# Emergency COVID-19 Funding Application Guide



HEALTH COMMISSION SERVING SOUTH SNOHOMISH COUNTY

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## Overview

Verdant accepts applications on a rolling basis from organizations doing work in response to COVID-19 that are in support of the residents of our service area.

Verdant is interested in requests that address our priority areas and other emerging needs. Requests will be considered as submitted.

## Accessing the Application:

Log in to your Fluxx account using your email and the password you set up.

iser_sessions/new	
HEALTH CO Verdant Health Comm	MMISSION nission Grant Portal
Login Now: Username Password Sign in Reset or create password	<ul> <li>Welcome to the Verdant Health Commission grant portal. If you are interested in applying for funding, please create an organizational profile by clicking the "Create an account now" button below. Please note that you will not be able to edit this information after submitting, so please ensure it is accurately entered. As part of the account creation process, you will also need to answer a series of five questions that determine your eligibility for Verdant funds. After you create your account, you will receive a validation email to confirm your account is set up.</li> <li>Once established, you will be able to submit applications for funding and if successful, access your contract and reporting documents via your Fluxx profile.</li> <li>Thank you for setting up your organizational profile.</li> <li>We look forward to getting to know you!</li> </ul>
🖨 FLU	ххи
Privacy Policy	Accessibility

### Once you sign in you will be taken to your portal homescreen.

### 🐣 Verdant Health Commission Da 🗙 🕂

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Zoe's Pet Palace	$\bigcirc$
INFORMATION	
Grantee Portal	
Apply for Funding	
ORGANIZATIONS (1)	
Organizations (1)	
PEOPLE (1)	
People (1)	
REQUESTS (6)	
Pending Requests (1)	
Requests to Edit	
Submitted Requests (5)	
GRANTS	
Active	
Closed	
REPORTS	
Reports Due	
Reports to Edit	
Submitted Reports	
PAYMENTS	
Scheduled Payments	
Payments Paid	
GRANTEE BUDGETS	
	1

### From this webpage, you can . . .

- Submit a proposal for fundingTrack the status of your pending proposal
- Upload your signed grant agreement Review your current grants and report due dates Submit reports
- Monitor grant payments

### HOW TO USE THE PORTAL

The icons on the left-hand side are called "cards", When you click on the link beneath each card, you are access the following:

#### REQUESTS

- Pending Requests
  - Once you have submitted a proposal, you can find a read-only version here.
- · Request to Edit
- Once you have been invited to submit a proposal, the application is available via this link. If the staff have any questions about your proposal or would like a revision, you will receive an email alert to login. You can find the proposal here, available for editing.

Welcome to the Grantee Portal!

- Submitted
  - Once you have submitted your proposal, the proposal appears in the Submitted Requests link.

#### GRANTS

- Active
  - After the staff has received the countersigned agreement, you can find a read-only version here via this link.

#### Closed

When the grant is complete and all payment made and report approve, you can find the closed grants here.

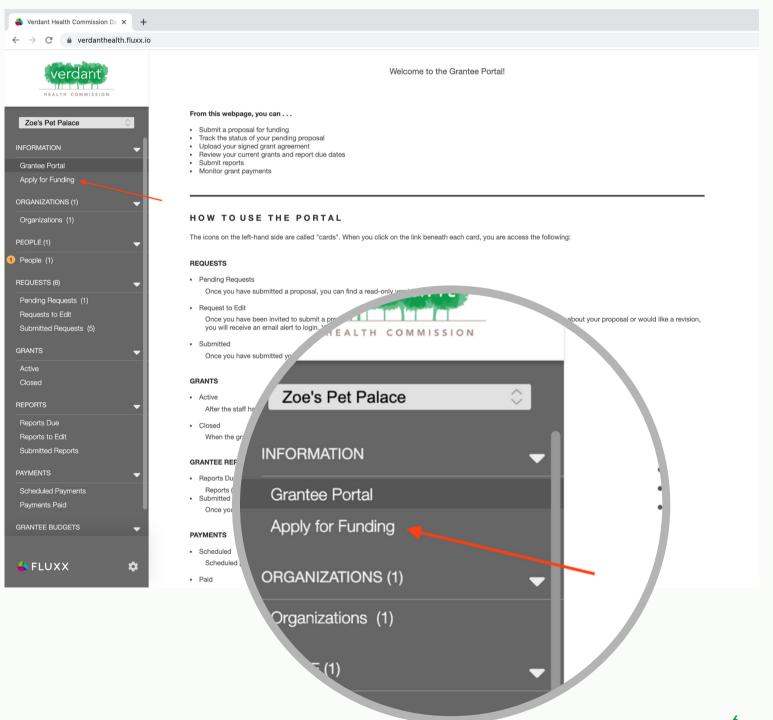
#### GRANTEE REPORTS

- · Reports Due
- Reports (to be submitted) for all active grants appear here until you have submitted them. You will receive reminders as the due date approaches. Submitted Reports
- Once you have submitted a report, you can find a read-only version here.

