

# Sunshine Health’s Community Connections Grant

## Level 1 Application Form 2023

Please complete the enclosed application for grant consideration. Follow the application carefully. Incomplete or inaccurate forms are not accepted. Required fields are marked with an asterisk (*).	
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's Email Address *	Organization's Website Address
Organization's Physical Address *	
Apt, Suite, Bldg. (optional)	
City	State/Province/Region
Postal/ZIP Code	County
Organization's Mission (300 words max.)*	
Title of Requested Grant *	
Years of Operation *	
EIN#	
Amount Requested (up to \$3,000) *	

<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><b>Culture/Ethnicity (Check all that apply) *</b></p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> Asian (Chinese, Korean, etc.)</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Disability Community</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Native American (Native Alaskan, etc.)</p> <p><input type="checkbox"/> Other</p>
<p>If other, please describe (50 words max.)</p>	
<p><b>If a Health &amp; Wellness Program, please indicate if the program is: *</b></p> <p><input type="checkbox"/> Evidence-based</p> <p><input type="checkbox"/> Evidence-informed/Other</p>	
<p><b>Description of Grant (500 words max) *</b></p> <p>Please provide <b>3-5 sentences</b> to describe your grant and the anticipated impact of the grant to your organization and/or to the community</p>	