sunshine health™

Sunshine Health's Community Connections Grant

Storm Relief and Preparation 2023, Level 2 ($5,000 to $15,000) 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 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 ($5,000 to $15,000) *	

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Designation (Check all that apply) *	Culture/Ethnicity (Check all that apply) *
☐ Non-profit (501c3 or other) ☐ Minority-Owned Enterprise ☐ Disability-Owned Enterprise ☐ Women-Owned Enterprise ☐ Veteran-Owned Enterprise ☐ Other	☐ African American ☐ Asian (Chinese, Korean, etc.) ☐ Caucasian ☐ Disability Community ☐ Native Hawaiian/Pacific Islander ☐ Hispanic ☐ Native American (Native Alaskan, etc.) ☐ Other

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 provide **3-5 sentences** to describe your grant and the anticipated impact of the grant to your organization and/or to the community

How many clients do you estimate this grant will serve monthly?

How many of your clients who will be served by this grant monthly do you estimate will be Sunshine Health members?

If you are rewarded this grant, you will be required to track and report on Sunshine Health Members served by this grant monthly until all funds are spent. This will also require signing a Business Associate Agreement. Is your organization willing and capable of completing the reports and signing a BAA? (If you are unsure, please email SM_FL_CommunityConnections@SunshineHealth.com for more info.)

Yes No