**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. **Proposals for funding are reviewed on a rolling (typically monthly) basis.**

**Application Checklist**

* Completed application answering each question (this document)
* Description of participants served (P200B Excel attachment, participants sheet)
* Description of results and outcomes expected (P200B Excel attachment, outcomes sheet)
* Program budget (P200B Excel attachment, budget sheet)
* 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 AmountIf approved, programs may be funded for multiple years with annual renewals contingent on performance and the submission of annual reports. | [ ]  One-Time  | $ |
|  |
| [ ]  Multi-Year |  |
| Year One | $ |
| Year Two | $ |
| Year Three  | $ |

|  |  |  |
| --- | --- | --- |
| **B. Which Verdant Health priority area does this program address?**You can find more detailed descriptions of these priority areas at www.verdanthealth.org. | [ ]  Access to Healthcare | [ ]  Dental Care  |
| [ ]  Childhood Obesity | [ ]  Supporting Seniors |
| [ ]  Behavioral Health, including decreasing ACES | [ ]  Other Education & Prevention  |

**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 program or project.**
2. Be sure to explain how the program addresses the health priority area listed in 1B above.

1. Describe the program activities you plan to undertake and the expected short and long-term goals and objectives.
2. **Describe the community need for the program/project.** Be as specific as possible using local statistics or agency information.
3. **Who will be served by this program?** Be sure to explain how the project serves residents of South Snohomish County and complete the worksheet called “Participants” in the Excel file P200B.
4. **Explain your organizational capacity and background in delivering the services in the program or project.**
5. **Describe other organizations that offer similar services and how your program or project is distinct.**
6. **What are your anticipated outcomes for the program?** Also, please complete the Excel worksheet (P200B) called “Outcomes.”
7. **How will you evaluate the impact of this program in improving South Snohomish County residents’ lives?** If applicable, be sure to reference any evidence-based evaluation approaches that you will use.
8. **Describe any partnerships or collaborations that you have in place to support this program.**

**3. Budget and Sustainability**

**A**. **If you receive funding from Verdant Health, how would you spend the funds?** Be as specific as possible describing assumptions about staffing and other costs and complete the Excel worksheet (P200B) called “Budget.”

**B.** **Describe any other sources of funding or other resources in place or anticipated for this project or program.**

**C. Describe your sustainability plan for this program or project.**

**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.