



100 Wabuck Dr., Suite B
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(270) 971-1738

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Grayson County Healthcare Foundation, Inc. Grant Guidelines

Mission: To preserve and enhance long term health and wellness through the support and advocacy of programs, institutions and facilities that improve health.

Vision: To improve and protect the health and wellness of the citizens of Grayson County and surrounding areas by supporting health initiatives and access to care.

Background and Focus: Grayson County War Memorial Hospital was dedicated in 1951 and had capacity to serve 20 patients. In 1979, the hospital moved to a new, larger building and was renamed Twin Lakes Regional Medical Center. On December 31, 2020, Twin Lakes Regional Medical Center was acquired by Owensboro Health.

The Grayson County Healthcare Foundation, Inc. (GCHF) was created in 2020 to oversee the transaction proceeds generated from the sale of Twin Lakes Regional Medical Center to Owensboro Health. The GCHF aims to support to health and wellness initiatives within Grayson County and the surrounding area.

Grant Application Review: The Grant Review & Compliance Committee meets quarterly to review grant applications.

The GCHF will notify the applicant by letter or email that the proposal has been received. If any additional information is required, it will be requested at that time. Applicants are notified by letter regarding any action taken by the Grant Review & Compliance Committee with respect to their request for funding.

Eligibility:

- Be located in Grayson County, Kentucky or otherwise demonstrate that the use of the grant funds will benefit individuals and communities within Grayson County.
- Must be tax exempt under section 501(c)(3) or 170(c) of the Internal Revenue Code and be classified as a public charity under section 509 (a) of the Code, or provide an unmet need related to healthcare in Grayson County identified by the Board (e.g., physician recruitment assistance).
- Applicants may request funds only once during a calendar year, unless exceptional circumstances can be demonstrated that merit the Foundation's consideration of multiple awarding of funds in a given calendar year.
- Applicants that have been previously funded must submit a final evaluation report before requesting additional funds.
- Except in special circumstances, organizations receiving multi-year grants may not request additional funds until the previous grant funding has been expended in full, or otherwise obligated, and a final evaluation report has been submitted.

Restrictions:

- Principally religious purposes;
- Pass-through grants, unless determined appropriate by the Grant Review & Compliance Committee (Committee);
- Underwriting or contributions to luncheons, galas, or social fundraisers;
- Grants for major medical research projects, unless there is a collaborative partnership that directly and/or positively affects the health and welfare of Grayson County as determined by the Grant Review and Compliance Committee;
- Major arts organizations;
- Grants supporting candidates for political office, political parties, or political action communities;
- International organizations;
- Grants to local, national or international organizations' annual giving or holiday campaigns;
- Grants to 509 (a) (3) Type III supporting organizations; and
- Any other purposes or organization types that the Foundation may establish upon recommendation from the Committee and approval by the Foundation's Board of Directors.

FULL GRANT APPLICATION
GRANT REQUESTS EXCEEDING \$2,500

Applicants must submit their grant request in writing on letterhead or via submission form located on the GCHF website. No videos and/or CD's may be submitted. **Applications must include the following information and documentation conforming to the outline below:**

- I-III. Application Information Form (pages three [3] and four [4] of the guidelines)
- IV. Mission
- V. Description of agency/organization (not to exceed two [2] pages).
 - a. History
 - b. Purpose
- VI. What other agencies offer the same or similar services?
 - a. How do your agency's programs differ significantly from those already available?
- VII. Narrative
 - A. Justification for program (if using statistical information, it must be referenced)
 - B. Nature of project/program, including goals and objectives
 - C. Specific groups that will benefit from the program
 - D. Anticipated number of individuals to be served by program
 - E. Description of administration and operation of program
 - F. Date of implementation and conclusion
 - G. Long term strategy for continuing funding
 - H. Description of how program outcomes will be measured to determine success in improving health

Note: Section VII not to exceed four [4] pages. Do not include staff resumes or ancillary information.
- VIII. Financials
 - A. Current Financial Statement, including balance sheet and income statement
 - B. Current annual operating budget
 - C. Most recent IRS Form 990, including all supporting schedules, salaries, etc.
Note: if unavailable please indicate why
 - D. Most recent Audited Financial Statements (unbound)
Note: if unavailable please indicate why
 - E. Please include list of other funding sources, including received and pending requests
 - F. If requesting *project/program support*, please include
 - i. Overall cost of project/program
 - ii. Project/program budget
- IX. Documentation:
 - A. IRS determination letter certifying tax exempt status
 - B. Signed statement (by top executive, president or chair of the board) certifying that tax exempt status has not changed and affirming that IRS Form 990 submitted is identical to the one submitted to the IRS
 - C. Notarized statement affirming that agency is not a 509 (a) (3) Type III Supporting Organization, signed by the board chair, executive director or chief executive officer
 - D. Current list of Officers, Directors and Advisory Board members, if any (not to exceed two [2] pages)
 - i. Include number of Board Meetings yearly
 - E. Minutes of most recent Board Meeting
- X. Check List (page five [5] of the guidelines)
- XI. Evaluation Report for previous year's funding (if applicable).



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Agency Statistics

1. Number of clients to be served: _____ Cost per client: _____
2. Percentage of:
Women: _____% Men: _____% Boys: _____% Girls: _____%
3. Geographic Area(s) Served:
 Grayson Other _____
4. Agency Budget: _____ Income: _____ Expenses: _____
5. For Program Requests:
Program Budget: _____
7. Do you have an endowment? Yes No

II. Other Information

Do you have evaluation procedures in place? Yes No

**Previous Applications to the Grayson County Healthcare Foundation, Inc.
(Please indicate purpose: Program, Operating, or Capital.)**

Year	Approved/ Declined	Amount Awarded	Purpose

TO BE COMPLETED BY GCHF:

Grant Proposal ID #: _____

Date Reviewed by Staff: _____ **Reviewed By:** _____

Date Reviewed by Grant Review & Compliance Committee: _____ **Approved? Y / N**

Date Approved by Board: _____ **Approved? Y / N**

Funding Schedule: _____

III. Check List

Please check and sign indicating that all supporting documentation and information is included in this application.

- Application Form (pages three [3] and four [4] of guidelines)
- Description, mission, history and purpose of agency/organization
- Agencies offering similar services
- Narrative of the nature and need of project or program (if applicable)
- Current Financial Statement
- Current Annual Operating Budget
- Most recent IRS Form 990, including supporting schedules, salaries, etc.
- Most recent audited financial statement (unbound)
- Program budget (if applicable)
- Other Sources of Funding
- IRS determination letter certifying tax exempt status
- Signed statement by top executive, president or chair of the board certifying IRS tax-exempt status has not changed and affirming that IRS Form 990 submitted is identical to the one submitted to the IRS.
- Notarized statement affirming the agency is not a 509 (a) (3) Type III Supporting Organization, signed by the board chair, executive director, or chief executive officer
- Current list of Board of Directors (indicating officers) and Advisory Board Members, if any
- Number of board meetings yearly and minutes of most recent board meeting
- Evaluation report for previous funding (if applicable)

Note: ***Please do not submit funding request until all required attachments are included. Incomplete requests delay their review.***

Signature of Board Chair, CEO or Executive Director

Printed Name

Date