**Application Instructions**

Applications should be submitted via electronic mail to info@verdanthealth.org. If you have questions about your eligibility or the application, we encourage you to visit [www.verdanthealth.org](http://www.verdanthealth.org). You may also contact George Kosovich at 425-582-8572 or via e-mail with questions. **The deadline for applications is Thursday June 30, 2016 at 5 p.m.**

Application Checklist

1. Completed application answering each question
2. Program or project budget
3. List of your organization’s Board of Directors, with their affiliations
4. If not recently submitted to Verdant, two years of your organization’s financial statements and audits (audit requirement may be waived for small organizations)

**1. Organization Information**

|  |  |
| --- | --- |
| Organization Name |       |
| Federal Tax ID Number |       |
| Contact Person Name |       |
| Contact Person Phone Number |       |
| Contact person e-mail |       |
| Website |       |
| Address |       |
| City, State, Zip |       |

1. **Please tell us briefly about your organization’s mission and background (limit 1,200 characters).**

**2. Program or Project Description**

**A. Name of project or program:**

**B. Amount of funding requested:**

**C. Which of Verdant Health priorities does this project address?** Check all that apply

[ ]  1. Increasing opportunities for residents to live active and healthy lifestyles

2. System and Capacity Improvements for:

 [ ]  Behavioral Health Programs & Services

[ ]  Access to Healthcare

 [ ]  Dental Services

 [ ]  Services for Seniors

**D. Please describe your program or project. If multiple organizations or jurisdictions are cooperating on the project, make sure to explain how you are collaborating (limit 6,000 characters).**

1. **Who will be served by this program or project? Be sure to explain how the project serves residents of Verdant Heath’s** [**service**](http://verdanthealth.org/about-us/our-work/our-community/) **area (limit 4,000 characters).**

1. **What are your specific goals, objectives and anticipated outcomes of the project? How will you measure the impact of this project in improving South Snohomish County residents’ lives (limit 4,000 characters)?**

**3. Use of Funds and Budget**

**A. If you receive funding from Verdant Health, how would you spend the funds (limit 3,000 characters)?**

1. **Please describe any other sources of funding or other resources in place for this project or program (limit 3,000 characters).**

1. **Please describe your sustainability plan for this project. In other words, how will the community health and wellness improvements be maintained in the long-term (limit 3,000 characters)?**

1. **Project/Program Budget: you may complete this form, or create your own to submit.**

|  |  |
| --- | --- |
| **Revenue** |  |
| Funds from Verdant Health (from section 2B) |   |
| Other revenue (specify):       |       |
| Other revenue (specify):       |       |
| Other revenue (specify):       |       |
| Other revenue (specify):       |       |
| In kind support (specify):       |       |
| Misc. revenue (specify):        |       |
| **Total Revenue**  | **$ 0** |
| **Expenses** |  |
| Salaries & Benefits |       |
| Equipment  |       |
| Rent/Utilities |       |
| Training |       |
| Printing/Postage/Publications |       |
| Supplies |       |
| Other (specify):       |       |
| Other (specify):       |       |
| Other (specify):       |       |
| Other (specify):       |       |
| **Total Expenses**  | **$ 0** |
| **Budget Surplus/(Deficit)**  | **$ 0** |

1. **Please explain any significant surplus or deficit in the budget.**

**4. Certification/Submission by Authorized Representative**

**A. To the best of my knowledge and belief, all information in this application is true and correct. I am authorized by my organization to submit this application.**

[ ]  Yes [ ]  No

**B. Authorized representative submitting this application:**

Name:

Title: