**Application Instructions**

Applications should be submitted via e-mail to info@verdanthealth.org. If you have questions about your eligibility or the application, we encourage you to visit [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 Friday June 29, 2018 at 5 p.m.**

**Application Checklist**

* Completed application answering each question (this document)
* Project Budget
* List of your organization’s Board of Directors, with their affiliations
* 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. Basic Request Information**

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

|  |  |  |
| --- | --- | --- |
| **A. Request Information** | **Duration** | **$ Request**  |
| Request Duration and Amount | [ ]  One-Time  | $ |
|  |
| [ ]  Multi-Year |  |
| Year One | $ |
| Year Two | $ |
| Year Three  | $ |

|  |  |
| --- | --- |
| **B. Which Building Healthy Communities Fund priority area does this project address?**  | [ ]  Projects that support and promote physical activity through the built environment  |
| [ ]  Projects that improve or increase access to preventive primary care, dental care, or behavioral healthcare for vulnerable and underserved residents  |

**2. Proposal Information**

**Please limit your responses to these questions to no more than 10 single-spaced typewritten pages using 12-point font.**

1. **Describe your project.** Be sure to explain how the project addresses the health priority area listed in 1B above. Also explain your organization’s capacity and background in implementing this type of project and/or associated programs.
2. **Describe the community need for the project.** Be as specific as possible using local statistics or agency information.
3. **Who will be served by this project?** Be sure to explain where the project is located and how it serves residents of South Snohomish County.
4. **Describe other organizations or facilities that offer similar services.** How is your project and any associated programs meeting a unique need?
5. **What are your anticipated outcomes for the project?** You may include specific tables or other summaries describing any associated programs, the program beneficiaries, and measurable results expected from the project.
6. **How will you evaluate the impact of this project in improving South Snohomish County residents’ lives?** If applicable, be sure to reference any evidence-based evaluation approaches you will use.
7. **Describe any partnerships or collaborations that you have in place to support the project and associated programs.**

**3. Budget and Sustainability**

**A**. **If you receive funding from Verdant Health, how would you spend the funds?** Be as specific as possible describing your assumptions.

**B.** **Describe any other sources of funding or other resources in place or anticipated for this project and/or associated programs.** How does funding from Verdant fit into the overall project plan?

**C. Describe your sustainability plan for this project.** How will the community health and wellness improvements be maintained in the long-term?

**D. Please enclose or attach a project budget (note, this does not count against page limit).** If the project will be developed over multiple years, you should submit a multi-year 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:

Date: Click or tap to enter a date.