

2019 Tomball Health Coalition/Tri County Health Alliance Grant Guidelines

Background and focus: Tomball Health Coalition is a 501(c)(3) created in January of 2013 and dedicated to helping the health needs in Tomball, Magnolia, Waller and surrounding communities.

Board Meetings and Proposal Review: The Board of Directors meets monthly. The Coalition accepts applications on an on-going basis. Proposals that staff are unable to review for the next scheduled Board meeting are held over for the following months meeting.

The Coalition 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 Board of Directors with respect to their request for funding.

Eligibility:

- Organizations applying for funds must be tax exempt under sections 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
- Organizations located in and around Tomball, Magnolia and Waller
- Organizations and agencies may request funds only once during a calendar year (exceptional circumstances are taken into consideration)
- Organizations 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 grant has been paid in full and a final evaluation report has been submitted

Tomball Health Coalition supports:

- Health and wellness initiatives in the greater Tomball, Magnolia and Waller area.

Restrictions:

- Grants for religious purposes
- Pass-through grants
- Underwriting or contributions to luncheons, galas and social fundraisers
- Grants for major medical research projects
- Requests for individual scholarships
- Major arts organizations
- Grants supporting candidates for political office, political parties or PACs
- International organizations
- Grants to local, national or international organizations' annual giving or holiday campaigns
- Grants to 509 (a) (3) Type III supporting organizations

FULL GRANT PROPOSAL

Applicants must submit their grant request in writing on letterhead. No videos and/or CD's may be submitted. *Applications must include the following information and documentation conforming to the outline below:*

- I-III. Application Information Form (page three [3])
- IV. Mission
- V. Description of agency/organization (not to exceed two [2] pages)
 - a. History
 - b. Purpose
- VI. What other agencies offer the same or similar services?
 - a. How do your agency's programs differ significantly from those already available?
- VII. Narrative
 - A. Justification for program (if using statistical information, it must be referenced)
 - B. Nature of project/program, including goals and objectives
 - C. Specific groups that will benefit from the program
 - D. Description of administration and operation of program
 - E. Date of implementation and conclusion
 - F. Long term strategy for continuing funding
 - G. Evaluation procedure, if applicable

Note: Section VII not to exceed four [4] pages. Do not include staff resumes or ancillary information
- VIII. Financials
 - A. Current Financial Statement, including balance sheet and income statement
 - B. Current annual operating budget
 - C. Most recent IRS Form 990, including all supporting schedules, salaries, etc.
Note: if unavailable please indicate why
 - D. Most recent Audited Financial Statements (unbound)
Note: if unavailable please indicate why
 - E. Please include list of other funding sources, including received and pending requests
 - F. If requesting *project/program support*, please include
 - i. Overall cost of project/program
 - ii. Project/program budget
- IX. Documentation:
 - A. IRS determination letter certifying tax exempt status
 - B. Signed statement (by top executive, president or chair of the board) certifying that tax exempt status has not changed and affirming that IRS Form 990 submitted is identical to the one submitted to the IRS
 - C. Notarized statement affirming that agency is not a 509 (a) (3) Type III Supporting Organization, signed by the board chair, executive director or chief executive officer
 - D. Current list of Officers, Directors and Advisory Board members, if any (not to exceed two [2] pages)
 - i. Number of Board Meetings yearly
 - ii. Minutes of most recent Board Meeting
- X. Check List (page four [4])
- XI. Evaluation Report for previous year's funding (if applicable).

Please direct all correspondence to:
Ann Marie Paradowski, Executive Director
Tomball Health Coalition
P.O. Box 608
Tomball, TX 77377
832-217- 4078 (O)
tomballhealthcoalition@gmail.com

(NOTE: Use this form and limit response to one page)

I. General Information

A. Name of Organization: _____

B. Address: _____
 City: _____ State: _____ Zip: _____

C. General Contact Information:
 Main Phone Number: _____ Fax: _____
 Email: _____ Website: _____

D. Grant Request Contact Information:
 i. Primary Contact: _____ Title: _____
 Phone: _____ Email: _____
 ii. Secondary Contact: _____ Title: _____
 Phone: _____ Email: _____

E. Requested Amount: _____ Operating Program Capital

F. Brief Description of Request:

Agency Statistics

1. Number of clients to be served: _____ Cost per client: _____

2. Percentage of:
 Women: _____% Men: _____% Boys: _____% Girls: _____%

3. Population Served:
 African American: _____% Anglo: _____% Asian: _____% Hispanic: _____% Other: _____%

4. Geographic Area Served
 Harris Tomball Magnolia Montgomery
 Waller

5. Agency Budget: _____ Income: _____ Expenses: _____

6. For Program Requests:
 Program Budget: _____
 Program Start/End Date: _____ - _____ (on-going program

7. For Capital Requests:
 Capital Campaign Budget: _____ Raised to Date: _____
 Capital Start/End Date: ___/___/___ - ___/___/___

8. Do you have an endowment? Yes No

II. Other Information

Do you have evaluation procedures in place? Yes No

Previous Applications to The Tomball Health Coalition (Please indicate purpose: Program, Operating, Capital or Endowment.)

Year	Approved/ Declined	Amount Awarded	Purpose	Year	Approved/ Declined	Amount Awarded	Purpose

Check List

Please check and sign indicating that all supporting documentation and information is included in this application.

- Application Form (Page three [3])
- Description, mission, history and purpose of agency/organization
- Narrative of the nature and need of project or program (if applicable)
- Program budget (if applicable)
- Other Sources of Funding
- Current list of Board of Directors (indicating officers) and Advisory Board Members, if any
- Number of Board meetings yearly
- Minutes of most recent board meeting
- Current Financial Statement
- Current Annual Operating Budget
- Most recent audited financial statement (unbound)
- Most recent IRS Form 990, including supporting schedules, salaries, etc.
- IRS determination letter
- Signed statement by top executive, president or chair of the board certifying IRS tax-exempt status has not changed and affirming that IRS Form 990 submitted is identical to the one submitted to the IRS.
- Evaluation report for previous funding (if applicable)

Note: ***Please do not submit funding request until all required attachments are included. Incomplete requests delay their review.***

Signature of Board Chair, CEO or Executive Director

Printed Name

Date