**Application Instructions**

Applications should be submitted via e-mail to [info@verdanthealth.org](mailto: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 call 425-582-8600 or e-mail [info@verdanthealth.org](mailto:info@verdanthealth.org) 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 Amount  If 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.**

**D. Describe any significant risks to the success of this program or project and how you plan to address them (i.e. staff turnover, loss of supplemental funding, emergency circumstances resulting in a temporary closure).**

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

**A. If/when this application is approved for funding and an agreement is signed, I agree on behalf of my organization to notify Verdant if a breach of the terms of the agreement has occurred in writing within fourteen (14) calendar days when the deliverables are not on track to be met as anticipated. My organization will develop and provide Verdant a corrective action plan within fourteen (14) calendar days of delivering notice of the nature of the breach and will specify the proposed completion date for bringing the agreement into compliance. Determination of sufficiency of the corrective action plan shall be at the sole discretion of Verdant.**

Yes No

**B. 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

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

Name:

Title:

Date: Click or tap to enter a date.