**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 May 17-28, 2021; August 16-27, 2021; and November 15-26, 2021. Incomplete applications and capital requests 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**

|  |  |
| --- | --- |
| 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 |       |
| Program Type | [ ]  New project[ ]  Continuation of existing project/renewal of funds[ ]  Expansion of a project happening outside of PHD2  |

|  |  |
| --- | --- |
| **A. Request Information** |  |
| Indicate the total annual budget for year one. Budget details should be included in Project Budget narrative and attachment. Budget will be finalized annually. | **$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Indicate the number of contingent years requested. Successful applications may be funded for up to three years contingent upon successful achievement of annual deliverables.  | [ ]  1 year[ ]  2 years[ ]  3 years |

|  |  |  |
| --- | --- | --- |
| **B. Which Verdant Health priority area(s) does this program address? (select all that apply)** | [ ]  Access to Healthcare  | [ ]  Food Security  |
| You can find more detailed descriptions of these priority areas at www.verdanthealth.org. | [ ]  Behavioral Health  | [ ]  Housing  |
| [ ]  Childhood Obesity | [ ]  Other Education and Prevention  |
| [ ]  Dental Care  | [ ]  Supporting Seniors  |

# **Answers ARE required for all Section 2 and 3 prompts. Total page count for Section 2 AND 3 RESPONSES should not exceed 5 pages**

# **2. Organization Overview**

**Mission Statement:**

Click or tap here to enter text.

**Organization Summary** *(briefly tell us who you are and what you are trying to accomplish):*

Click or tap here to enter text.

# **3. Project Overview**

**Program/Project Summary** *(Provide a brief general overview of what your program/project is.)*

Click or tap here to enter text.

**Opportunity** *(Why is there a need for this project?)*

**Community need for the program/project. Be as specific as possible using local statistics or agency information.**

 Click or tap here to enter text.

**How program or project directly impacts Verdant’s priority area(s).**

Click or tap here to enter text.

**Community Impact** *(Who will be served by this project?)*

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

Click or tap here to enter text.

**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 population(s) you plan to serve.**

Click or tap here to enter text.

**Other organizations that offer similar services, how you collaborate with them, and how your program or project is distinct.**

Click or tap here to enter text.

**Outcomes** *(What are the desired outcomes of this project? I.e., # of individuals to be served within the grant time period.)*

**Anticipated measurable outcomes for the project or program (please also complete “Outcomes” spreadsheet) and your strategy for successful achievement and measurement of outcome(s).**

Click or tap here to enter text.

**Implementation** *(How will this project specifically be implemented?)*

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

Click or tap here to enter text.

**Description of organizational capacity and previous successes in delivering the services in the program or project.**

Click or tap here to enter text.

**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.**

Click or tap here to enter text.

**4. 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.)

* Opportunity/Community Need: Up to 25 points
* Community Impact: Up to 40 points
* Desired Outcomes: Up to 15 points
* Implementation: Up to 20 points

For submissions that include multiple partners and/or take place in another organization’s facility, please submit a letter of support for each, outlining individual responsibilities.

**5. 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

**By signing this document, I acknowledge that:**

[ ]  I can track and report included outcomes and required reporting elements.

[ ] I can provide evidence of liability insurance meeting minimum criteria.

**Choose One:**

[ ]  I can restrict funds received to approved budget.

 Or

[ ]  I am willing to learn how to restrict funds received to approved budget.

**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=hXK2ZCUI8EKZKzMHQdgKciYvK48VTYdEmCIgdptSySVUQUFHSEs3ODBBWDUxSUhOQzJQRVFFTDk3WC4u) **brief survey about your application experience.**