



100 Wabuck Dr., Suite B  
Leitchfield, KY 42754  
(270) 971-1738

## 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 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.



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**GRANT APPLICATION**  
*Grant Requests of \$2,500 or Less*

**I. Organization's General Information**

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

Tax ID #: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

**II. Grant Primary Contact Information**

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**III. Grant Secondary Contact Information (if applicable)**

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**IV. Organizational Information**

Mission Statement:



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List of Current Board Members:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_

Number of Board Meetings Annually: \_\_\_\_\_

Number of Clients Served Annually: \_\_\_\_\_

Average cost per client: \_\_\_\_\_ Check if Unknown or N/A \_\_\_\_\_

Population Served:

Women: \_\_\_\_\_ % Men: \_\_\_\_\_ % Children: \_\_\_\_\_ %

Geographic Area Served:

\_\_\_\_\_ Grayson \_\_\_\_\_ Other (\_\_\_\_\_)

## V. Grant Request Information

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

Amount of Requested Funding (Maximum request of \$2,500): \_\_\_\_\_

Please choose the applicable funding category for your project (Check one):

- Capacity Building (funding systems that improve effectiveness, allowing an organization to reach more individuals)
- Capital Improvement (funding essential items to help the organization fulfill its mission)
- Programming (funding new or existing programs that align with organization's mission)



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Project Summary (May attach another page if additional space is needed):

Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

Project Contact (The designated individual responsible for implementation and management of the project):

\_\_\_\_\_

Organization Leadership (Name of organization's Executive Director or equivalent role):

\_\_\_\_\_

Why is the proposed project a priority to your organization?



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How will this project improve your organization's impact on the community? Identify the community need the project will impact.

How many people will be impacted by this project? \_\_\_\_\_

How will you evaluate the success of the project?

What metrics will you use to identify the success of the project? (Please identify the measurable outcomes you will use for project evaluation.)

Please list other funding sources, including received and pending requests:

Funding Source	Amount	Received/Pending?



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## VI. Check List of Supporting Documents

Please check indicating all supporting documentation is included with this application, in addition to completing all prior sections of this application.

- Organization's Tax-Exempt Documentation (IRS Determination Letter certifying tax-exempt status)
- Organization's Annual Operating Budget
- Organization's Current Financial Statement
- Project Budget (Budget should be detailed)

## VII. Signatures

By signing below I confirm this application for grant funding is complete and accurate. I affirm that the organization's current IRS tax-exempt status has not changed and matches the IRS tax-exempt status described in the supporting documents attached to this application. I also affirm the organization is not a 509 (a) (3) Type III Supporting Organization.

\_\_\_\_\_  
Signature of Board Chair, CEO or Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## VII. Submission

Completed applications, along with all supporting documents, can be submitted to the Grayson County Healthcare Foundation via:

- Email to [brittany.clemons@gchealthcarefoundation.org](mailto:brittany.clemons@gchealthcarefoundation.org)
- Mail to the following address:  
Grayson County Healthcare Foundation, Inc.  
Attn: Grant Review & Compliance Committee  
100 Wabuck Dr., Suite B  
Leitchfield, KY 42754

A notification email will be sent to the primary and secondary grant contacts to confirm receipt of the application.

If you have questions regarding the grant application, please contact Brittany Clemons, Executive Director, by email at [brittany.clemons@gchealthcarefoundation.org](mailto:brittany.clemons@gchealthcarefoundation.org) or by phone at (270) 971-1738.