

Sunshine Health’s Community Connections Grant Level 1 Application Form 2024

Please complete the enclosed application for grant consideration. Follow the application carefully. Incomplete or inaccurate forms are not accepted. No handwritten applications will be accepted.	
Organization Name	
Please include requesting organization's legal name and DBA.	
Contact (First Name)	Contact (Last Name)
Contact Phone Number	Organization Phone Number
Contact's Email Address	Organization's Website Address
Organization's Physical Address	
Apt, Suite, Bldg. (optional)	
City	State/Province/Region
Postal/ZIP Code	County (Main Location)
List all counties served	
Organizations Mission (300 words max)	
Years of Operation	
EIN#	

<p>Designation (Check all that apply)</p> <p><input type="checkbox"/> Non-profit (501c3 or other)</p> <p><input type="checkbox"/> Minority-Owned Enterprise</p> <p><input type="checkbox"/> Disability-Owned Enterprise</p> <p><input type="checkbox"/> Women-Owned Enterprise</p> <p><input type="checkbox"/> Veteran-Owned Enterprise</p> <p><input type="checkbox"/> Other</p>	<p>Culture/Ethnicity of Clients Served (Check all that apply)</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> Asian (Chinese, Korean, etc.)</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Disability Community</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Native American (Native Alaskan, etc.)</p> <p><input type="checkbox"/> Other</p>
<p>Description of Grant (500 words max) <i>Provide a detailed description of the program you're proposing for this grant, including the need you're addressing and additional information, such as the main goal you aim to achieve through this funding.</i></p>	
<p>How do you report your impact? (Examples: statistics section on your website, Annual Impact Report, or other formats you could provide can be included).</p>	