

OMHS COMMUNITY BENEFIT GRANT APPLICATION CHECKLIST

The following documents must be enclosed in the proposal package. (Please submit four stapled copies.)

PROJECT NAME: _____ DATE: _____



SECTION 1 PROPOSAL COVER SHEET

Proposal Cover Sheet. (attach this completed form to application) Please provide the following information:

Agency Name:	
Contact Person/Title:	
Street Address:	
City, State, ZIP Code:	
Phone/Fax/Email:	
Contact Person:	Name and Title:
Phone/Fax/Email:	
Tax Status:	<input type="checkbox"/> 501(c)3 <input type="checkbox"/> Public Entity
Tax ID Number:	
Grant Funding Cycle:	
	<input type="checkbox"/> FUNDING FOR SPECIAL SUMMER PROJECTS: APPLICATIONS ACCEPTED April 19 – 30, 2010 [OR] <input type="checkbox"/> FUNDING FOR GENERAL APPLICATIONS: APPLICATIONS ACCEPTED May 3 – July 1, 2010 Note: You may not apply for both.
Annual Fund Applying For:	<input type="checkbox"/> <u>Community Benefit Annual Fund</u> In accordance with IRS Form 990-Schedule H guidelines, grants are awarded from the Community Benefit Annual Fund to non-profit organizations for specific programs and services that address <u>identified community health needs</u> . To qualify, activities must provide measurable improvement in health status, access, or use of healthcare resources and must serve individuals in the OMHS service area. [OR] <input type="checkbox"/> <u>Community Building Annual Fund</u> In accordance with IRS Form 990-Schedule H guidelines, grants are awarded from the Community Building Annual Fund to non-profit organizations for specific programs and activities <u>not directly related to healthcare but that address root causes of health problems</u> . Grantees may include economic, educational, civic, arts and cultural organizations. To qualify, the proposal must identify how the activity addresses root causes of one or more health problems. All activities must serve individuals in the OMHS service area.
Total Amount Requested:	

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SECTION 2 PLANNING TOOL Please submit with APPLICATION

Does the program meet at least one of the basic community benefit objectives? (Check all that apply)

- Increase access to health care
- Improves the health of our community
- Increases knowledge through professional education or research
- Relieves the burden of government or other non-profit organizations

Does the program address an identified community health need? YES NO

Briefly define the problem/community need that the program will address: _____

How was this need determined? (by what assessment tool?) _____

OR, if you are submitting a Community Building proposal

Does the program address the root causes of health problems in our community? YES NO

How was this need determined? (by what assessment tool?) _____

Target Population:

Describe those who will benefit from the program that you are seeking funding for:

- Primarily for persons living in poverty
- Primarily for the broader community
- Other (define): _____

Special Needs Population:

- Persons with disabilities
- Racial, cultural and ethnic minorities
- Uninsured/Underinsured
- Other (define): _____

Age of targeted audiences:

- Infants
- Children
- Teenage
- Adults
- Seniors
- All ages

Gender:

- Male
- Female
- Both

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Goal for the program: (this should be a broad, generalized statement)

Objectives to meet stated goal:

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

What strategies will be used to help the program meet its objectives?

RESULTS:

What changes do you hope to see? _____

Additional considerations:

(Note: answers to the questions below should be made apparent in the Grant Application.)

1.) Does the program fit in with OMHS' mission to heal the sick and to improve the health of the community?
 YES NO

2.) Does the program fit with the goals and framework of OMHS' overall Community Benefit approach/strategy?
 YES NO

3) Does the program duplicate or overlap with other community programs and, if so, why is your program necessary?
 YES NO If yes, briefly explain.

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SECTION 3 PROJECT SUMMARY

- Project Summary Letter on your organization's letterhead signed by Board Chair and/or Executive Director. Must include requested amount of funding and purpose of funding.
- Owensboro Medical Health System Community Benefit Program Grant Application



SECTION 4 SUPPORTING DOCUMENTATION

We request that you please do not include letters of support, articles, brochures, etc...

- All supplementary information attached:
 - Copy of IRS determination letter indicating the organization's 501(c)(3) tax-exempt status
 - Financial statement or operating budget
 - Project budget showing funding sources and other revenues supporting proposed program
 - List of Board of Directors, if applicable

OMHS COMMUNITY BENEFIT
GRANT APPLICATION SCORING
 PROVIDED FOR INFORMATIONAL USE ONLY

COMMUNITY BENEFIT FUND RATING CATEGORIES	MAXIMUM POINTS
Potential Impact on Identified Community Health Need	15
Expected Goals and Project/Program Objectives	10
Evaluation of Project/Program Objectives	15
Financing, Sustainability and Collaboration	5
Organization History/Experience Demonstration of experience and capability to provide proposed services and/or in serving targeted communities or sub-populations and a history of sound financial management	5
TOTAL	50

COMMUNITY BUILDING FUND RATING CATEGORIES	MAXIMUM POINTS
Potential Impact on Root Cause of Health Problem in the OMHS Service Area	10
Expected Goals and Project/Program Objectives	10
Evaluation of Project/Program Objectives	10
Financing, Sustainability and Collaboration	10
Organization History/Experience Demonstration of experience and capability to provide proposed services or activity	5
Identified Special Benefit to the Underprivileged	5
TOTAL	50