### PAYMENTS

- Scheduled
- Scheduled payments for all of your active grants appear here until they are paid.
- Paid

# Select "Apply for Funding" if you would like to submit a funding request.





Here you will find a short overview of Verdant's two grant options. Select "Apply for COVID Grant" to begin your application.

× C Emergency	ey Covid19 funding - 🖯 x 💊 Verdant Health Commission De x 🕂	
danthealth.fluxx.io/dashboa	ard/index	07
ISSION	Multi-Year Health Program Funding	
⇒ -	Verdant accepts applications for multi-year health programs on a quarterly basis. Eligible applicants include any community group or organization working to improve the health of our residents using the priority areas established by the Board of Commissioners.	
-	Apply for Multi-Year Program Grant	
-	Emergency COVID-19 Funding	
-	Verdant verdant is verdant is verdant is verdant is verdant ve	
	vill be considered as submitted.	
	Apply for COVID Grant	
(1)		
	Apply for COVID Grant	

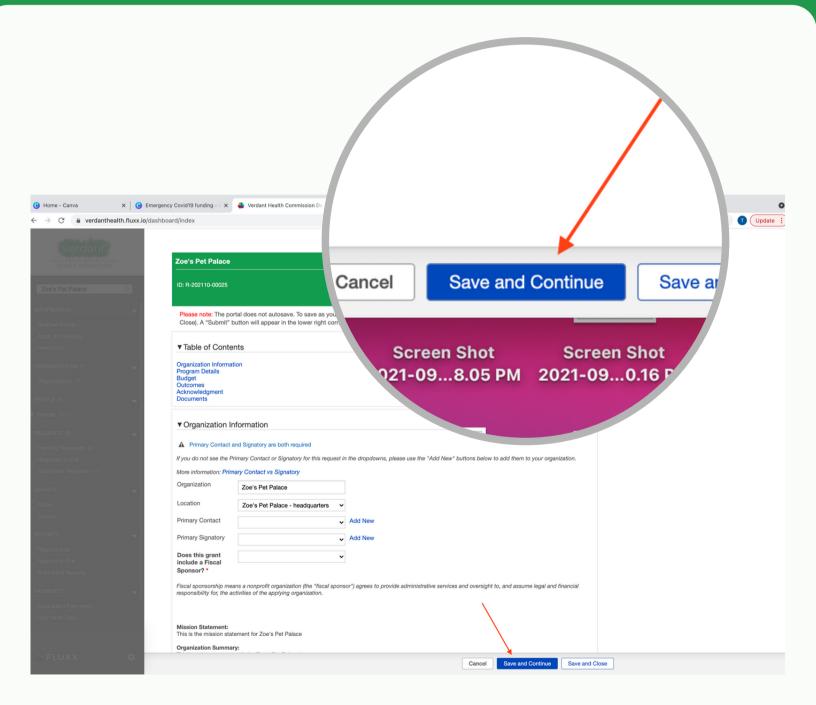
There are 6 sections to this application. They are listed at the top under the "Table of Contents".

	Zoe's Pet Palace		
	ID: R-202110-00025	Amount Requested:	
	Please note: The portal does not autosave. To save as you go, click (S Close). A "Submit" button will appear in the lower right corner after cl	save and Continue) to save when exiting or when ready to submit, click (Save and osing.	
	▼ Table of Contents ◀		
	Organization Information Program Details Pudget		
	Budget Outcomes Acknowledgment Documents		
	Organization Information		
	A Primary Contact and Signatory are both required	appear in t <sup>Vew" buttons below to add them to your organization.</sup>	
▼7	Table of Contents 🔫		
	Table of Contents		
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Org Pro Buc	ganization Information ogram Details dget	rvices and oversight to, and assume legal and financial	
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Org Pro Buc Out	ganization Information ogram Details dget	rvices and oversight to, and assume legal and financial	7

A Primary Contact and Signatory are both

## Saving:

After filling out each section, we recommend you hit "Save and Continue" to save your changes. This button may be used at any point to save your changes as you fill out your application.



