**Application Criteria and Instructions**

Verdant Health Commission funds nonprofits, local municipalities, and service providers to support projects specific to improving the health and wellbeing of residents of [South Snohomish County](https://verdanthealth.org/about-us/our-work/our-community/).

Applications should be submitted via e-mail to zoe.reese@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 zoe.reese@verdanthealth.org with questions**. We will be accepting applications February 15-26, 2021; May 17-28, 2021; August 16-27, 2021; and November 15-26, 2021. Incomplete applications will not be reviewed.**

**Application Requirements:**

* Application narrative (this document)
* Outcome(s) Excel spreadsheet
* Project budget spreadsheet
* List of organization’s Board of Directors, with their affiliations
* Two years of organization’s financial statements and audits (audit requirement may be waived for small organizations)

**1. Basic Request Information**

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| --- | --- |
| 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** | **Total Annual Request**  |
| Successful applications may be funded for up to three years contingent upon successful achievement of annual deliverables. Budget details should be included in Project Budget narrative and attachment. Budget will be finalized annually.  | $      |
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| **B. Which Verdant Health priority area(s) does this program address?** | [ ]  Food Insecurity | [ ]  Housing  |
| 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 | [ ]  Other Education & Prevention  |

**2. Proposal Information
Please limit your responses to the below prompts to no more than 5 single-spaced, typewritten pages using 12-point font and .5-inch page margins. You can submit a separate Word document or add pages following the signature at the bottom of this page.**

**Describe your program or project including:**

* Community need for the program/project. Be as specific as possible using local statistics or agency information.
* Who will be served by this program? Explain how the project serves residents of South Snohomish County.
* How program or project directly impacts Verdant’s priority area(s).
* Description of how program or project demonstrates equity, diversity, and inclusion; how the population(s) you intend to serve will be involved in program development, delivery, and evaluation; and how program and organization staff are reflective of the populations(s) you plan to serve.
* Description of organizational capacity and previous successes in delivering the services in the program or project.
* Other organizations that offer similar services, how you collaborate with them, and how your program or project is distinct.
* Anticipated measurable outcomes for the project or program (please also complete “Outcomes” document) and your strategy for successful achievement of outcome(s).
* Key partners who will support this program or project and their roles.
* In conjunction with Excel Budget worksheet, description of proposed use of funds including other sources of funds or resources allocated to this project or program and your sustainability plan.
* Ability to restrict the use of grant funds to the purposes of the project and budget funded, and to track and report how funds are used.

**3. Application Evaluation Criteria**

Applications are scored by Verdant Staff and Board of Commissioners. Scoring is based on cumulative points out of 100 available in the following categories. Additional information on our scoring methodology can be found at www.verdanthealth.org

* Alignment with Verdant priority area: up to 15 points
* Equity, diversity, and inclusion as core focus of program or project design: up to 20 points.
* Organizational capacity and financial sustainability for program/project after grant period: up to 25 points
* Evidence of program/project’s ability to respond to community need: up to 40 points

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

**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

**Authorized representative submitting this application:**

Name:

Title:

Date: Click or tap to enter a date.

Optional: Your feedback is valuable! Please consider completing [this](https://forms.office.com/Pages/ResponsePage.aspx?id=hXK2ZCUI8EKZKzMHQdgKciYvK48VTYdEmCIgdptSySVURDREOVExWDdLMkk1UE03S0lQMkhITFg2Uy4u) brief survey about your application experience.