Multi-Year Health Program Funding Application Guide



HEALTH COMMISSION SERVING SOUTH SNOHOMISH COUNTY

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Overview

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.

Accessing the Application:

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

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HEALTH CO Verdant Health Comm	MMISSION nission Grant Portal
Login Now: Username Password Sign in Reset or create password	 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. Once established, you will be able to submit applications for funding and if successful, access your contract and reporting documents via your Fluxx profile. Thank you for setting up your organizational profile. We look forward to getting to know you!
A FI	IXX
Privacy Policy	Accessibility

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

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Zoe's Pet Palace	$\hat{\mathbf{x}}$	
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		
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- From this webpage, you can . . .
- Submit a proposal for funding Track 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

- Pendina Reauests
 - 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 Multi-Year Program Grant" to begin your application.

Health Commission Da 🗙 🕂		
verdanthealth.fluxx.io		
verdant	Multi-Year Health Program Funding	
at Palace ♀	Verdant accepts applications for multi-year health programs on a quarterly basis (reference attached document for funding schedule). 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.	
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RUDGETS		
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There are 6 sections to this application. They are listed at the top under the "Table of Contents".

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A Primary Contact and Signatory are both required

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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.

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NSION	▼ Table of Contents Organization Information Program Details Budget Outcomes Acknowledgment Documents
	▼ Organization Information ▲ Primary Contact and Signatory are both required If you do not see the Primary Contact or Signatory for this request in the dropdowns, please use the "Add New" buttons below to add them to your organization. Organization Zoe's Pet Palace Location Zoe's Pet Palace - headquarters ● Primary Contact ● Add New Primary Signatory ● Add New Does this grant ●
	Mission Statement: Serving pets and their owners Organization Summary: We are an organization that specializes in community pet care. Note: Please note the mission statement and organization summary information is pulled directly from your Organizational Profile. If you need to update any of this information, you can do so via your organization profile in the Grantee Portal. Program Details Program Summary * Briefly tell us who you are and what you are trying to accomplish:
*	Cancel Save and Continue Save and Close

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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		Organization Summary: We are an organization that specializes in community pet care. Note: Please note the mission statement and organization summary information is pulled directly from your Organizational Profile. If you need to update any of this information, you can do so via your organization profile in the Grantee Portal. ▼ Program Details Program Title * Program Summary * Briefly tell us who you are and what you are trying to accomplish:
		Cancel Save and Continue Save and Close

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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To select someone not in your list from the "People" section, click add new. A form will pop up.

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Location	Zoe's Pet Palace - headquarters
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Sponsor?	
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Serving pets and their of	wners
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Note: Please note the r	ission statement and organization summary information is pulled directly from your Organizational Profile . If you need to update any of this
information, you can do	so via your organization profile in the Grantee Portal.
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Program Title *	
Program Summary *	u are and what you are trying to accomplish.
Brieny ten us who yo	u are and what you are itying to accomption.

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.

I Table of Contents Programization information Programization information Provide Provide </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>							
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Click save to save your inputted information to the indicated field on the application.

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GRANTEE BUDGETS -		Cancel Save and Continue Save and Close

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.

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			Mission Statement: Serving pets and their	owners

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.

Home - Canva X 🛛 😮 Multi-Year	Health Program Fun 🗴 🐣 Verdant Health Commission Da 🗴 🕂
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tive osed	This is the mission statement for Zoe's Pet Palace
	Organization Summary: This is a short summary of who Zoe's Pet Palace is.
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Program Details:

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

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Next, provide a program summary. This is a brief summary of your program.

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	Mission Statement: Serving pets and their owners Organization Summary:	
	We are an organization that specializes in community pet care. Note: Please note the mission statement and organization summary information is pulled directly from your Organizational Profile . If you need to update any of this information, you can do so via your organization profile in the Grantee Portal.	
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	Program Type *	
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Select the calendar icon next to "Start Date" to add your program start date.

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Using the drop downs select your program start date. This date should take place in the next six months.



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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New includes all applications that are not currently receiving funding from Ver	rdant.							
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Program Type								

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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	brieny ten us who you are and what you are using to accomplish.	
	Start Date * 07/01/2021	
	End Date * 06/30/2022 4 3	
	Number of	
	contingent years	
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	More information on: Total Program Budget vs. Amount Requested from Verdant	
	Total Program	
-	Amount Requested from Verdant for	
	Year 1 *	
	Is this a New program, or a Renewal?	
-	New includes all applications that are not currently receiving funding from Verdant.	
	Program Type *	
	Verdant Priority Area *	
	Access to Healthcare	
	Behavioral Health Childhood Obesity	
	Dental Care <	
	More information: Verdant Priority Areas	
-		
	What is the community need for this project? Be as specific as possible using local statistics and agency information to show the need. *	
-		

Next you will input your Total Program Budget for Year 1. 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.