## **Organization Information:**

The first section of the application is "Organization Information". Your Mission Statement and your Organizational Summary will be automatically pulled from the Organization tab in the portal.

fluxx.io/dashl				
	Table of Contect     Organization Informa     Program Details     Budget     Outcomes     Acknowledgment     Documents			
	▼ Organization In	nformation		
	A Primary Contact	and Signatory are both required		
	If you do not see the P	Primary Contact or Signatory for this reques	t in the dropdowns, please use the "Add New" buttons below to add them to your organization.	
	More information: Prin	nary Contact vs Signatory		
	Organization	Zoe's Pet Palace		
	Location	Zoe's Pet Palace - headquarters	v	
	Primary Contact		Add New	
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	Does this grant include a Fiscal Sponsor? *		~	
	Fiscal sponsorship me	ans a nonprofit organization (the "fiscal spo ctivities of the applying organization.	onsor*) agrees to provide administrative services and oversight to, and assume legal and financial	
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	Organization Summa This is a short summa	ry: ry of who Zoe's Pet Palace is.		
	Note: The Mission Sta	tement and Organization Summary can be	updated in the <b>Organization</b> profile	
	▼ Program Detai	ils		
-	Program Title *			
	Total Program Budget *			
	Amount Requested	*		

The "Organization" and "Location" fields will be automatically filled in. Using either the drop down or the "Add New" button you will need to assign a primary contact and a primary signatory.

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	<ul> <li>Table of Conten</li> </ul>	115		
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	Note: The Mission State	ement and Organization Summary can be	updated in the Organization profile	
	▼ Program Details			
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	Program Title *			
	Total Program Budget *			
	Amount Requested *			

To select someone from your list in the "People" section, use the drop down and click on the name of the person selected.

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	Location Zoe's Pet Palace - headquarters
	Primary Contact Add New
	Primary Signatory   Add New
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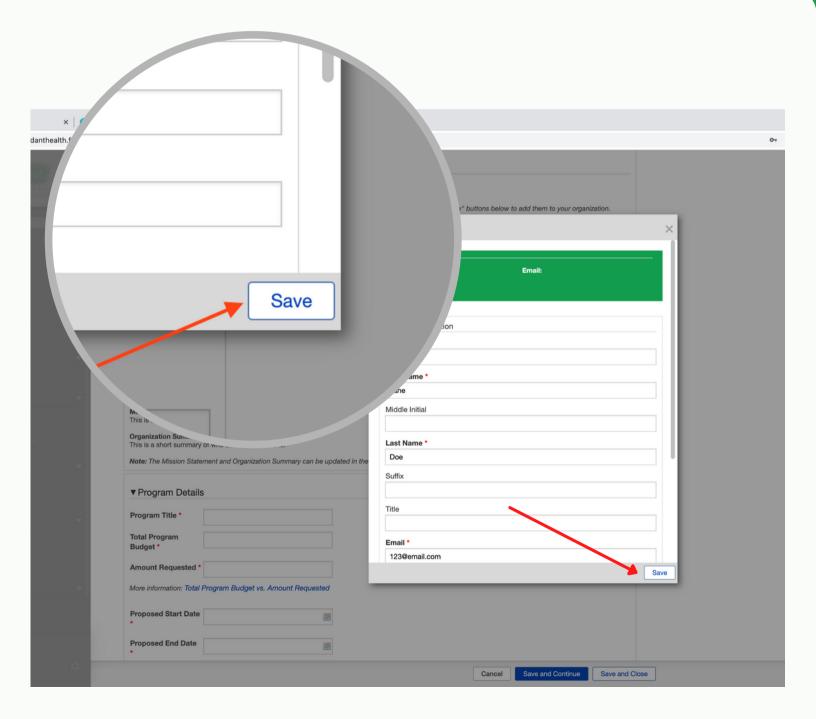
# To select someone not in your list from the "People" section, click add new. A form will pop up.

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	<ul> <li>Organization Ir</li> </ul>	nformation		
	A Primary Contact a	and Signatory are both required		
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Fill out this form. Note: The red asterisk indicates a required field. There are only 3 required fields on the form: First Name, Last Name, and Email.

				•		
	▼ Table of Conte	ents				
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	Acknowledgment Documents			Add New		×
	▼ Organization I	Information		Title:	Email:	
		t and Signatory are both required		Phone:		
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Click save to save your inputted information to the indicated field on the application.



Once both the Primary Contact and Primary Signatory fields are filled in, use the drop down to indicate whether this grant includes a fiscal sponsor.

▼ Table of Conte	mus			
Organization Informat Program Details Budget Outcomes Acknowledgment Documents	tion			
▼ Organization Ir	nformation			
A Primary Contact a	and Signatory are both required			
If you do not see the P	rimary Contact or Signatory for this requ	est in the dropdowns, please use the "Add Ne	ew" buttons below to add them to your organization.	
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Organization	Zoe's Pet Palace			
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▼ Program Detai	ls	Does this grant	✓	•
Program Title *		include a Fiscal Sponsor? *	Yes	
Total Program Budget *		00010011	No	
Amount Requested	•			
		Mission Statement:		

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If you select "Yes" indicating that your program includes a Fiscal Sponsorship, you will need to include the Fiscal Organization in the text box that appears.

