Centene Foundation Grant Application

Contact Information

Contact Salutation _____

Contact First Name _____

Contact Last Name _____

Address (line 1) _____

Address (line 2) _____

City _____

State _____

Zip Code _____

Contact Phone Number _____

Extension # (if applicable) _____

Contact Title _____

Contact Email Address _____

If approved for funding by the Centene Foundation,
is this contact the signatory for funding agreements?   ____ Yes   ____ No (please complete fields below)

Signatory Contact First Name _____

Signatory Contact Last Name _____

Signatory Contact Title _____

Signatory Contact Email Address _____

Organization Information

Organization _____

Tax ID or EIN/RCN _____

Organization Address (line 1) _____

Organization Address (line 2) _____

Organization City _____

Organization State _____

Organization Zip Code _____

Organization Email Address _____

Website Address _____

Mission Statement _____

_____

_____

_____

Executive Director First Name _____

Executive Director Last Name _____

Executive Director Phone _____ Extension _____

Executive Director Email _____

Board of Directors

Name (if more than 10, limit to Chair and Officers)	Centene /Centene Subsidiary Employee	
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No

Request Information

Proposal Name _____

Program Area (see key, pg 4) _____

Total Project Budget $ _____

Requested Amount $ _____

Request Type (see key, pg 4) _____

Does this request for funding address Drivers of Health (DoH)? (see key, pg 4)

Main Key DoH _____ Additional Key DoH _____

Does your project have a defined start and end date?

Project Start Date _____ Project End Date _____

Project Description

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Publicity Plan

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Project / Program Sustainability Plan

Project Evaluation / Measurements

Project Outcomes

Should funding be awarded, demographic information for your organization will be required.

Community:	Percentage
Rural - population of less than 2,500	_____ %
Urban Cluster - population between 2,500 and 50,000	_____ %
Metro - population over 50,000	_____ %

Region: (see key below)   _____

Key:

Program Area:	Civic & Public Affairs Education (K-12) Community & Economic Environment Development Health & Social Services Culture & Arts Other Disaster Relief Education (Higher)
Request Type:	Capital Programmatic / Project Support Outcomes-Based Other
DoH:	**Economic stability:** Includes employment, financial literacy and assistance, income, and poverty **Education access and quality:** Includes access to education **Food security:** Includes food availability, accessibility, utilization, and stability **Healthcare access and quality:** Includes access to healthcare **Housing security:** Includes accessibility, condition, safety, affordability, and stability **Neighborhood and built environment:** Includes access to transportation, quality of housing, access to healthy foods and clean water, and air quality **Social and community context:** Includes social connection, a sense of belonging to a community, advocacy, workplace conditions, and discrimination or racism
Region:	County Multi-State Multi-County National State