or contact one of our community investors.

### **Step 3 – Notification of Funding**

Organizations are notified regarding funding decisions after our board meets and approves grants. Notification dates are in [Due Dates](#).

*Preview of Momentum Fund application on the next page*





### Preview Form

This is an example of the application questions with which you will be presented. It is recommended that you compose the answers to the paragraph questions in a word processing program and then cut and paste that text into the online application.

### Organization Information

PLEASE NOTE: The character limit includes a space or punctuation mark as equal to 1 character and a carriage return or blank line as equal to 2 characters.

\* **Legal name**  
(Text)(100 character maximum)

Instructions:

- As listed with the IRS.

\* **Address**  
(Text)(100 character maximum)

Instructions:

- 

\* **City**  
(Text)(50 character maximum)

Instructions:

\* **State**  
(Single-Select List)

- (Not Applicable)
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- Armed Forces Africa/Canada/Europe/Middle East
- Armed Forces Americas (except Canada)
- Armed Forces Pacific
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Northern Mariana Islands
- Ohio
- Oklahoma
- Oregon
- Palau
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virgin Islands
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

Instructions:

\* **Zip**  
(Text)(20 character maximum)

Instructions:

\* **501c3**  
(File Upload)File Upload; 10485760 byte limit

Instructions:

- Please attach your organization's most recent 501c3 letter of determination. (Limit 10MB)

\* **Operating budget**  
(File Upload)File Upload; 10485760 byte limit

Instructions:

- Please upload a copy of your organization's current operating budget. (Limit 10MB)

\* **Mission statement**  
(Paragraph)(500 character maximum)

Instructions:

\* **Organization summary**  
(Paragraph)(1000 character maximum)

Instructions:

- Please include organization's goals and objectives.

\* **Prior Funding**  
(Yes/No)

Instructions:

- Has your organization received prior Funding from the Tufts Health Plan Foundation?

**Received Prior Funding**  
(Single-Select List)

- Event Sponsorship
- Grants
- Other

Instructions:

**Received Prior Funding - Other**  
(Text)(500 character maximum)

Instructions:

- Please explain the other type of funding you've received

### Contact Information

Match your primary contact information or create a new contact. This information will be used for primary contact for all grant related information and correspondence. As the primary contact for this organization, you can make changes to the profile. *Note: it is important to keep information as timely as possible.*

\* **First Name (Primary Contact)**  
(Text)(40 character maximum)

Instructions:

\* **Last Name (Primary Contact)**  
(Text)(40 character maximum)

Instructions:

\* **Title**  
(Text)(255 character maximum)

Instructions:

\* **Email Address**  
(Text)(100 character maximum)

Instructions:

\* **Telephone**  
(Text)(30 character maximum)

Instructions:

### Program Information

PLEASE NOTE: The character limit includes a space or punctuation mark as equal to 1 character and a carriage return or blank line as equal to 2 characters.

\* **Project/Program Title**  
(Text)(255 character maximum)

Instructions:

- If you haven't named your project yet, we recommend a short name (five to ten words) that reflects your main objective.

Instructions:

\* **Project proposal**  
(Paragraph)(2000 character maximum)

- Provide a summary of your proposed project, including:
- How it meets challenges or opportunities in your community
- How older people will be engaged in this project

Instructions:

\* **Momentum Fund alignment**  
(Paragraph)(1000 character maximum)

- Please describe how your proposed project addresses: promising solutions and equity.  
(See program guidelines for descriptions of the Momentum Fund criteria.)

Instructions:

\* **Community served**  
(Paragraph)(500 character maximum)

- Describe the community or communities that will be served through this project. Please be specific.

Instructions:

\* **Needs statement**  
(Paragraph)(1000 character maximum)

- What is the community need or opportunity you seek to address in this project? Please provide relevant data from reputable sources to describe the opportunities and/or challenges faced in community (e.g., focus groups, needs assessments, etc.)

Reputable sources may include, but are not limited to: available data for municipalities, county, state, reports or studies by Area Agencies on Aging, public health departments, hospitals, etc.

Instructions:

\* **Build momentum**  
(Paragraph)(750 character maximum)

- Describe how this project contributes to the development of age- and dementia-friendly communities.

Instructions:

\* **Collaboration**  
(Paragraph)(1000 character maximum)

- **Collaboration for this project:** With whom are you partnering on this work? Please list key partners and their roles. How are they already participating or how will they participate?

**Past collaboration:** What is your history of collaboration with these or other relevant organizations and individuals? What were the results?

Instructions:

\* **Anticipated results**  
(Paragraph)(750 character maximum)

- What are the anticipated outcomes at the end of one year? How will you measure or track achievements? What is the long-term vision for this work?

### Financial Information

\* **Total project/program budget**  
(Currency)(20 character maximum)

Instructions:

\* **Total amount requested**  
(Currency)(20 character maximum)

Instructions:

Instructions:

\* **Project budget - Momentum Fund**  
(File Upload)File Upload; 5242880 byte limit

- Please [download this template](#), complete, and upload below. The project budget should detail how funds will be used. Under Resources, share other sources of support, including in-kind.

### Certifications

PLEASE NOTE: To qualify for funding, you must respond to all of the following statements. If any response or confirmation is found to have been completed inaccurately, the organization will be disqualified for funding.

**Please answer the following questions:**  
(No input required)

Instructions:

\* **I am an authorized representative of the applying organization.**  
(Yes/No)

Instructions:

Instructions:

\* **Authorized representative aware of submission**  
(Yes/No)

- If not an authorized representative, I confirm the organization's executive director, CEO, or other authorized representative is aware of this submission.

Instructions:

\* **Authorized Representative Name and Title**  
(Paragraph)(250 character maximum)

- Please fill out your name and title.

\* **Our organization has at least three board members**  
(Yes/No)

Instructions:

\* **No member of our board of directors is directly or indirectly compensated.**  
(Yes/No)

Instructions:

\* **Our organization has a conflict of interest policy and related procedures.**  
(Yes/No)

Instructions:

\* **Our organization has a person or function whose sole responsibility is the financial accountability for our operations.**  
(Yes/No)

Instructions:

\* **No one on our board and/or staff has been the subject of prior or current indictments, convictions or allegations of conflict of interest.**  
(Yes/No)

Instructions:

**If no, please provide further explanation.**  
(Paragraph)(2000 character maximum)

Instructions:

\* **We have not been the subject of any investigation by a government authority within the last 10 years.**  
(Yes/No)

Instructions:

**If no, please explain below.**  
(Paragraph)(2000 character maximum)

Instructions:

\* **No employees, customers, or board members of Tufts Health Plan or any of its subsidiaries/affiliates are involved in our operations.**  
(Yes/No)

Instructions:

**If no, please provide additional information.**  
(Paragraph)(2000 character maximum)

Instructions:

Instructions:

\* **Acceptance of Review**  
(Checkbox List)

- Yes, I confirm

- I understand that the information provided in this application is subject to review. We understand that if funded, the organization will be required to participate in site visits by the Foundation staff as well as submit progress reports on the project as required by the grant. We agree to provide any information, reports and documents that the Foundation may request regarding this project/program as well as be subject to a complete and thorough audit. We may be required to demonstrate compliance with this grant which may require access to files, records, accounts or personnel.

I understand that we may be required to return granted assets and forfeit future funding eligibility if (1) the review reveals significant inaccuracies or violations of the policies stated herein, (2) the organization does not cooperate with the review, or (3) the Foundation concludes, based on its review, that the we are not meeting the expectations of the grant as agreed to in the grant agreement.

**\* Confirmation of Charitable Intent and Tax Status**  
(Checkbox List)

- Yes, I confirm

**\* Use of Funds and Potential Return of Funds**  
(Checkbox List)

- Yes, I confirm

**\* Additional Conditions Under which Tufts Health Plan Foundation Can Withhold Funds or Require Reimbursement**  
(Checkbox List)

- I confirm and understand

**\* Required Notifications**  
(Checkbox List)

- Yes, I confirm

**\* Publicity**  
(Checkbox List)

- Yes, I agree

**\* Lobbying and Political Use Restrictions**  
(Checkbox List)

- Yes, I confirm

**\* Non-Violence and Anti-Terrorism Certification**  
(Checkbox List)

- Yes, I confirm

**\* Religious Proselytizing Restriction**  
(Checkbox List)

- Yes, I confirm

**\* Indemnification**  
(Checkbox List)

- Yes, I confirm

Instructions:

- We will use the grant for the good of the community, and not to fulfill a business purpose or obligation of any kind, including, but not limited to, offsetting sales or procurement commitments. None of the proposed grant funds will be used to provide any direct benefit to Tufts Health Plan Foundation, to any Tufts Health Plan or its affiliates' employees or family members of employees (unless it is for providing charitable services or education available to the public at large), or to any staff member, board member, or donor to the organization. No goods or services have been offered or promised in consideration for this charitable contribution.

