

Grayson County Healthcare Foundation, Inc. Grant Guidelines

Mission: To promote healthy lifestyles and expand healthcare access by funding programs, organizations, initiatives, and facilities that will improve the health of Grayson County residents.

Vision: A Grayson County in which residents' attitudes, culture, and access to care elevate their health and wellbeing.

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.

Letter of Intent (LOI) Process: For grant requests greater than \$50,000, a LOI must be submitted during one of the LOI Open Submission Periods. Following the LOI Open Submission Period, the Grant Review & Compliance Committee (GR&C) will review all LOIs. The primary contact listed on the LOI will receive notification of the review outcome prior to the next Application Submission Window. Only those organizations with approved LOIs will be eligible to submit an application.

LOI Open Submission Period	Application Submission Window	Grant Award Notifications Made By
February 15-March 31	May 15-June 30	August 31
August 15-September 30	November 15-December 31	February 28

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.



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

brittany.clemons@gchealthcarefoundation.org

LETTER OF INTENT
Community Health Advancement Grant
Funding Requests Greater Than \$50,000

I. Organization's General Information

Name of Organization: _____

Tax ID #: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Website: _____

II. Primary Contact Information

Name: _____ Title: _____

Phone: _____ Fax: _____

Email: _____

III. Organizational Information

Mission Statement:

IV. Project/Program Title: _____

V. LOI Guidelines

- A.** The LOI should be 1-3 pages in length, describing important aspects of the project and/or program. The following components must be included:
- i.** Brief description of the project/program
 - ii.** Identify the community health need(s) the project/program will impact
 - iii.** Overview of project/program timeline
 - iv.** Amount of funding requested, with overview of budget for the project/program
 - v.** Anticipated impact of project/program (i.e., number of community members impacted, and other desirable outcomes expected)
- B.** Please include a header on the LOI pages with your organization name and Project/Program Title.



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VI. Submission

Complete and submit page 2 of this document, along with the LOI, to the Grayson County Healthcare Foundation via one of the following:

- Email to 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 contact to confirm receipt of the LOI. If you have questions regarding the LOI or application process, please contact Brittany Clemons, Executive Director, by email at brittany.clemons@gchealthcarefoundation.org or by phone at (270) 971-1738.