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verdanthealth.fluxx.io								
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	▼ Program Detail	S						
< 🗢					Cancel	Save and Continue	Save an	d Close

## **Program Details:**

Input the title of your program in the text box to the right of "Program Title".

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	Mission Statement:         This is the mission statement for Zoe's Pet Palace         Organization Summary:         This is a short summary of who Zoe's Pet Palace is.	
	Note: The Mission Statement and Organization Summary can be updated in the Organization profile	
	▼ Program Details	
	Program Title *	
	Total Program Budget *	
	Amount Requested *	
	More information: Total Program Budget vs. Amount Requested	
	Proposed Start Date	
~	Proposed End Date	
	Verdant Priority Area *	
	Access to Healthcare > Behavioral Health Childhood Obesity Dental Care < Food Security <	
	More information: Verdant Priority Areas	
	Program Summary *	
-	Why is there a need for this program and how does that need relate to the COVID19 pandemic? *	



Next you will input your Total Program Budget. The Total Program Budget is the total amount budgeted, including all costs and revenue, for the entire program for which you are applying for funding.

h.fluxx.io/dash	board/index	
	Mission Statement: This is the mission statement for Zoe's Pet Palace	
	Organization Summary:	
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	Access to Healthcare Behavioral Health Childhood Obesity	
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	Why is there a need for this program and how does that r	°
		Amount Requested *
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## Then you will input the Amount Requested. The Amount Requested is the amount you are requesting from Verdant to support this program.

Mission Statement:			
This is the mission statement for Zoe Organization Summary:	. Pet Palace		
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Note: The Mission Statement and Or	anization Summary can be updated in the <b>Org</b>	anization profile	
▼ Program Details			
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More information: Total Program Bu	get vs. Amount Requested	_	
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Program Summary *		Budget *	
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		More information: Tota	i Program Budget v
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		Proposed End Date	

Select the calendar icon next to "Proposed Start Date" to add your proposed program start date.

	Mission Statement: This is the mission statement for Zoe's Pet Palace	
	Organization Summary: This is a short summary of who Zoe's Pet Palace is.	
	Note: The Mission Statement and Organization Summary can be updated in the Organization profile	
	▼ Program Details	
	Program Title *	
	Total Program Budget *	
	Amount Requested *	
	More information: Total Program Budget vs. Amount Requested	
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	Access to Healthcare Behavioral Health Childhood Obesity Dental Care <	
	Food Security More information: Verdant Priority Areas	
•	Program Summary *	
*	Why is there a need for this program and how does that need rela	
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Using the drop downs select your program start date. This date should take place in the next six months.

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	Food Security 31 More information: Verdant Priority Areas								
	Program Summary *								
								4	
	Why is there a need for this program and how does that need relate	e to the COVID19 pandemic?	•						

Then on the calendar, select the start day. Once you click the start day, the calendar will close and your start date will be saved in the text box.

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nformation: Total Program Budget vs. Amount Requested

| Mission Statement:                                                                                                                                                          |                                                             |                         | 0  | Jul |    | <b>√</b> 20 | 21 | ~      | 0  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------|----|-----|----|-------------|----|--------|----|
| This is the mission statem<br>Organization Summary:<br>This is a short summary of                                                                                           |                                                             | sed End Date            | Su | Мо  | Ти | We          | Th | Fr     | Sa |
|                                                                                                                                                                             | ent and Organization Summary can be updated in the Organiza |                         |    |     |    |             | 1  | 2      |    |
| ▼ Program Details                                                                                                                                                           |                                                             | nt Priority Area        | 4  | 5   | 6  | 7           | 8  | 9      | 1  |
| Program Title *                                                                                                                                                             |                                                             | ss to Healthcare        | 11 | 12  | 13 | 14          | 15 | 16     | 1  |
| Total Program                                                                                                                                                               |                                                             | vioral Health           | 18 | 19  | 20 | 21          | 22 | 23     | 2  |
| Budget *                                                                                                                                                                    |                                                             | hood Obesity<br>al Care | 25 | 26  | 27 | 28          | 29 | 30     | 3: |
| Amount Requested *                                                                                                                                                          | ogram Budget vs. Amount Requested                           | Security                |    |     |    |             |    | $\sim$ |    |
| Verdant Priority Area *<br>Access to Healthcare<br>Behavioral Health<br>Childhood Obesity<br>Dental Care<br>Food Security<br>More information: Verdant<br>Program Summary * | > <                                                         |                         |    |     |    |             |    |        |    |
| Why is there a need for                                                                                                                                                     | this program and how does that need relate to the COV       | /ID19 pandemic? *       |    |     |    |             | æ  |        |    |

## Repeat for the "end date" section and input your end date. When you are finished, both the "start date" and "end date" should be displayed.