We are exempt from federal income tax pursuant to Internal Revenue Code Section 501(c)(3) and are not a private foundation. We have not received any notice or information that the IRS has revoked, modified, suspended or superseded our tax exempt status through any action or otherwise.

Instructions:

- We will use the grant only for the purposes and activities specified in the grant application. We agree not to use grant resources in such a way as to constitute a taxable expenditure described in Section 4945 of the U. S. Internal Revenue Code. Additionally, we agree that if our organization is dissolved, or unable to use the grant for the specified project, we will promptly return any unexpended grant funds to Tufts Health Plan Foundation.

We understand that if the grant is used for any purpose other than agreed to, we will be required to return the entire grant to Tufts Health Plan Foundation. If we determine that it is necessary to modify the plans for the project in order to comply with a law or regulation affecting our responsibilities under the grant, or if we become aware of facts or circumstances affecting our ability to implement the project or the propriety of such implementation, we will promptly notify Tufts Health Plan Foundation in writing so that our organization and Foundation may together take the steps necessary to resolve the situation.

Instructions:

- a. We have failed to make substantial progress in the completion of the project or are incapable of satisfactorily completing the work of the grant;  
b. Continuing the grant is not in the interest of the general public;  
c. We have not fully complied with the terms and conditions of the grant and/or the grant funds have not been or will not be used as stated in grant application;  
d. Our financial condition warrants such action;

Instructions:

- We will notify the Foundation in a timely manner about any changes pertinent to the grant, including any of the following: (a) any change in key personnel of the project or organization; (b) any change in address or phone number; (c) any development that significantly affects the operation of the project or the organization; (d) any change in the grant budget.

Instructions:

- We agree to appropriately acknowledge the participation of the Foundation in any publicity or public comment related to the project for which funds are granted. The organization authorizes the Foundation to use the organization's name and/or the specifics of the grant in any of the Foundation's publicity relating to the Foundation's activities.

Instructions:

- No portion of this grant will be used directly or indirectly, to influence the outcome of any specific election for candidates to public office, to induce or encourage violations of law or public policy, to cause any improper private benefit to occur, or to make any grant to an individual other than as a part of the charitable activities in support of this project, nor to undertake any activity not in support of the project for which funding is requested.

Instructions:

- We will use the funds provided in compliance with all U.S. anti-terrorism laws and regulations, including Executive Order 13224 and the Global Terrorism Sanctions Regulations set forth in 31 C.F.R. Part 594. We do not directly or indirectly support any terrorist activities or employ or transact with entities or individuals known to support terrorism. We take reasonable steps to ensure that received funds are not ultimately distributed to terrorist organizations and that staff and board members do not directly or indirectly support known terrorists or terrorist organizations.

Instructions:

- Resources provided by Tufts Health Plan Foundation will not be used for religious proselytizing in any way. Exposure, adherence or conversion to any religious doctrine is not required of the program's beneficiaries.

Instructions:

- We agree to indemnify, defend and hold harmless the Tufts Health Plan Foundation and its affiliates, officers, directors, and staff from and against any expenses, damages and liability (including reasonable attorney's fees and investigation costs) arising out of or in any way related to any grant awarded, the expenditure or grant funds or the organization's conduct.

**\* Compliance with this Certification**  
(Checkbox List)

- Yes, I confirm

**\* Signature**  
(Paragraph)(250 character maximum)

**\* Date of Signature**  
(Date)

Instructions:

- Our organization accepts sole responsibility for complying with the terms and conditions of the grant and will exercise full control over expenditure of grant funds. We will not assign our obligation hereunder without the prior written approval of the Tufts Health Plan Foundation.

Instructions:

- By signing below, I warrant that the information provided herein is complete and accurate to the best of my knowledge.

Instructions:

[Need Support?](#)

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