

MICHIGAN HEALTH ENDOWMENT FUND

OUR NEW STRATEGIC FRAMEWORK WEBINAR

Q&A

HEALTHY AGING & HEALTHY KIDS

Q: When you speak about Healthy Kids and Healthy Aging (older adults), do you have specific age ranges or definitions in mind for these populations?

A: We do not have a specific set age range. This is by design as we appreciate that certain projects and populations may not fit within a set definition, but do align with our goals to promote healthy aging and children's health. That said, if your project serves a population that falls outside of traditional definitions for these populations, it's important to make a strong case in your proposal for why the specific people you aim to serve will benefit from the intervention you propose. If you have questions or need further clarification, please contact us anytime.

Q: Does your focus on children include up to age 18 or limited to young children?

Our Healthy Kids program aims to address health needs from before birth through young adulthood. We are not only focused on young children — we're focused on all of childhood. While the main focus of our grants will be on minor children, including the period starting with prenatal and perinatal care — including maternal health — through age 18, we are also open to conversations regarding specific projects that address critical, high-priority health needs for young adults. We also understand that children can't be healthy without family and caregivers also having the support that they need and may fund projects that support families to enable better health and well-being for kids. Above all, we want to hear your ideas: please contact us if you have specific questions or projects to discuss.

Q: Can we apply for multiple grants across grant programs?

A: Yes, you may apply for multiple grants under any program, you can apply across different programs, and current grantees are eligible to apply for additional grants. However, it is highly unlikely that we will be able to fund multiple projects to the same organization within a given grant round. To help determine the most competitive idea, we encourage you to submit a two-page concept paper for each idea. There's no limit on how many of those you can send, and our teams will give you good, honest advice about what we think will be most competitive.

Q: Will you still be investing in active transportation investment? This was part of Nutrition and Healthy Lifestyles, but these serve entire community not just kids or older adults, so how do we look at this in terms of programmatic fit?

A: Health-related transportation remains one of [our strategic priorities](#), and we recognize transportation, just like technology, can benefit all populations, not just older adults or kids. Health-related transportation projects should align with the strategies identified in the RFPs for each grant program, and we encourage you to submit a concept paper with your proposed idea.

Q: Please explain how you define "access to care" under Healthy Kids. It can be nuanced; often people assume we are talking about the same thing and sometimes we really are not.

A: Our definition at this time is intentionally broad. We are initially focused on improving access to pediatric health care and behavioral health, and we are also interested in hearing ideas from applicants about other forms of care that they think will improve children's health in their communities. We will continue to refine our strategy in this area as we go, and would love to field ideas in conversations and concept papers.

You will see more detail in our RFP and a related RFP kickoff webinar for Healthy Kids in March. You will likewise find information in our Healthy Aging and Behavioral Health RFPs that further define our access priorities under those programs. Additionally, please watch our recording to hear more about the access priorities under Healthy Aging from the program's director, Phil Lewis.

Q: Are projects solely focused on adopted youth, or youth who are in or are alumni of foster care, competitive in this new framework?

A: Yes, we would welcome applications aimed at supporting these populations.

Q: How does your policy approach address improving the quality of care and quality of life for seniors in long-term care settings, such as assisted living facilities? Do you also prioritize these issues alongside initiatives that support aging at home?

A: We're interested in all settings. Most people want to live in their homes as they age and they grow older. However, we understand that we need a broad array of settings with quality care for older adults, and so we understand that improving care in long-term care settings can support progress across our Healthy Aging strategic priorities areas. We would welcome applications to make advancements in these settings.

Q: Would a focus on children with disabilities be appropriate?

A: We would welcome that application.

Q: Will you still be prioritizing perinatal outcomes and perinatal mental health? If so, what is the best grant to apply for under those topics?

A: That sounds like a potential fit for the Healthy Kids program. If the project has a behavioral health focus, we'll work with you to ensure that your application is considered under the best grant program for 2026.

APPLICATIONS, CONCEPT PAPERS, REQUIREMENTS, PROCESS

Q: Can we include multiple programs in one grant application, or would we be better to submit multiple applications specific to a single program?

A: It would be better to submit each individual idea as a concept paper so our program teams can work with you on the specific idea, identify which one has the strongest alignment with our priorities, and then move forward with an application in that way. Sending targeted concept papers allows more time to refine and potentially strengthen applications compared to when we receive multiple ideas in one document.

Q: Are there specific fiscal partners you suggest or prefer to work with for initiatives that are looking for the right path for fiscal oversight?

A: We do not have preferred fiscal sponsors. We do encourage you to work with organizations that align with your approach or that best suits your needs. Also beginning in 2026, we are removing the requirement that you can only apply for up to 20% of your annual operating budget. We found

that this is limiting the amount that applicants could request and requiring them to go through a fiscal sponsor when that might not be the optimal approach for their organization or project.

Q: If we have an idea that benefits all ages, what's the best way to package that? Do we need to make one application for Aging and another for Kids?

A: The best approach would be to have a conversation with a member of our program team to talk through your broader idea. We can give you advice on the best fit among our grant programs.

Q: Will you provide a written version of the application outside of the grant portal? This would help us prepare our application before uploading to the grant portal?

A: Yes, we will continue providing a downloadable version of the application questions so you can preview them without logging into Fluxx. We are also revising our RFPs to better align with the application criteria, including updating the review criteria. Beginning in 2026, application questions for Healthy Aging, Healthy Kids, and Behavioral Health will be the same. We're trying to make it as easy as possible to move applications between these programs to get applicants to the most competitive programs without a lot of extra work.

Q: If we are not current grantees, when should we reach out to discuss our proposal?

A: You can reach out to us at any time. We are happy to talk ideas, or just give you a general lay of the land of our grant making. It is sometimes more helpful for applicants to wait until the RFP is out so they can see the specific focus areas for that grant round. Please note that if you contact us during an open grant period, there will be specific deadlines in order to receive feedback in time to incorporate it into your full proposal.

If you're looking for a bit more general information or to talk through an initial idea, we're happy to do that at any time.

Q: Can you share more about the concept paper process?

A: Concept papers are a way for us to understand a high-level overview of an applicant's idea and provide feedback before they work on a full application. This is designed to include input on the most compelling parts of proposed projects, to provide constructive feedback, or to encourage applicants to consider taking more time to develop the idea if it's not likely to be competitive as presented.

Some grant programs will require concept papers, others will strongly recommend concept papers. Concept papers are two pages. Information about what to include in your concept paper is included in the RFP and the concept paper template within Fluxx.

Concept papers are due within a few weeks after the RFP is released, and we aim to provide feedback a few weeks after that to allow applicants time to incorporate it in their proposals.

Previously, concept papers were submitted by email. Beginning in 2026, we are moving concept papers into the same portal used for the full application, and some of the information will carry through from concept paper to full application. Our goal is to create a better application experience overall.

Q: Are the grants still for two years?

A: Yes, applicants may request grants to support projects lasting up to two years. In some cases, after the project is awarded, we may approve a no-cost extension to extend the total grant period to three years.

Q: Is there a requirement that a project be new for an organization?

A: We do not support continuation work for programs. However, we can potentially support the expansion of current, very successful programs, bringing an evidence-based program into a new community, or replicating programs with new partners.

Q: For the cycles and RFPs that open in the spring for Healthy Kids, Behavioral Health and Healthy Aging, will each of those be for current grantees or open to all non-profits?

A: They will be open to all eligible organizations. The only grant round that will be only open for current and very recent grantees (concluded in 2025) is this first cycle of Capacity Building. We will open a second cycle of Capacity Building open to all eligible organizations in spring 2026.

Q: Will the (Healthy Aging, Healthy Kids, Behavioral Health) grant cycle open in March or be due in March?

A: The applications will open in March.

Q: Can national organizations apply if they partner with a local nonprofit?

A: Yes, national organizations can apply for funding, but **all project activities must be carried out in Michigan**, with an impact for Michigan residents specifically.

Q: How will institutions be contacted to update their Fluxx approvers to help delay submissions.

A: You can submit requests to add or update contacts for our online grant application system, Fluxx, to grants@mihealthfund.org. There are also instructions for requesting new accounts, and for updating organizational accounts, in Fluxx.

CAPACITY BUILDING INITIATIVE

Q: Do Capacity Building grants have a size requirement, (i.e., are they reserved for smaller non-profits)?

A: The short answer is no. We do not have a size requirement or limit for Capacity Building grants. That said, we typically look at projects that would be significantly helping organizations that have limited financial resources, or that the project would then enable some strategic growth for that organization.

If you are unsure about fit, the best approach is to review the RFP when it comes out and submit a concept paper. We have found that there are cases where there has been specific need in larger organizations — perhaps in a specific department or for a specific reason — that we have been able to consider.

