



Sunshine Health's Get to Know Us 2025 Grant Application

The purpose of this grant is to get to know organizations we have not yet worked with, or haven't worked with for at least 24 months, to get to know one another and hopefully lead to larger collaboration. To be eligible, nonprofits must have 501(c)(3) status in Florida and have not received any Sunshine Health or Centene Corporation funding since August 1, 2023. Applications will be accepted until 5 p.m. Friday, August 29, Eastern. Email applications to sm_fl_communityconnections@sunshinehealth.com.

In addition to 20 \$2,000 grants Sunshine Health will award across Medicaid regions, Ambetter Health, our Marketplace product, will be awarding one additional winner each in Orange, Broward and Hillsborough counties. Please complete this application for grant consideration. Follow the application carefully. Incomplete or inaccurate forms are not accepted. No handwritten or scanned applications will be accepted. Deadline to apply is 5 p.m. Eastern Friday, August 29.

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

Contact (First Name)

Contact (Last Name)

Contact Phone Number

Organization Phone Number

Contact Email Address

Organization Website Address

Organization Physical Address

County Main Location

List all counties served

Organization's Mission (300 words max)

Years of Operation

EIN#

How many people does your organization serve per month?

Does your organization currently have a method for tracking if your clients are members of Sunshine Health Medicaid, Ambetter Health (Marketplace), Wellcare (Medicare) upon intake? (Not a grant requirement.)

Does your organization have the capacity to provide a summary report for the grant? This includes the number of clients served, photos from programs or activities, and reporting on the outcomes and impact once funding is depleted. Please describe reporting methods. (No PHI or PII will be exchanged for this grant.)

Description of Grant (300 words max) Provide a detailed description of the program you're proposing for this grant.

Please describe the need you are addressing and the main goal you aim to achieve through this funding.
(200 words max)

Is this a new or expanded program? Please explain *(100 words max)*

How do you report your impact? Examples: statistics section on your website, Annual Impact Report, or other formats you could provide can be included.