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|                          | ▼ Program Details                                                                                                                                                                                                                                                               |    |
|                          | Program Title *                                                                                                                                                                                                                                                                 |    |
|                          | Total Program<br>Budget *                                                                                                                                                                                                                                                       |    |
| -                        | Amount Requested * More information: Total Program Budget vs. Amount Requested                                                                                                                                                                                                  |    |
| -                        | Proposed Start Date 07/30/2021                                                                                                                                                                                                                                                  |    |
| -                        | Proposed End Date 11/30/2021                                                                                                                                                                                                                                                    |    |
|                          | Verdant Priority Area *         Access to Healthcare         Behavioral Health         Childhood Obesity         Dental Care         Food Security         More information: Verdant Priority Areas                                                                             |    |
|                          | Program Summary •                                                                                                                                                                                                                                                               |    |
|                          |                                                                                                                                                                                                                                                                                 |    |
| ~                        | Why is there a need for this program and how does that need relate to the COVID19 pandemic? *                                                                                                                                                                                   |    |
|                          |                                                                                                                                                                                                                                                                                 |    |
| •                        | Cancel Save and Continue Save and Close                                                                                                                                                                                                                                         |    |

Under "Verdant Priority Area" you will select which Verdant Priority Area your program directly impacts by selecting the priority area and clicking the arrow that points to the right.

| dashboard/index                                                                                |                                      |                          |   |   |  |
|------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------|---|---|--|
| ▼ Program Detail                                                                               | 3                                    |                          |   |   |  |
| Program Title *                                                                                |                                      |                          |   |   |  |
| Total Program<br>Budget *                                                                      |                                      |                          |   |   |  |
| Amount Requested                                                                               |                                      |                          |   |   |  |
| More information: Total                                                                        | Program Budget vs. Amount Requeste   | эd                       |   |   |  |
| Proposed Start Date                                                                            | 07/30/2021                           | <b>E</b>                 |   |   |  |
| Proposed End Date                                                                              | 11/30/2021                           |                          |   |   |  |
| Verdant Priority Area                                                                          | .*                                   |                          |   |   |  |
| Access to Healthcare<br>Behavioral Health<br>Childhood Obesity<br>Dental Care<br>Eood Security |                                      | >                        |   |   |  |
| More information: Verd                                                                         | ant Priority Areas                   |                          |   |   |  |
| Program Summary *                                                                              |                                      |                          |   |   |  |
|                                                                                                |                                      |                          |   |   |  |
|                                                                                                |                                      |                          |   |   |  |
| Why is there a need                                                                            | for this program and how does that r | need relate to the COVID |   | _ |  |
|                                                                                                |                                      |                          | > |   |  |
|                                                                                                |                                      |                          |   |   |  |
| Who will be served b<br>are/will be. *                                                         | y this program? Explain how the pro  | gram serves residents o  | < |   |  |
|                                                                                                |                                      |                          |   |   |  |
|                                                                                                |                                      |                          |   | · |  |



Then, the priority area you select will appear in the box to the right of the arrows. It will look like this:

| lxx.io/d | ashboard/index                                                                                                                                          |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | ▼ Program Details                                                                                                                                       |
|          | Program Title *                                                                                                                                         |
|          | Program True                                                                                                                                            |
|          | Total Program                                                                                                                                           |
|          | Budget *                                                                                                                                                |
|          | Amount Requested *                                                                                                                                      |
|          | More information: Total Program Budget vs. Amount Requested                                                                                             |
|          | Proposed Start Date 07/30/2021                                                                                                                          |
|          | Proposed Start Date 07/30/2021                                                                                                                          |
|          | Proposed End Date 11/30/2021                                                                                                                            |
|          | Proposed End Date 11/30/2021                                                                                                                            |
|          | Verdant Priority Area *                                                                                                                                 |
|          | Access to Healthcare                                                                                                                                    |
|          | Behavioral Health<br>Childhood Obesity                                                                                                                  |
|          | Dental Care<br>Food Security <                                                                                                                          |
|          | Housina                                                                                                                                                 |
|          | More information: Verdant Priority Areas                                                                                                                |
|          | Program Summary *                                                                                                                                       |
|          | Program Summary                                                                                                                                         |
|          |                                                                                                                                                         |
|          |                                                                                                                                                         |
|          |                                                                                                                                                         |
|          | Why is there a need for this program and how does that need relate to the COVID19 pandemic?*                                                            |
|          |                                                                                                                                                         |
|          |                                                                                                                                                         |
|          |                                                                                                                                                         |
|          |                                                                                                                                                         |
|          | Who will be served by this program? Explain how the program serves residents of South Snohomish County and what your outreach strategies are/will be. • |
|          |                                                                                                                                                         |
|          |                                                                                                                                                         |
|          |                                                                                                                                                         |
|          |                                                                                                                                                         |



Next you will answer 4 narrative questions. Please be sure to read and answer each prompt in its entirety, as many of them include multiple parts/questions.

Program Summary \*

Why is there a need for this program and how does that need relate to the COVID19 pandemic? \*

Who will be served by this program? Explain how the program serves residents of South Snohomish County and what your outreach strategies are/will be. \*

More information: Verdant Service Area

Key partners who will support this program and their roles. \*

### ▼ Budget

A Please use the + button below to add a budget outlining your request from Verdant.

# **Budget and Outcomes:**

For instructions on how to fill out the Budget and Outcomes portion of your application please refer to documents linked in each section.

## Acknowledgements:

In the Acknowledgments section there are four statements you will need to acknowledge.

| danthealth.fluxx.io/da | shboard/index                                                                                                                                                                                                                                                                                                                                              | 0- |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
|                        | Outcomes A Please use the + button below to add outcomes All grantees are required to report the number of individuals served. Additional outcomes may be added by clicking the + icon. You must hit the + for each outcome you choose to add. While there is no minimum or maximum required, we suggest including at least 2 additional outcomes. Outcome |    |
| -                      | □ I have added "Number of Individuals Served" as an Outcome Metric*                                                                                                                                                                                                                                                                                        |    |
|                        | ▼ Acknowledgment                                                                                                                                                                                                                                                                                                                                           |    |
|                        | I acknowledge that I v<br>can track and report<br>outcomes and<br>required reporting<br>elements.*                                                                                                                                                                                                                                                         |    |
|                        | I acknowledge that I v<br>can provide<br>evidence of liability<br>insurance meeting<br>minimum criteria.                                                                                                                                                                                                                                                   |    |
| (1)                    | Choose one: I can<br>restrict funds<br>recieved to<br>approved budget<br>OR I am willing to<br>learn how to restrict<br>funds recieved to<br>approved budget.*                                                                                                                                                                                             |    |
| *                      | To the best of my<br>knowledge and<br>belief, all<br>information in this<br>application is true<br>and correct. I am<br>authorized by my<br>organization to<br>submit this<br>application. *                                                                                                                                                               |    |
|                        | ▼ Documents                                                                                                                                                                                                                                                                                                                                                |    |
|                        | Please use the + button below to upload documents                                                                                                                                                                                                                                                                                                          |    |

# The first two you will acknowledge by selecting yes or no using the drop downs.

| erdanthealth.fluxx.io/dashboar | rd/index                                                                                                                                                                                                                                                                                                                           | 0-              |
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|                                | ▼ Outcomes                                                                                                                                                                                                                                                                                                                         |                 |
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| RISSION                        | Please use the + button below to add outcomes     All grantees are required to report the number of individuals served. Additional outcomes may be added by clicking the + icon. You must hit the + for     you choose to add. While there is no minimum or maximum required, we suggest including at least 2 additional outcomes. | or each outcome |
|                                | Outcome                                                                                                                                                                                                                                                                                                                            | $\bigcirc$      |
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| -                              | □ I have added "Number of Individuals Served" as an Outcome Metric*                                                                                                                                                                                                                                                                |                 |
|                                | ▼ Acknowledgment                                                                                                                                                                                                                                                                                                                   |                 |
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|                                | required reporting elements. *                                                                                                                                                                                                                                                                                                     |                 |
| ~                              | I acknowledge that I                                                                                                                                                                                                                                                                                                               |                 |
|                                | can provide<br>evidence of liability                                                                                                                                                                                                                                                                                               |                 |
|                                | insurance meeting                                                                                                                                                                                                                                                                                                                  |                 |
| 2)                             | minimum criteria. *                                                                                                                                                                                                                                                                                                                |                 |
|                                | Choose one: I can v<br>restrict funds                                                                                                                                                                                                                                                                                              |                 |
| (1)                            | recieved to                                                                                                                                                                                                                                                                                                                        |                 |
|                                | approved budget<br>OR I am willing to                                                                                                                                                                                                                                                                                              |                 |
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| se select an ans               | swer for each dropdown below.                                                                                                                                                                                                                                                                                                      |                 |
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| roved budget                   | *                                                                                                                                                                                                                                                                                                                                  |                 |

You will acknowledge the third statement by selecting the statement from the drop down that best applies to you program/organization.

