

The Wellmark Foundation is an independent licensee of the Blue Cross and Blue Shield Association.

## Preparation

Before beginning the application, review the guidelines and requirements in the Wellmark Foundation Matching Assets to Community Health 2020 [Request for Proposal](#).

This application is an Adobe PDF fillable form. To best complete this application, use Adobe Acrobat. The latest version of Adobe Acrobat can be downloaded for free from <https://get.adobe.com/reader/otherversions/>.

Completed applications and required attachments must be submitted to [WellmarkFoundation@wellmark.com](mailto:WellmarkFoundation@wellmark.com) by 5:00 PM CST on Friday, February 21, 2020.

## Organization Information

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_

Type of Organization:  501(c)(3)  Government Entity  Other: \_\_\_\_\_

Organization's 9-digit Tax ID number: \_\_\_\_\_

## Primary Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## Secondary Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## Project Information

Project Name: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Project website: \_\_\_\_\_

Project start date: \_\_\_\_\_ Project end date: \_\_\_\_\_

Amount requested: \_\_\_\_\_

Total Project Budget: \_\_\_\_\_

Amount Secured/Raised-to-date: \_\_\_\_\_

## Detailed Project Information

The Wellmark Foundation has identified two areas of focus. We are looking for sustainable solutions within the two areas below. Select which one best aligns with the project.

- Access to and consumption of healthy foods
- Safe environments in which to be physically active

**1. Describe the project.**

**2. What are the goals and objectives of the project?**

**3. How did you identify the need for the project?**

**4. What are you attempting to solve by implementing the project? Why?**

**5. Who will benefit and how? Include relevant demographics such as number of residents within the community, city or county; community/county health statistics; workforce; population; etc.**

**6. Who are the critical stakeholders/key partners necessary for the success of the project and how are they being engaged?**

**7. How will the project continue to provide value to the community over time? How will you ensure the project is sustainable?**

**8. Once the project is complete, how will you measure if you have achieved the stated goals and objectives? How will you evaluate the overall impact and effectiveness of the project?**

**9. Describe how you plan to obtain the required dollar-for-dollar match amount. Remember that half of the required match amount can be in-kind goods and services, while the other half must be financial. Include all in-kind and financial commitments that have been made or secured to-date.**

**10. How would a grant from The Wellmark Foundation impact your project and fundraising efforts?**

## Organization Overview

11. Provide an overview of your organization's mission, work and expertise. Include any experience your organization has in administering projects of this kind.

12. Has your organization received grant funding from The Wellmark Foundation within the past five years?

Yes    No

If Yes, when and for what?

13. Has your organization applied for grant funding from The Wellmark Foundation within the past five years?

Yes    No

If Yes, when and for what?

## Include the following attachments with your application:

### Required

1. A copy of your IRS Determination Letter. If you are a government entity, we recognize that you do not have a determination letter. (PDF)
2. A detailed project budget that shows the expenses associated with the project. If your organization has secured funding, include a listing of the amounts and funding sources. (PDF, Microsoft Excel or Word)
3. A high-level timeline for the project. Note that the project must be completed by December 2022 in order to be considered for 2020 Large MATCH Grant. (PDF, Microsoft Excel or Word)

### Optional

1. Any pertinent materials you would like to share such as renderings, photos, letters of support, etc. Combine material into no more than two PDF or Microsoft Excel or Word files.

Completed applications and required attachments must be submitted to [WellmarkFoundation@wellmark.com](mailto:WellmarkFoundation@wellmark.com) by 5:00 PM CST on Friday, February 21, 2020.

The application and attachments need to be sent via email as attachments. Do not use file sharing sites to submit the application.

If you have questions about the grant process or need assistance with the application, contact:

[WellmarkFoundation@wellmark.com](mailto:WellmarkFoundation@wellmark.com) or (515) 376-6420.

