



## Tomball Regional Health Foundation Grant Guidelines

**Mission:** To promote wellness and improve health status for all residents in our communities through programs that enhances the access to health care, preventative care and health education.

**Vision:** To be a catalyst for measurably improving access to healthcare and health status of the Tomball, Magnolia, Waller and surrounding communities.

**Background and focus:** Tomball Regional Health Foundation is the new name of the Tomball Hospital Authority ("THA"). The THA was the owner and operator of Tomball Regional Medical Center from its founding in 1976 until its sale to a subsidiary of Community Health Systems, Inc. on October 1, 2011.

The Tomball Regional Health Foundation will administer the proceeds from the sale of Tomball Regional Medical Center for charitable purposes in the surrounding communities. The Tomball Regional Health Foundation will continue to be a vital part of the community, supporting health and wellness initiatives on behalf of its residents and seeking to meet the broader aspects of health needs in the community.

**Board Meetings and Proposal Review:** The Board of Directors meets monthly. The Foundation 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 Foundation 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 Regional Health Foundation 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

Marilyn Kinyo, Chief Administrative Officer  
Tomball Regional Health Foundation  
29201 Quinn Rd, Suite A, Tomball, TX 77375  
832-559-5511 (O) 832-559-5511 (F)



- 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 five [5] of the guidelines)
- 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] of the guidelines)
- XI. Evaluation Report for previous year's funding (if applicable). *Note:* Evaluation forms available on website.

*Please direct all correspondence to:*

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(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
- F. Brief Description of Request:

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**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: \_\_\_\_\_
- 7. Do you have an endowment?  Yes  No



**II. Other Information**

Do you have evaluation procedures in place?  Yes  No

**Previous Applications to Tomball Regional Health Foundation (Please indicate purpose: Program, Operating, Capital or Endowment.)**

| Year | Approved/<br>Declined | Amount<br>Awarded | Purpose | Year | Approved/<br>Declined | Amount<br>Awarded | Purpose |
|------|-----------------------|-------------------|---------|------|-----------------------|-------------------|---------|
|      |                       |                   |         |      |                       |                   |         |
|      |                       |                   |         |      |                       |                   |         |
|      |                       |                   |         |      |                       |                   |         |



### III. Check List

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

- Application Form (Page three [3] of guidelines)
- 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.***

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Signature of Board Chair, CEO or Executive Director

Printed Name

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Date

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