

Sunshine Health’s Community Connections Grant Level 1 Application Form 2024

Please complete the enclosed application for grant consideration. Follow the application carefully. Incomplete or inaccurate forms are not accepted. No handwritten applications will be accepted.	
Organization Name	
Please include requesting organization's legal name and DBA.	
Contact (First Name)	Contact (Last Name)
Contact Phone Number	Organization Phone Number
Contact's Email Address	Organization's Website Address
Organization's Physical Address	
Apt, Suite, Bldg. (optional)	
City	State/Province/Region
Postal/ZIP Code	County (Main Location)
List all counties served	
Organizations Mission (300 words max)	
Years of Operation	
EIN#	