	•		
Briefly tell us who	o you are and what you are trying to accomplish:		
Start Date *	07/01/2021		
Ford Data 4			
End Date *	06/30/2022		
Number of contingent years			
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Behavioral Health Childhood Obesi			
Dental Care Food Security	,	Total Program	\$100,000
More information:	erdant Priority Areas	Budget for Year 1 *	\$100,000
		Daugotionioani	
What is the com	nunity need for this project? Be as spec		
		Amount Requested	
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		Year 1 *	
udget Docupdf ^	Total Project Budpdf ^ E COVID .		
		his a New program	, or a Renewal?
		ludes all any lis	

Then you will input the Amount Requested from Verdant for Year 1. The Amount Requested from Verdant is is the amount you are requesting from Verdant to support this program.

Del-G - H			
Briefly tell us who	you are and what you are trying to accomplish:		
Start Date *	07/01/2021		
End Date *	06/30/2022		
Number of			
contingent years			
requested			
More information or	: Total Program Budget vs. Amount Requested from	Verdant	
Total Program	\$100,000		
Budget for Year 1	*		
Amount Request from Verdant for	sd \$50,000	years	
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Is this a New progr	a m, or a Renewal? blications that are not currently receiving funding from V	/er	
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Verdant Priority A	rea *	wore information on: 10	nai Program Budget vs. P
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		Is this a New program	, or a Renewal?
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		newal includes all cu	irrently funded proc

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Use the drop down next to "Program Type" to select whether your program is a new program or a renewal.

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Year	ount Requested Verdant for 1 *	\$50,000				
Is thi New Rene	i s a New program includes all applica wal includes all cu	, or a Renewal? ations that are not currently recei urrently funded programs seeking	ving funding from Verdant. y another multi-year contra	ct.		
Prog	gram Type *		~			
Verd	lant Priority Area	1*				
Acc Beh Chil Den Foo	ess to Healthcare avioral Health Idhood Obesity Ital Care Id Security	3		<		
More	information: Verda	ant Priority Areas				
Wha	t is the commun	ity need for this project? Be	as specific as possible	using local statistics an	d agency info	rmation to show the need. *
	tod					
Vordent for		50,000				<i>1</i> 2
r 1 "						
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ram Type *	\checkmark	New		·	n(s)	you intend to serve? *
		Renewal			ncel	Save and Close Save and Cont

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.

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	Year 1 *
	Is this a New program, or a Renewal? New includes all applications that are not currently receiving funding from Verdant. Renewal includes all currently funded programs seeking another multi-year contract.
	Program Type * New V
-	Verdant Priority Area *
	Access to Healthcare > Behavioral Health Childhood Obesity Dental Care < Ford Security <
	More information: Verdant Priority Areas
-	What is the community need for this project? Be as specific as possible using local statistics and agency information to show the need. *
-	
	How does this program directly imp
-	receiving funding from Verdant.
	Who will be served by this program'
-	will be to recruit participants? More information: Verdant Service A
-	
	How does this program demonstrat
	development, delivery, and evaluation
and the second se	
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? Be as specific as possible using local statistics and agency inform

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

	Year 1*	
L	Is this a New program, or a Renewal? New includes all applications that are not currently receiving funding from Verdant. Renewal includes all currently funded programs seeking another multi-year contract.	
0	Program Type * New ~	
	Verdant Priority Area *	
	Behavioral Health > Access to Healthcare Childhood Obesity	
	More information: Verdant Priority Areas	
	How does this program directly impact Verdant's priority areas? *	
-	Who will be served by this program? Explain how this program serves residents of South Snohomish County and what your current strategies are/ will be to recruit participants? * More information: Verdant Service Areas	
-	How does this program demonstrate equity, diversity, and inclusion? How will the population(s) you intend to serve be involved in program development, delivery, and evaluation? How are the program (program development, delivery, and evaluation? How are the program (program).	
	development, dervery, and evaluations now are the program/ organization stan reliective of the population(s) you intend to serve?"	

