

BIG BEND REGIONAL HOSPITAL DISTRICT

105 W. Holland Ave.
PO Box 1439
Alpine, Texas 79831
(432) 837-7051

Medical Enhancement Grant Guidelines and Proposal Requirements

I. INTRODUCTION

The Big Bend Regional Hospital District (BBRHD) is a Bi-County Hospital District which serves Brewster and Presidio Counties. The management, control and administration of all funds and resources of the District are vested in the Board of Directors. Our primary mission is to provide the Presidio Brewster County Indigent Health Care Program to our Bi-County residents in a quality and cost-effective manner.

These guidelines are designed to assist an entity in submitting a request for medical enhancement grant funding which complies with the mission of the Big Bend Regional Hospital District.

II. GRANT CRITERIA AND GUIDELINES

Eligible Grant Applicants

Brewster and Presidio county entities that provide healthcare related services to needy, or other services consistent with the objectives of the District, for residents of Brewster or Presidio Counties are eligible to apply.

Length of Grant Award

Grant awards are for a period of one BBRHD Fiscal Year, October – September, unless otherwise agreed to by the terms of the Service Agreement.

The fact that a grant has been awarded does not guarantee any future grants.

Limitations

Grants will **NOT** be made in support of the following:

- Religious, political, propaganda or lobbying purposes
- Organizations whose primary function is to allocate funds to other charitable organizations or projects
- Projects where the grant funds will be for services outside of Brewster and Presidio Counties
- Loans, matching funds associated with loans
- Grants for the establishment of or addition to endowments
- Grants for fund-raising events
- Grants for personal projects or entrepreneurial projects.
- Operating costs of a medical facility, including but not limited to the salaries, benefits and taxes for physicians, nurses, staff, nurse practitioners, physician assistants, non-durable supplies, utilities, or office equipment, or billing account receivables.

Requirements

- 1) Applications for BBRHD grants are accepted once a year. Grant applications must be received at the District office one week prior to the September Board of Directors meeting for consideration of funding in the upcoming Fiscal Year that begins in October.

Applications for grants must contain sufficient supporting documentation to verify the following:

- A verifiable need exists for residents of Brewster and/or Presidio county
 - Costs associated with grant request and budget breakdown of how monies will be spent.
- 2) Grant requests which are ineligible or submitted without supporting documentation will be rejected unless corrected as requested, and in the timeframe requested.
 - 3) If requested by the District, the person within the organization requesting the grant must appear in person at the meeting of the Board of Directors where the Grant request will be considered to respond to questions or comments from the Board.
 - 4) Approved grants will not be funded until such time as a service agreement is executed by both parties.
 - 5) All grant recipients must submit a report and accounting to the BBRHD as stipulated in the service agreement, to report on the agreed upon benchmarks or goals and the overall results of the project. The reporting will be provided either in writing or in person at a Board meeting as stipulated in the service agreement.
 - 6) Grant recipients are required to give recognition to the BBRHD on any printed or visual materials used in conjunction with the grant. Example: "This project was made possible through a grant received from the Big Bend Regional Hospital District."

How to Submit

Applications must be submitted to BBRHD in writing in person, by mail, or via email with the attached grant application.

Submission must include a legibly completed and signed Grant Application Form (see the following page) along with required supporting documents.

Please submit to:

In Person

Big Bend Regional Hospital District
105 W. Holland Avenue
Alpine, Texas 79830

Or

By Mail

Big Bend Regional Hospital District
PO Box 1439
Alpine, Texas 79831

Or

By Email

jacqueline@bbrhd.com

III. CONSIDERATION OF GRANT APPLICATION THE BBRHD

Applicants will be contacted about their grant applications after initial review for follow up and/or to answer questions by a member of staff or the Board of Directors.

Grants will be considered on a case-by-case basis, without prior precedence. Consideration for approval will be at the sole discretion of the Board of Directors.

The applicant will be notified of the date the application will be considered by the Board of Directors, which will be dependent upon the availability of agenda time at a regularly scheduled and posted meeting.

Final decisions for Grant Approvals will be announced at the October Board of Directors meeting, unless otherwise notified.

BBRHD Medical Enhancement Grant Application

Date of Application: _____

Legal Name of Organization: _____

Type of Organization: Non-Profit / For Profit / Governmental / Other

Officer / Responsible Person: _____

Contact Person (if different from above): _____

Address: _____

E-mail: _____ Telephone: _____

Is this a request for renewal or extension of a grant from the BBRHD: Yes / No

Project Title: _____	
Project Budget: \$ _____	Grant Request: \$ _____ *
Project Description: _____ _____	
Project Start Date: _____	Project Completion Date: _____
Project Location: _____	
Project Service Area: _____	
<small>* Supporting documentation must provide a breakdown of grant request funds showing allocations to the various project components, contractors, equipment or materials.</small>	

I the undersigned, understand that the BBRHD retains complete discretion whether to award any grant of any kind to applicant and that the submission of this grant application in no way guarantees any award of funds. In the event that this application is approved for funding, applicant understands and agrees that they must submit a subsequent grant evaluation and, if requested, appear at a regularly scheduled meeting of the BBRHD to update the Board as to the results of the grant project.

Signature: _____

Printed Name: _____

For District Use Only:

Date Received: _____ **Date to Grant Committee:** _____

Grant Committee Findings / Recommendations: _____

Date Considered by Board: _____ **Awarded / Declined**

Proposal Package

Proposals should include the following information:

1. Organization Information

- Summarize your organization's history.
- Explanation of organization's management structure, including names of board members, executive officers and senior management.
- Organization's Company information. (Company Name, Address, Type of Business or Organization (i.e. Corporation, L.L.C., Sole Proprietorship, Non-Profit Organization).
- The organization's mission and goals.
- Outline any current or past programs and activities you feel are relevant.
- For some grants BBRHD may require requesting organization to provide recent financial information for the organization.

2. Purpose of Grant

- Describe the proposed program or project.
- Identify the needs, problems, and/or opportunities to be addressed. What are the challenges to the project? Who else in the specified area is addressing this issue?
- What are the goals of the project? How do you plan to achieve the objectives?
- Outline the key staff and volunteers' qualifications and experience critical to the project.
- Identify other organizations and/or partners participating in the project and their roles.
- Provide a timetable for the project.
- Project Budget.
- Any other company funds or other grants being used for the project.
- If the project needs more than one year to accomplish its goals, identify long-term funding resources for the project. How will the project be sustained?

3. Evaluation

Describe a plan for evaluation. For example, how do you think the Board should evaluate the success of this proposal? Who will be involved in the evaluation?

PROPOSAL CHECKLIST

1. Application Form
2. Organization Information
3. Purpose of Grant Information
4. Organization Financial Information (where required)
5. A list of all possible funding sources including the status of the request (i.e., approved, ending, date to be submitted)
6. List of the persons who will be in charge of the grant funds.
7. Copy of the current IRS determination letter indicating 501(c)3 status if applicant is a non-profit.