

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 by 5:00 PM CST on Friday, June 5, 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 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 2021 in order to be considered for a 2020 Small 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 by 5:00 PM CST on Friday, June 5, 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 or (515) 376-6420.

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: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ 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, निःशुल्क 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.လတတဘိလတဘိလ.ဆိဂ်လနဂ်လိာ်.ဆဲးကိးဆူ ၈၀၀-၅၂၄-၉၂၄မှတဖု်(TTY: ၈၈၈-၇၈၁-၄၂၆၂)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 निःशुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ। 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस्।

ማሰብያ: ከማርኛ 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) quannamaa.

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