

## **COMMUNITY OUTREACH GRANT APPLICATION**

Call for Proposals: 2023 Grant Cycle

**Boca Raton Regional Hospital's Community Outreach Grant Program** aims to provide community health benefit in alignment with identified local healthcare issues. Requests to Boca Raton Regional Hospital must be from a 501(c)(3) non-profit organization. All required information and documentation must be included with the submitted application to be eligible for funding. The Hospital prioritizes requests that focus on our service area (north Broward County through Delray Beach).

BRRH accepts proposals supporting health related grants that align with the following identified needs according to the hospital's <u>Community Health Needs Assessment</u>:

- Behavioral health / mental health services to treat depression, anxiety, or other conditions excluding substance abuse.
- Access to Affordable Care
- Elder Care and Geriatrics

We encourage you to review the BRRH Community Health Needs Assessment report as well as the associated Implementation Plan to assist in developing proposals that align with these strategic priorities and programmatic strategies.

The Hospital funds projects over a maximum 12-month timeframe. Boca Regional does not fund rents or other capital expenses but will consider salary support. Proposals requesting \$10,000 or more may require a site visit.

The application process is fully electronic. Please sign and scan the completed application, including the below cover sheet, project narrative, and associated attachments, to <a href="mailto:bRRHFoundation@BaptistHealth.net">BRRHFoundation@BaptistHealth.net</a> by Friday, June 30th, 2023, at 5:00 PM.

| Organizational Background |                                    |  |
|---------------------------|------------------------------------|--|
| 1.                        | Name of Organization:              |  |
| 2.                        | Mailing Address: Website:          |  |
| 3.                        | Organization's Operating Budget:   |  |
| 4.                        | Name and Title of Agency Head:     |  |
| 5.                        | Name and Title of Project Contact: |  |
| 6.                        | Contact Telephone Number:          |  |
|                           |                                    |  |

7. Contact Email Address:

| 8.                 | If applicable, when was the most recent grant award to your organization from Boca Raton |  |
|--------------------|--|--|
|                    | Regional Hospital, and what was the amount awarded?                                      |  |
| 9.                 | Has your organization ever received a Community Benefit grant from Baptist Health South  |  |
|                    | Florida? If yes, when was the most recent grant awarded, and what was the amount?        |  |
|                    |  |  |
| Project Background |  |  |
| 1.                 | Name of Project:   |  |
| 2.                 | Amount of grant request: Total project budget:   |  |
| 3.                 | Estimated program reach (how many individuals impacted/served):                          |  |
| 4.                 | Target Population:   |  |
| 5.                 | Strategic Priority (please choose one):  |  |
|                    | Behavioral Health Access to Affordable Care Elder Care and Geriatrics                    |  |

## **Proposal Narrative and Supporting Documentation**

- A. Please include the following in your application narrative (4 pages maximum):
- Organizational background and mission
- Statement of need
- Project description including the target population to be served.
- Specific goals, primary activities to be implemented, and measurable outcomes.
- Status update if your organization has a project currently funded by BRRH.
- Proposed budget narrative that identifies the line items requested from BRRH and how other project components are funded.
- Potential for program sustainability
- How project and Boca Raton Regional Hospital will be recognized by grantee.
- B. Along with the narrative, please submit the following supporting documentation:
- Copy of IRS 501(c)(3) determination statement
- Consolidated financial statements including the most recent 990.
- List of the applicant organization's trustees and officers
- List of other major supporters from whom you have requested funding for this project.
- C. Optional Attachments:
- Letters of support from collaborating organizations/agencies
- Annual Report
- Program/Organizational collateral