



### **Childcare/Transportation Workforce Grants from Sunshine Health**

**Purpose:** Support and partner with nonprofit organizations based in Florida who can assist with long-term resolution of transportation and/or childcare challenges that prevent an individual or family from fully participating in employment opportunities or training.

**We will award grants in \$8,000 to \$20,000 increments.**

Please email application to [SM\\_FL\\_CommunityConnections@SunshineHealth.com](mailto:SM_FL_CommunityConnections@SunshineHealth.com). Deadline to apply is Friday, January 30, 5 p.m. Eastern.

Please complete this application for grant consideration. Incomplete, handwritten, scanned, or inaccurate forms are not accepted.

#### **Section 1: Organization Information**

Organization Name: Requesting organization's legal name. This is the name on your tax documents, not your DBA.

Contact (First, Last Name):

Contact Email Address:

Organization Website Address:

Phone Number:

Physical Address:

County:

Counties served:

Childcare provider ID number (If applicable):

EIN #:

Organization Mission (500 words max.)

**Section 2: Demographics & Population Served**

Total number of individuals served annually by your organization:

How many people have you served in transportation serving workforce? (per month/per year):

How many people have you served in childcare needs serving workforce? (per month/per year):

Please explain your pricing structure for childcare and/or transportation? Does it depend on income and/or other factors? (500 words max.)

Do you currently have a method for tracking what insurance your clients have?

How many clients served monthly do you estimate are Sunshine Health members?

**Section 3: Program Experience**

Program Duration (300 words max.) How long has your workforce transportation or childcare program been in operation? Is this an existing or proposed program?

Individuals Served (250 words max.) How many people do you serve for workforce-related transportation and/or childcare needs? Per Month: / Per Year:

#### **Section 4: Program Impact**

Successful Initiatives (500 words max.) Describe past or current initiatives that address transportation or childcare barriers. Include measurable outcomes.

Employment Impact (500 words max.) How has your program improved employment participation, job attendance, or job retention?

**Section 5: Sustainability**

Post-Grant Sustainability (500 words max.) How will your program continue after grant funding is depleted?

Long-Term Resolution (500 words max.) How does your approach create a long-term solution to transportation or childcare challenges?

**Section 6: Reach & Partnerships**

Geographic & Demographic Reach (250 words max.) Describe the communities and populations you serve.

Partnerships (500 words max.) List key partnerships (employers, transit agencies, childcare providers) and their roles in helping with childcare and/or transportation.

#### **Section 7: Measurement & Evaluation**

Performance (500 words max.) How do you measure the success of your program?

If your organization wins a Childcare/Transportation Workforce Grant, you will be required to provide monthly reporting on number of families/people served, how much money was given, and for what purpose. You need to report client names of Sunshine Health members served, signing a Business Associate Agreement to securely exchange information. Monthly reporting will continue until funds are depleted. Is your organization willing and able to do this monthly reporting?

### **Section 8: Funding Request**

Funding amount requested (up to \$20,000):

Please describe how the funds will be used, including a detailed budget breakdown, and explain how this funding will benefit your program and the individuals it serves. (500 words max.)

Estimated number of overall individuals served with grant funding: