Sunshine Health 2026 Get to Know Us Grant Application

Sunshine Health would like to get to know more nonprofit organizations helping Floridians get and stay healthy through programs focused on Health-Related Social Needs such as food, housing, workforce training, and more.

The Get to Know Us grant is designed to build relationships and encourage future collaborations which have the potential to grow into larger partnerships. To be eligible, organizations must have an active 501(c)(3) status in Florida and have received no funding from Sunshine Health or Centene Corporation since September 1, 2024.

Sunshine Health will award grants of $2,000 each across Florida's Medicaid regions.

The deadline to submit a completed application is September 22, 2026, at 5 p.m. Eastern.
Mail to: **sm_fl_communityconnections@sunshinehealth.com.**

Please complete every section and follow instructions. Incomplete, inaccurate, handwritten, or scanned applications will not be considered.

Organization Name - Please include requesting organization's legal name and DBA, if different.

EIN #

Mission Statement (300 words max)

Contact (First Name)

Contact (Last Name)

Contact Phone Number

Organization Phone Number

Contact Email Address

Organization Website

Organization Social Media

Organization Physical Address

Organization Mailing Address (if different from physical address)

Primary County Served

Additional Counties Served

Years of Operation

How did you learn about this grant opportunity?

How many people does the organization serve per month?

Has the organization previously received funding from Sunshine Health and/or Centene? If so, when?

Provide a detailed description of the program you are proposing for this grant. (300 words max)

Describe the need you are addressing and the main goal you aim to achieve through this funding. (300 words max)

Is this a new or existing program? NEW ☐ EXISTING ☐ Please explain (100 words max)

Does the organization currently have a method for tracking if its clients are members of Sunshine Health Medicaid? If yes, briefly describe.

Provide a detailed description of the organization's reporting methods and capacity to provide a summary report for this grant, which would include the number of clients served, photos of programs or activities, and the outcomes and impact once funding is depleted. *Please note: no PHI or PII will be exchanged for this grant.* (300 words max)

How does the organization measure and communicate its impact? Include examples of available reporting, such as website statistics, annual report, newsletter, surveys, or other formats.

Certification and Signature

By signing below, the applicant certifies that the information provided in this application is true and accurate to the best of their knowledge; that grant funds will be used only for approved grant purposes; and that the organization will comply with all reporting, documentation, and funding requirements if selected for a grant.

Authorized Representative Name:

Title:

Organization:

Signature:

Date: