

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

Applications accepted May 19, 2017 to June 16, 2017 (midnight).

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:

- 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. The Wellmark Foundation Small MATCH Grant is a 2:1 match; for every \$1 you request, you must secure \$0.50 in match funding.

To be eligible to receive a grant from The Wellmark Foundation, the primary applicant (grant 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 (EIN): _____

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 and Title: _____

Primary Contact Organization Name: _____

Primary Contact Mailing Address: _____

Primary Contact City: _____ State: _____ Zip: _____

Primary Contact Email: _____

Primary Contact Phone: _____

Secondary Contact Name and Title: _____

Secondary Contact Organization Name: _____

Secondary Contact Mailing Address: _____

Secondary Contact City: _____ State: _____ Zip: _____

Secondary Contact Email: _____

Secondary Contact Phone: _____

Project Information

Project Name: _____

City: _____ State: _____ County: _____

Project website (if applicable): _____

Project start date: _____ Project end date: _____

Amount requested from The Wellmark Foundation (Not to exceed \$25,000.00): _____

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. Provide a brief description of the project.

2. Describe what you are attempting to prevent or solve. Include local data supporting your need.

3. Please select the area of focus that your project is impacting.

Access to and the consumption of healthy foods

Safe and healthy environments in which to be active

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

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

5. Describe how you plan to achieve the match funding, including other commitments that have been secured (financial and/or in-kind). At least half of your match must be financial.

6. Outline the key project milestones.

Milestone	Target Date

7. What are the goals and objectives of the project and how do you plan to measure?

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

9. Provide a brief history of your organization and experience your community has in administering projects at this level of funding.

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

- Your IRS determination letter
- A detailed project budget
- Any other pertinent materials you want to share

Thank you.

Required Federal Accessibility and Nondiscrimination Notice



Discrimination is against the law

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Wellmark does not exclude people or treat them differently because of their race, color, national origin, age, disability or sex.

Wellmark provides:

- Free aids and services to people with disabilities so they may communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call 800-524-9242.

If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 5W189, Des Moines, IA 50309-2901, 515-376-4500, TTY 888-781-4262, Fax 515-376-9073, Email CRC@Wellmark.com. You can file a grievance in person, by mail, fax or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone or fax at: U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH Building, Washington DC 20201, 800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobu oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم 800-524-9242 أو (خدمة الهاتف النصي: 888-781-4262).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາ ໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຕິດຕໍ່ທີ. (TTY: 888-781-4262.)

주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें: अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, नि:शुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION: si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deutsch schwetze duscht, kannscht du Hilf in dei eegni Schprooch koschdefrei griege. Ruf 800-524-9242 oder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรายังมีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တောိုးသုဂ်ညါ-နုးမုာ်ကတိာ်ကေညါကိဂ်.ကိဂ်တိာ်မတတိာ်ဖဲတိာ်မတတိာ်.လတတတိာ်လတတတိာ်.ဆိဂ်လတနီာ်လိာ်.ဆဲးကိးဆူ ၈၀၀-၅၂၄-၉၂၄ မုတမုာ် (TTY: ၈၈၈-၇၈၁-၄၂၆) တက့ာ်.

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि नि:शुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ। 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस्।

ማሰሰቢያ: አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ አገዛ አገልግሎቶች፣ ከክፍያ ነፃ፣ ያገኛሉ። በ 800-524-9242 ወይም (በTTY: 888-781-4262) ደውሎ ያነጋግሩ።

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maada. Hebir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'éhjí yáníłti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojí' hólne' 800-524-9242 doodaii' (TTY: 888-781-4262)