

## Sunshine Health's Community Connections Grant Storm Relief and Preparation 2023, Level 1 (up to \$4,000) application

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		
Contact (First Name) *	Contact (Last Name) *	
Contact Phone Number *	Organization Phone Number *	
Contact's Email Address *	Organization's Website Address	
	0	
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 \$4,000) *		



Designation (Check all that apply) *  □ Non-profit (501c3 or other)  □ Minority-Owned Enterprise  □ Disability-Owned Enterprise  □ Women-Owned Enterprise  □ Veteran-Owned Enterprise  □ Other	Culture/Ethnicity (Check all that apply) *  African American Asian (Chinese, Korean, etc.) Caucasian Disability Community Native Hawaiian/Pacific Islander Hispanic Native American (Native Alaskan, etc.) Other	
If other places describe (50 words now)		
If other, please describe (50 words max.)		
If a Health & Wellness Program, please indicate if the program is: *  □ Evidence-based □ Evidence-informed/Other		
Description of Grant (500 words max)*  Please describe how this grant will help your clients recover from or prepare for a storm.		