Q: I have a clarifying question about the upcoming Capacity Building grant round, which I understand has tailored eligibility. Is that open to folks who have existing Capacity Building grants, or more broadly to those who have any existing grants.

A: It is not just for Capacity Building grantees, but for any grantee at the Health Fund that has a current grant with us or a grant that concluded in 2025.

OTHER

Q: Where can I learn more about the new impact investing program? Are these new tools open to current grantees only?

A: The details of our impact investing program aren't finalized yet. We do anticipate that this would be available initially to current or very recent grantees. We'll make sure to keep everyone informed about our progress throughout 2026 as we're getting ready to launch that program.

Q: How can we be sure to get announcements of opportunities?

A: The simplest way is to visit our website, mihealthfund.org, and sign up for our email newsletter in the footer of the website. We send broadcast emails when we launch new RFPs and post them on our LinkedIn feed. We also publish RFPs on our website in a clearly marked space on our homepage.

Q: How will you ensure that grants are made throughout the state of Michigan? Will you be ensuring some statewide projects or areas from different parts of Michigan? In particular looking for feedback on rural areas will they be able to compete with larger urbanized area needs.

A: Disparities in rural regions of Michigan, which are vast and throughout the state, are on our minds, and we'll be actively looking to invest in rural solutions. On our homepage, you can find our [grant map](#) that charts every grant we've made in our history by county, so you can see what our patterns are over the last 10 years and track that going forward.

Some of our investments will be specific to local communities. Others will be statewide and may benefit all communities evenly. We also recognize solutions for urban areas might look different than solutions for rural areas, and it's our job to serve both by taking different approaches and applying our health equity lens.

Q: As you spoke about the "local power" priority, can you speak to how local units of government can and will play a part? Thank you

A: Since inception, the Health Fund has worked closely with local units of government. We've invested in public health infrastructure initiatives and innovations across the state for years, along with projects that involve local units of government partnering with nonprofit community organizations. Going forward we continue to welcome partnerships and conversations with local units of government.

Please note, we won't be able to backfill any reductions in tax or other government incomes. Additionally, we'll always ask: "To what extent is a conversation with a public unit of government driven by local community, local voice, and local input?" That community participation is critical for us.

UNANSWERED LIVE

Q: Are there any more details related to how you will be innovating or expending your communications and collaboration tools?

A: The Health Fund currently provides support for communications and collaboration through our non-grant [Capacity Building resources](#). This includes broad, versatile support through Catchafire, along with intensive, cohort-specific coaching and mentorship programs for select grantee organizations and collaboratives. Additionally, our Communications team frequently works with

grantee organizations directly to provide resources and support for specific communications needs tied to their grant projects. As we move forward with our Strategic Framework, we'll be exploring ways to add to and enhance these resources.

We also currently support some strategic health journalism partners across the state with an aim to connect local communities to news and information that impacts their health, as well as provide insights for decision makers on broader health trends and policy needs in our state. We'll be creating a more formal strategy and process for supporting this health journalism work through our new framework.

Q: Have you invested in achieving racial equity in birth outcomes? Michigan has one of the highest Black infant mortality rates in the nation.

A: Closing the glaring gaps in infant mortality rates and broader maternal and infant health outcomes experienced by Black families in Michigan is an urgent priority for our state and for the Health Fund. In recent years, we have made significant investments through our Maternal & Infant Health program to support new models and interventions that advance birth equity for those communities that experience the most severe disparities in their care and outcomes. Many of these projects have created resources and initiatives that improve birth outcomes for Black families. Continuing this work will be a priority area within our Healthy Kids initiative.

Q: Do you see the Health Fund having a role in housing?

A: The Health Fund has supported numerous initiatives and organizations that connect families to resources addressing critical social determinants of health, which sometimes includes housing. We will continue to invest in these efforts under our new strategic framework.

At this time, we do not have plans to expand our work to include the construction or financing of new housing units.

Q: Can there be a focus on nature solutions as it relates to health? Getting people motivated to be outside and also as a way to eliminate pollutants and help alleviate respiratory illness

A: Physical activity is one of our organization's core focus areas, and we have supported many initiatives that promote and facilitate exercise — including time outdoors — as a part of a comprehensive approach to health. We continue to invite proposals to support access to opportunities for physical activity for children and older adults through our Healthy Kids and Healthy Aging Initiatives.