

# OMHS COMMUNITY BENEFIT PROGRAM MINI-GRANT APPLICATION



This application may be used for all in-kind and financial requests not exceeding \$1,000 and in response to an OMHS solicitation for proposals to dispose of surplus equipment.

**Return it with your materials to:**

Owensboro Medical Health System  
Marketing/PR Department  
P.O. Box 20007  
Owensboro, KY 42304-0007  
Fax: (270) 685-7195  
Phone: (270) 685-7190  
Email: communitybenefit@omhs.org

Annual Fund Applying For:	<input type="checkbox"/> COMMUNITY BENEFIT ANNUAL FUND (Identified community health needs)  <input type="checkbox"/> COMMUNITY BUILDING ANNUAL FUND (Needs not directly related to health care but that addresses root causes of health problems)
Name of Program/Event:	
Description of In-Kind Request:	
Amount of Funding Request:	(Project or fundraising budget must be attached)
Goal of the Proposed Program:	

Agency Name:	
Contact Person/Title:	
Street Address:	
City, State, ZIP Code:	
Phone/Fax/Email:	
Tax Status:	<input type="checkbox"/> 501(c)3 <input type="checkbox"/> Public Entity _____
Tax ID Number:	
Date:	
Signature:	

# OMHS COMMUNITY BENEFIT PROGRAM MINI-GRANT APPLICATION

**Event/Project Details:** (date, location, day of event, name of event/project): \_\_\_\_\_

---

---

**Event/Project Description:** Briefly describe event/project and how funds will be used: \_\_\_\_\_

---

---

---

**Other expectations of OMHS as part of supporting event/project:** \_\_\_\_\_

---

---

**How does this event/project improve the health of our community?:** \_\_\_\_\_

---

---

---

**What do you desire to accomplish with this event/project?:**

---

---

---

**How many individuals does the event/project propose to serve?:** \_\_\_\_\_

**If a Community-Building activity, how will OMHS be recognized?:**

---

---

---

---

All school, school-related or affiliated requests must be authorized by their school central offices

**School Central Office Signature:**

Authorized By: \_\_\_\_\_ Date \_\_\_\_\_

School Central Office Name: \_\_\_\_\_ Phone \_\_\_\_\_

---

For Internal Use Only:

Received By: \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date \_\_\_\_\_

Approved/Declined: \_\_\_\_\_

Notified Contact \_\_\_\_\_ Date \_\_\_\_\_