| ▼ Outcomes                                              |                                                                                                                                                                                                                                       |      |
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|                                                         | on below to add outcomes                                                                                                                                                                                                              |      |
| All grantees are required t<br>you choose to add. While | report the number of individuals served. Additional outcomes may be added by clicking the + icon. You must hit the + for each outcome<br>here is no minimum or maximum required, we suggest including at least 2 additional outcomes. |      |
| Outcome                                                 | $\oplus$                                                                                                                                                                                                                              |      |
| outcome                                                 | <u>`</u>                                                                                                                                                                                                                              |      |
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| I acknowledge that I                                    | ~                                                                                                                                                                                                                                     |      |
| can track and report<br>outcomes and                    |                                                                                                                                                                                                                                       |      |
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| I acknowledge that I<br>can provide                     | v                                                                                                                                                                                                                                     |      |
| evidence of liability                                   |                                                                                                                                                                                                                                       |      |
| insurance meeting<br>minimum criteria. *                |                                                                                                                                                                                                                                       |      |
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| recieved to<br>approved budget                          |                                                                                                                                                                                                                                       |      |
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| learn how to restrict<br>funds recieved to              |                                                                                                                                                                                                                                       |      |
| approved budget. *                                      |                                                                                                                                                                                                                                       |      |
| To the best of my                                       | e that I                                                                                                                                                                                                                              |      |
| knowledge and<br>belief, all                            | • mari                                                                                                                                                                                                                                |      |
| information in this application is true                 | ability                                                                                                                                                                                                                               |      |
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| ▼ Documents                                             |                                                                                                                                                                                                                                       |      |
| Plassa usa tha + hutton h                               | I can restrict funds received to approved budget                                                                                                                                                                                      |      |
| Please use the + button b                               | <sup>1</sup> lget I am willing to learn how to restrict funds received to approved bu                                                                                                                                                 | dget |
|                                                         | ig to                                                                                                                                                                                                                                 |      |
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## **Documents:**

And then like the first two, you will acknowledge the fourth and final acknowledgement by selecting yes or no from the drop down.

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| ×   😗 E          | Emergency Covid19 funding - 🗆 👟 Verdant Health Commission Da 🗙 🕂                                                                                                                                | I am willing to              |     |   |
| nealth.fluxx.io/ | /dashboard/index                                                                                                                                                                                | n how to restric             |     | > |
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| -                | application. *                                                                                                                                                                                  |                              |     |   |
|                  | ▼ Documents                                                                                                                                                                                     |                              |     |   |
|                  | Please use the + button below to upload documents                                                                                                                                               |                              |     |   |

## **Documents:**

The last section of the application is the Documents section. There are two required documents to upload. The first is your Board of Directors.

| o/dashboard/index                                 |                    |               |  |
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| Acknowledgment                                    |                    |               |  |
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| ▼ Documents                                       |                    |               |  |
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| Please use the + button below to upload documents |                    |               |  |
| More information: Document Uploads                |                    |               |  |
| Board of Directors                                |                    | $( \bullet )$ |  |
| Financial Statements or Audits                    |                    | <b>(</b>      |  |
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To upload your board of directors press the blue "+" icon t the right of "Board of Directors".

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| can provide<br>evidence of liability       |                                                        |      |        |    |
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| More information: Docume                   | nt Uploads                                             |      |        |    |
| Board of Directors                         |                                                        |      |        |    |
| Financial Statements or Au                 | dits                                                   |      |        |    |
|                                            | Optional Documents                                     |      |        | (- |
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| can provide<br>evidence of liability<br>insurance meeting<br>minimum criteria. *                                                                                           |                                                             |       |        |       |        |   |
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| To the best of my<br>knowledge and<br>belief, all<br>information in this<br>application is true<br>and correct. I am<br>authorized by my<br>organization to<br>submit this |                                                             |       |        |       |        |   |
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Hit the "X" in the top left hand corner. The pop up will close and your Board of Directors document will appear under "Required Documents".

| 🕑 Eme     | rgency Covid19 funding - L 🗙 🍝 Verdant Health Commission Da 🗙 | Filename                                     |   | Size  | Status |
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|           | ▼ Acknowledgment                                              |                                              |   |       |        |
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|           | required reporting                                            |                                              |   |       |        |
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|           | I acknowledge that I                                          |                                              |   |       |        |
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|           | information in this                                           |                                              |   |       |        |
|           | application is true<br>and correct. I am                      |                                              |   |       |        |
|           | authorized by my<br>organization to                           |                                              |   |       |        |
|           | submit this                                                   |                                              |   |       |        |
|           | application. *                                                |                                              |   |       |        |
|           |                                                               |                                              |   |       |        |
|           | ▼ Documents                                                   |                                              |   |       |        |
| 2         | Please use the + button below to upload documents             |                                              |   |       |        |
|           | More information: Document Uploads                            |                                              |   |       |        |
|           | Financial Statements or Audits                                |                                              | Ð |       |        |
|           |                                                               | Optional Documents                           | ÷ |       |        |
|           |                                                               |                                              |   |       |        |
|           | Board of directors.docx     Board of Directors                |                                              |   |       |        |
|           | Added by Thea Test at 1:49 PM on November 9, 2021             |                                              |   |       |        |
|           |                                                               |                                              |   |       |        |
|           |                                                               |                                              |   |       |        |

