**Connect to Everyone**

*Application Form*

The following is a list of the Connect to Everyone funding priorities based on Community Health Needs Assessments, Healthy People 2030, and performance metrics.

Which of the following is the need your project will address?

**Access to Care** *(transportation, telehealth, increase preventative care*)

**Nutrition (***education, outreach, food insecurity, nutritional disease such as diabetes)*

**Workforce Development** *(promotion of a distributed and diverse workforce, education)*

**Social Connection** *(age-friendly ecosystems***,** *behavioral health,**resiliency, promotion of community engagement)*

Name of your non-profit organization

Total Amount Requested

$

Program/Project Title

Program/Project Description

Briefly describe the program/project you are seeking to fund.

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Are you collaborating with other community organizations on this program/project?

If so, please list.

Primary Geographical Area Served

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Primary Age Group Served

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Primary Race/Ethnicity Served (Select all that apply)

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Primary Population Served (Select all that apply)

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How many individuals do you estimate will be served by this program/project?

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How was need determined? What evidence do you have that this is an issue or concern for the people you are serving? Provide any data you have that justifies the need, describes the access or service gap, etc.

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Are you receiving funding for this project/program from any other source?

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Please describe the desired measurable outcomes and the anticipated timeline.

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Please describe how you intend to measure and report on the effectiveness of the project/program.

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**Contact information**

Name/Title

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Email address

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Website

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Phone number

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Address

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Please attach the following documents:  
1. Budget Worksheet

2. Letter of Support