



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

# 2022 MATCH Grant Application

Matching Assets to Community Health  
Access to and consumption of healthy foods  
Safe environments in which to be physically active

## Preparation

Before beginning the application, review the guidelines and requirements in the Wellmark Foundation Matching Assets to Community Health 2022 [Request for Application](#).

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/>.

The application provided must be used. Do not recreate the application or submit it as a scanned file.

Completed applications and required attachments must be submitted to [WellmarkFoundation@wellmark.com](mailto:WellmarkFoundation@wellmark.com) by 5:00 PM CST on Wednesday, February 16, 2022.

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.

## Organization Information

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

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

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

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

Type of Organization:  501(c)(3)  Government Entity

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

To be eligible, applicants must acknowledge and agree with The Wellmark Foundation Inclusion Statement:

Yes, "We are an inclusive organization accepting of all aspects of diversity. Examples of diversity include: race, color, age, sex, gender identity, gender expression, religion, national origin, ancestry, mental and physical abilities and sexual orientation."

## Primary Contact Information

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

Organization Name (if different than above): \_\_\_\_\_

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

Mailing Address (if different than above): \_\_\_\_\_

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

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

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

## Secondary Contact Information

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

Organization Name (if different than above): \_\_\_\_\_

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

Mailing Address (if different than above): \_\_\_\_\_

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

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

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

## Organization Overview

1. Provide a brief overview of your organization's mission, work and expertise. Include any experience your organization has in coordinating or managing projects of this kind.

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

Yes  No

If Yes, when and for what?

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

Yes  No

If Yes, when and for what?

## Project Information

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

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

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

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

Total project budget: \_\_\_\_\_

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

Amount raised-to-date: \_\_\_\_\_

## Project Details

4. Provide a brief description of the project.

5. The Wellmark Foundation has identified two areas of focus. Select which of the two areas best aligns with the project.

Access to and consumption of healthy foods

Safe environments in which to be physically active

**Explain why you selected this area of focus and how the project aligns?**

**6. List the goals and objectives of the project. Include how you plan to measure each one and how you will evaluate the project's overall impact on the target audience's access to and consumption of healthy foods or physical activity.**

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

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

**9. 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.**

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

**11. How will the project continue to provide value to the community for years to come? For safe environment projects, how will you ensure the project is properly maintained?**

## **Funding Request**

**12. 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.**

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

## **Required Attachments**

Include the following three attachments with your application:

1. Project Budget that shows the expenses associated with the project. If you have secured funding, include a listing of the amounts and sources.  
(PDF, Microsoft Excel, or Word)
2. Timeline that includes the key dates for the project.  
Note that the project must be completed by December 31, 2024 to be considered for a 2022 Large MATCH Grant.  
(PDF, Microsoft Excel or Word)
3. IRS Determination Letter.  
If you are a government entity, we recognize that you do not have a determination letter.  
(PDF)

## **Optional Attachments**

Any relevant materials you would like to share such as renderings, photos, letters of support, etc. (Combine these optional materials into no more than two PDF or Microsoft Word files)

## **Submission**

Completed applications and required attachments must be submitted to [WellmarkFoundation@wellmark.com](mailto:WellmarkFoundation@wellmark.com) by no later than 5:00 PM CST on Wednesday, February 16, 2022.

The application and attachments need to be sent via email to [WellmarkFoundation@wellmark.com](mailto:WellmarkFoundation@wellmark.com) as attachments. Do not use file sharing sites to submit the application.

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