

# Sunshine Health’s Community Connections Grant for Housing Programs



Level 2 Member Reporting Application Form 2024. Deadline to apply, 9 a.m. Eastern March 18.

Please complete the enclosed application for grant consideration. Follow the application carefully. Incomplete or inaccurate forms are not accepted.	
Organization Name	
Please include requesting organization’s legal name. (This is the name on your tax documents, not your DBA).	
Contact (First Name)	Contact (Last Name)
Contact Phone Number	Organization Phone Number
Contact Email Address	Organization Website Address
Organization Physical Address	
Apt, Suite, Bldg. (optional)	
City	State/Province/Region
Postal/ZIP Code	County
Organization Mission (300 words max.)	
Years of Operation	
EIN#	
Amount Requested (cannot exceed \$10,000)	

<p><b>Designation (Check all that apply)</b></p> <p><input type="checkbox"/> Non-profit (501c3 or other)</p> <p><input type="checkbox"/> Minority-Owned Enterprise</p> <p><input type="checkbox"/> Disability-Owned Enterprise</p> <p><input type="checkbox"/> Women-Owned Enterprise</p> <p><input type="checkbox"/> Veteran-Owned Enterprise</p> <p><input type="checkbox"/> Other</p>	<p>Please estimate the ethnicity of populations served by your organization below. (Should add up to 100%.) This is used for our tracking purposes only.</p> <p>____% African American</p> <p>____% Asian (Chinese, Korean, etc.)</p> <p>____% Caucasian</p> <p>____% Hispanic/Latino</p> <p>____% Native American</p> <p>____% Other</p> <p>(____% TOTAL)</p>																
<p>Does your organization currently have a method for tracking if your clients are members of Sunshine Health Medicaid, Ambetter from Sunshine Health, Wellcare Medicare or Children’s Medical Services upon intake?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>																	
<p>If yes, please briefly explain your system: (50 words max)</p>   																	
<p>Is your organization willing to sign a standard Business Associate Agreement that ensures the secure exchange of data and information?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>																	
<p>If your organization wins this grant, you will be required to provide monthly reporting including member tracking and number of overall (member and nonmember) clients served, a mid-year report including a Sunshine Health Member Success Story, plus overall outcomes, outputs and impact, and a final report. Does your organization have the capacity to do all of the above?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>																	
<p>Please check all Housing services areas this grant would fund at your organization.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Vouchers or funding for temporary housing</td> <td><input type="checkbox"/> Cleaning supplies</td> </tr> <tr> <td><input type="checkbox"/> Vouchers or funding for permanent housing</td> <td><input type="checkbox"/> Personal document replacement fees</td> </tr> <tr> <td><input type="checkbox"/> Application fees</td> <td><input type="checkbox"/> Housing repairs</td> </tr> <tr> <td><input type="checkbox"/> Moving services</td> <td><input type="checkbox"/> Other (50 words max)</td> </tr> <tr> <td><input type="checkbox"/> Utility connections</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Rental assistance</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Nontraditional housing opportunities</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Furniture</td> <td></td> </tr> </table>		<input type="checkbox"/> Vouchers or funding for temporary housing	<input type="checkbox"/> Cleaning supplies	<input type="checkbox"/> Vouchers or funding for permanent housing	<input type="checkbox"/> Personal document replacement fees	<input type="checkbox"/> Application fees	<input type="checkbox"/> Housing repairs	<input type="checkbox"/> Moving services	<input type="checkbox"/> Other (50 words max)	<input type="checkbox"/> Utility connections		<input type="checkbox"/> Rental assistance		<input type="checkbox"/> Nontraditional housing opportunities		<input type="checkbox"/> Furniture	
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Description of Grant (500 words max)

Please describe your grant and the anticipated impact of the grant to your organization and/or to the community.

How many people does your organization serve per year?

How many of those do you estimate are Sunshine Health members?

Objective #1 (100 words max)

Objective #2 (if applicable. 100 words max)

(Please include "N/A" if not applicable.)

If awarded this grant, tell us the process you would use to vet clients who might receive it. Please include if it is a new or established process for your organization

Does your organization serve clients in an area where they don't have access to other housing resources?

- Yes
- No
- Other (50 words max)

Does your organization serve any of the following? (Check all that apply.)

- Pregnant women
- New moms
- People with mental illness
- People with disabilities