

## About the Creating Health Access for Next Generation Equity (CHANGE) Program

The AstraZeneca Foundation is committed to ensuring that everyone in the US has a fair and just opportunity to attain their highest level of health. The Foundation works to accomplish this by supporting nonprofit organizations with initiatives that address social drivers of health, or the conditions in which people are born, grow, live, work and age that impact health.

As an important determinant of health outcomes, a key priority for the Foundation is improving access to timely and quality healthcare services for populations experiencing health disparities. The Foundation recognizes that access to quality healthcare can be a challenge due to financial barriers, health insurance status, geographic location, limited transportation, provider availability and culture and language, among other factors. Accordingly, the AstraZeneca Foundation has established the **Creating Health Access for Next Generation Equity (CHANGE)** program.

**The CHANGE program awards Foundation grants to U.S.-based, nonprofit 501(c)(3) organizations or similar nonprofit organizations working to improve access to quality healthcare in their communities.**

The intent of the grants is to provide general operating support for organizations working in innovative, collaborative ways at the community level to help improve access to quality healthcare in their community during the grant year and beyond. Our aim is for funded organizations to maximize the benefit to community members and community-based organizations and to work toward continuing their services beyond potential AstraZeneca Foundation funding.

The nonprofit organization must meet the following key criteria:

1. Serve communities in California, Delaware, Maryland, Massachusetts and/or Texas.
2. Have a total revenue of \$12 million or less in their most recent tax year.
3. Work to improve access to quality healthcare for populations experiencing health disparities.
4. Provide services tailored to the needs of their communities including but not limited to providing access to and coordination of care and mitigating barriers that impact access to care services.

Funding priorities for 2026 include:

- Organizations promoting screenings, early detection, treatment and/or continuity of care for cardiovascular, renal, respiratory or immunologic diseases and/or cancers.
- Organizations establishing new partnerships and broader coalitions of community-based organizations or expanding existing partnerships with the intent of breaking down institutional silos and facilitating access to quality healthcare through inter-institutional collaboration.

## Organizational Criteria

- To qualify for a Foundation grant, an organization is required to be a U.S.-based, nonprofit organization with a 501(c)(3) designation or a public school, government entity or municipal institution that is eligible to accept tax-deductible, charitable contributions. Organizations that are a 501(c)(3) and also have an IRS designation as a 509(a)(3) are ineligible for funding.
- After submitting the application, organizations cannot make substantive changes to their tax status. Once selected for a grant award, organizations cannot reassign, transfer or credit their grant to another entity, including any related entity, without prior written approval by the Foundation. Any changes in an organization's tax status after submitting the application or being selected for a grant award must be reported immediately and may impact the organization's eligibility to receive the grant.
- The organization must be based in the United States or its territories and serve communities in at least one of the following locations: California, Delaware, Maryland, Massachusetts or Texas.
- The organization must have a total revenue of \$12 million or less in their most recent tax year. Applications from organizations with a total revenue greater than \$12 million in their most recent tax year will not be accepted.
- The organization must have a minimum of three years prior programming/services helping to improve access to quality healthcare.
  - If applying with fewer than three years' experience, specific emphasis must be placed on why this innovation should be tested and funded in the absence of significant experience.

## Funding Criteria

- The Foundation will fund requests between \$200,000 and \$220,000 for the first year, which may be renewed on an annual basis for up to two additional years. There is no guarantee of funding.
  - Organizations that are selected as finalists and invited to submit a full application from June 10 – July 8 at 5:00 p.m. E.T. will need to indicate the amount requested and include a detailed budget at that time.
  - Funded organizations must meet objectives to be considered for continued funding. Organizations not meeting objectives will be considered on a case-by-case basis by the Board of Trustees.

## Priority Communities

- Organizations must work to improve access to quality healthcare for populations experiencing health disparities.
- Additional preference will be given to organizations that provide services in areas of low income and/or remote/rural areas.

## Focus Areas/Services

- Organizations must provide services tailored to the needs of their community to help improve access to quality healthcare while considering the [social drivers of health](#) that impact community members. This may include but is not limited to:
  - Providing access to healthcare services (e.g., screenings, wellness and prevention services)
  - Coordinating healthcare services (e.g., via case managers, health coaches, community health workers)
  - Mitigating barriers that impact access to care services (e.g., transportation, affordability, physical accessibility, language, literacy)
- Additional preference will be given to grant applications from organizations that:
  - Offer innovative, community-engaged approaches.
  - Focus on promoting screenings, early detection, treatment and/or continuity of care for cardiovascular, renal, respiratory or immunologic diseases and/or cancers.
  - Collaborate with other community-based organizations in their approach.
  - Create a new partnership and/or coalition or expand existing partnerships with other institutions similarly committed to reducing health disparities to help breakdown pre-existing silos and maximize benefit to the community through collaboration.
  - Engage their local communities/populations served to help guide decisions around services and accelerate local change (e.g., through roles on the Board of Trustees or leadership positions, Patient Advisory Boards, focus groups, surveys).
  - Conduct community-based outreach specifically intended to foster equitable access to quality healthcare and equitable outcomes.
  - Have the capacity to measure their overall impact on community health through evaluation activities.
  - Demonstrate plans to sustain their access to quality healthcare efforts through a variety of tactics (via fundraisers, grants, partnerships, reimbursable services, etc.).

## Exclusions

- The Foundation does NOT fund applications that propose to use grant funds for:
  - Capital campaigns/investments (new buildings, building repairs, endowments)
  - Research or clinical trials
  - Medical education and/or training (i.e., training necessary to obtain a degree or license) for healthcare professionals that is *more than incidental* and that is the *primary focus* of the grant's activities
- The Foundation does NOT support:
  - Initiatives outside the United States or its territories
  - Individuals
  - For-profit organizations
  - Endowments
  - Journals or advertising
  - Political causes, lobbying, fraternal or social organizations
  - Religious organizations whose activities are not open to the general public
  - Nonprofit organizations that discriminate on the basis of age, race, ethnicity, religion, national origin, gender, sexual orientation, marital status, military service, veteran status or disability

*Note: Criteria for assessing applications is subject to change and may be updated by the AstraZeneca Foundation from year to year. Application cycles are planned on a year-by-year basis.*

## Finalists

If selected as a finalist and invited in June 2025 to submit a full application, the following criteria must be observed at that time, in addition to the criteria previously stated.

- Organizations must:
  - Provide **1)** a copy of their current IRS 990 form or documents that establish eligibility to receive charitable donations and **2)** audited financials for the past fiscal year. (If audited financials are not available, unaudited financial statements may be submitted).
  - Identify key staff/volunteers who will support their access to quality healthcare efforts and their respective roles.
  - Identify a goal for the number of individuals to be reached through their access to quality healthcare efforts.
  - Identify key short-term goals of their efforts to improve access to quality healthcare during the first grant year with a clear design for amplification of outcomes during subsequent years.
- Additional preference will be given to organizations that show potential to replicate their approach (e.g., sharing their approach with other communities and organizations).
- Any budget expenses allocated for healthcare provider compensation may support a portion of or up to the full annual salary of the healthcare provider but cannot be in addition to the healthcare provider's annual salary for the grant timeframe paid for by the applying organization.
- While indirect costs and fringe benefits are not capped, a strong preference will be given to grant requests that demonstrate that most funding will directly benefit community members and community-based organizations. Decisions will be made on the basis of the application and what is being asked for specifically on a case-by-case basis.

## Grant Execution

- Grant awardees will be required to submit regular reports and other requirements to the Foundation according to deadlines and processes set forth in the Letter of Agreement.
- Written approval from the Foundation is required prior to making a major change in objectives, budget or scope. Some examples include but are not limited to service location, target audience and goals.
- Grant awardees (1-2 individuals per organization) must be available to meet monthly (virtually, with some potential in-person opportunities) with other grant awardees, Foundation staff and its evaluation partners as part of a Community Advisory Board (CAB). The purpose of the CAB is to **1)** support capacity-building for funded organizations based on their identified needs, **2)** co-create a reporting and evaluation framework and **3)** develop and refine long-term goals and a plan for measuring improvements in access to quality healthcare.