Click the "+" icon to the right of "Financial Statements and Audits" and repeat the same process as the Board of Directors document to upload either a financial statement or an audit.

| ×   🕑 Eme<br>erdanthealth.fluxx.io/da | ergency Covid19 funding - 🗘 x 💰 Verdant Health Commission Da x +<br>ashboard/index                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | or \$ |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
|                                       | <ul> <li>▼ Acknowledgment         <ul> <li>lacknowledge that I</li> <li>can track and report<br/>outcomes and<br/>required reporting<br/>elements.*</li> </ul> </li> <li>Lacknowledge that I</li> <li>can provide<br/>evidence of liability<br/>insurance meeting<br/>minimum criteria.*</li> <li>Choose one: I can<br/>restrict funds</li> <li>Choose one: I can<br/>restrict funds</li> <li>o</li> <li>approved budget</li> <li>OR I am willing to<br/>learn how to restrict<br/>funds recieved to<br/>approved budget.*</li> <li>To the best of my<br/>knowledge and<br/>belief, all<br/>information in this<br/>application is true<br/>and correct. I am<br/>authorized by my<br/>organization to<br/>submit this<br/>application. *</li> </ul> |       |
|                                       | Documents      Please use the + button below to upload documents      More information: Document Uploads      Financial Statements or Audits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Ð     |
| (i)                                   | Optional Documents<br>Board of directors.docx Board of Directors Added by Thea Test at 1:49 PM on November 9, 2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •     |

# When you are done the Documents section should look something like this.

| element.*   Lachowskege the 11   Can provide   element.*   Choose one: I can main the set of the set                                                                                                                                                                      | health.fluxx.io |                                                                                                                                                                                                                                  |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| approved budget. •<br>To the best of my<br>whore and belief, all information in this application is true authorized by my organization to submit this application. •<br>• Documents<br>Please use the + button below to uplead documents<br>More information: Document Upleads<br>Bard of Directors<br>Financial Statement or Audits<br>• Coptional Documents<br>• Coptional Documents |                 | I acknowledge that I<br>can provide<br>evidence of liability<br>insurance meeting<br>minimum criteria. *<br>Choose one: I can<br>restrict funds<br>recieved to<br>approved budget<br>OR I am willing to<br>learn how to restrict |   |
| Please use the + button below to upload documents         More information: Document Uploads         Board of Directors         Financial Statements or Audits         Image: Comparison of the statement of                                                                                                                                                                                                                                                                                                                              | *               | approved budget. * 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                                                            |   |
| Financial Statement or Audit.docx Financial Statements or Audits Added by Thea Test at 2:04 PM on November 9, 2021 Board of directors.docx Board of Directors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | Please use the + button below to upload documents<br>More information: Document Uploads<br>Board of Directors                                                                                                                    |   |
| Board of Directors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | Financial Statement or Audit.docx     Financial Statements or Audits                                                                                                                                                             | • |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *               | Board of Directors                                                                                                                                                                                                               |   |

## Submitting:

### If you are finished filling out your application hit "Save and Close".

|                             | ncy Covid19 funding - 🕻 🗙 Verdant Health Commission Da x 🕂                                                                                                                                 |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| erdanthealth.fluxx.io/dashb | oard/index T S                                                                                                                                                                             |
| ant)                        | I have added "Number of Individuals Served" as an Outcon                                                                                                                                   |
| -                           | ▼Acknowledgment                                                                                                                                                                            |
|                             | I acknowledge that I outcomes and required reporting elements.                                                                                                                             |
|                             | I acknowledge that I<br>can provide<br>evidence of liability<br>insurance meeting<br>minimum criteria. •                                                                                   |
|                             | Choose one: I can<br>restrict funds<br>recieved to<br>approved budget<br>OR I am willing to<br>learn how to restrict<br>funds recieved to<br>approved budget.                              |
| (1).                        | To the best of my<br>knowledge and<br>belief, all<br>information in this<br>application is true<br>and correct. I am<br>authorized by my<br>organization to<br>submit this<br>application. |
|                             |                                                                                                                                                                                            |
|                             | Please use the + button below to upload accuments Optional Documents                                                                                                                       |
| •                           | Cancel Save and Continue Save and Close                                                                                                                                                    |

# Review your application and if your are finished and ready to submit hit "Submit".

