

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

Applications due February 23, 2018

Eligibility

Before beginning the application process, please review the guidelines and requirements in the [Request for Grant Proposal](#).

The Wellmark Foundation is most interested in funding sustainable initiatives - projects that have a long-term impact and continue after grant funding has been exhausted. The Wellmark Foundation will only fund projects that benefit Iowans and South Dakotans and focus on providing one of the following two initiatives:

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

This is a match (challenge) grant designed to leverage additional funding sources. This means that you are required to secure funding (financial or in-kind) to match the grant amount you're requesting.

To be eligible to receive a grant from The Wellmark Foundation, the primary applicant (fiscal agent) must meet all the following requirements:

- Must be classified as a Section 501(c)(3) tax-exempt organization under Internal Revenue Code or a governmental entity.
- Must be an organization within the states of either Iowa or South Dakota.
- Cannot be a private foundation under Section 509(a).
- Cannot be an individual.
- Cannot have a contractual relationship with Wellmark, Inc., Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Blue Cross and Blue Shield of South Dakota or Wellmark Health Plan of Iowa, Inc. This does not include having health insurance coverage through Wellmark.

Fiscal Agent Information

Fiscal Agent (Organization receiving and managing the grant funds):

Organization's 9-digit Tax ID number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Organization website: _____

Have you received funding from The Wellmark Foundation in the last three years? Yes No

If yes, please describe:

Is your organization designated by the IRS as a 501(c)(3) not-for-profit?

Yes, attach your IRS determination letter.
 Note: To confirm that you have successfully attached your IRS determination letter, check the paper clip icon on the left side of the screen.

No, please explain:

Primary Contact Name: _____

Primary Contact Title: _____

Primary Contact Mailing Address: _____

Primary Contact City: _____ State: _____ Zip: _____

Primary Contact Email: _____

Primary Contact Phone: _____

Secondary Contact Name: _____

Secondary Contact Title: _____

Secondary Contact Mailing Address: _____

Secondary Contact City: _____ State: _____ Zip: _____

Secondary Contact Email: _____

Secondary Contact Phone: _____

Project Information

Project Name: _____

City: _____ County: _____ State: _____

Project website (if applicable): _____

Project start date: _____ Project end date: _____

Amount requested from The Wellmark Foundation (Not to exceed \$100,000.00): _____

Total Project Budget: _____

Attach a detailed project budget.

Note: To confirm that you have successfully attached your detailed project budget, check the paper clip icon on the left side of the screen.

Detailed Project Information

1. Focus of the project:

Access to and the consumption of healthy foods

Safe and healthy environments in which to be active

2. Provide a brief description of the project.

3. Describe what you are attempting to solve with the project. Include local data relevant to the intended audience and the reasoning for the intended project.

4. Describe the project in detail. Be sure to include:

- Geographic impact (e.g. community, city, county, school)
- Critical stakeholders necessary for the success of the project and how you have or will engage them
- Who benefits from the project and how
- Timeline for planning and implementing the project

5. What are the goals and objectives of the project and how will you measure them?

6. How will the project continue to provide value after The Wellmark Foundation funding has been exhausted?

7. Describe how you plan to achieve the required match funding. Half of the required match can be in the form of in-kind while the other half must be financial. Include commitments that have been secured to date.

8. Outline the timeline for the project.

Activity/Action	Date

9. Provide an overview of your organizations mission, work and expertise. Include any past experience your organization has in administering projects of this kind.

Please submit your completed application to WellmarkFoundation@wellmark.com. Don't forget to attach a copy of the following:

- Your IRS determination letter (PDF)
- A detailed project budget (PDF)
- Any other pertinent materials you want to share (PDF or JPG)

Thank you.