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

mmission Da 🗙 📀 Recent	designs - Canva x 🛛 😮 Outcomes: table of contents st x 🔹 🚱 Big Budget Document: Table of x 🔷 🚱 Multi-Year Health Program Fun x 🕇 🕇	
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ant .	What is the community need for this project? Be as specific as possible using local statistics and agency information to show the need. *	
-	How does this program directly impact Verdant's priority areas? *	
•	Who will be served by this program? Explain how this program serves residents of South Snohomish County and what your current strategies are/ will be to recruit participants? * More information: Verdant Service Areas	
- U	How does this program demonstrate equity, diversity, and inclusion? How will the population(s) you intend to serve be involved in program	
(9) •	development, delivery, and evaluation? How are the program/ organization starr reflective of the population(s) you intend to serve? *	
	Who are other organizations that offer similar services to this program? How will you collaborate with them and how is your program distinct? *	
•	In addition to completing the outcomes section below, what is the anticipated impact of this program and what is your strategy for successful achievement and measurement of your included outcomes? *	
\$	Cancel Save and Close Save and Continue	
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Under the question "Who are key partners that will support this program and their roles?" there is a follow up drop-down question.

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	Who are other organizations that offer similar services to this program? How will you collaborate with them and how is your program distinct? *	
	In addition to completing the outcomes section below, what is the anticipated impact of this program and what is your strategy for successful achievement and measurement of your included outcomes? *	
-		
-	Who are key partners that will support this program and their roles? *	
-		
1) + (0)	Do any of the included partners provide facilities and/or roles that are critical to meeting your outcomes? *	
	New will this prefram be staffed and what is the organizational capacity to support this program? What previous success has your organization had with delivering the services in the program? *	
Ţ		
	In addition to completing the budget form below, what are the proposed use of funds, including other sources of funds or resources, allocated to this program and your sustainability plan? •	
S		
•	Cancel Save and Close Save and Continue	

Using the drop down select whether any of your listed partners provide facilities and/or roles that are critical to meeting your outcomes. If you select yes you will be required to include a letter of support in the "Document Upload" section of the application.

Who are other organizations that offer similar services to this program? How will you collaborate with them and how is your program distinct? *
In addition to completing the outcomes section below, what is the anticipated impact of this program and what is your strategy for successful achievement and measurement of your included outcomes? *
Who are key partners that will support this program and their roles? *
Do any of the included partners provide facilities and/or roles that are critical to meeting your outcomes? * How will this program be staffed and what is the organizational capacity to sup had with delivering the services in the program? *
In addition to completing the budget form below, what are the proposed use one this program and your sustainability plan? • Intrners illities s that are beeting
mes? *

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.

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and terms	I have added	"Number of Individuals Served" as an O	outcome Metric*				
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лт .	All applications are	required to upload the following: (BOD, Final	ncial).				
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The first two you will acknowledge by selecting yes or no using the drop downs.

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

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organization to submit this		
application. *	litv	
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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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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.

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	Choose one: I can restrict funds recieved to approved budget OR I am willing to learn how to restrict funds recieved to 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 application.*	
2) (9)	 Documents All applications are required to upload the following: (BOD, Financial). If you indicated a partnership that provides facilities and/or roles that are critical to meeting your outcomes, include a letter of support from each partner. Please use the + button beside the document names below to upload the following documents: List of organization's Board of Directors with their affiliations Two years of organization's financial statements and audits. Audit requirements may be waived for small organizations 	
	Note: You can use the + button in the Request Documents box to upload additional documents.	
	Board of Directors (+)	
	Financial Statements and Audits	
×	Required Documents	
s	Optional Documents (+)	
-	To submit your application, click (save and close) and then (submit).	
	Cancel Save and Continue Save and Close	

To upload your board of directors press the blue "+" icon t the right of "Board of Directors".

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	Board of Directors
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An "Upload Files" pop up will appear. Select add files. You will then select find your Board of Directors file in your computer and double click on it to upload it to Fluxx.

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Hit "Start Upload" and wait for your file to be completely uploaded by watching for the "Upload Complete1" in the bottom left corner.

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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".

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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.

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erdanthealth.fluxx.io	recieved to approved budget OR I am willing to learn how to restrict funds recieved to approved budget. • To the best of my knowledge and belief, all information in this application is true application is true
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s •	To submit your application, click (save and close) and then (submit). Cancel Save and Close Save and Continue

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

If applicable, a third document upload titled "Letters of Support" will appear under "Financial Statements and Audits". This is where you will upload any letters of support by using the same process as the other two documents.

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	Board of Directors	
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Submitting:

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

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

