



## Application for Healthcare Grant Award

Application due by July 31, 2025

Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Grant Amount Requested: \$\_\_\_\_\_ Is Partial Funding Acceptable? Yes No

Specific Program, Project, or Equipment to be funded: \_\_\_\_\_

Have you received a BCH Grant previously? Yes No

Please attach a detailed explanation of the grant request, covering the following topics:

1. Describe the activities of your organization, and how they are related to health & well-being.
2. Define your specific healthcare related community need to be addressed, and how the funding request fills that need. How many people will benefit from this grant? Are you able to continue your program without a grant from the Beatrice Community Hospital Foundation?
3. Provide details related to project implementation, management, and a sustainability plan for future use, as well as program measurements that will be used to determine success.

If you are a medical, healthcare, and/or health wellness IRS Tax Exempt Organization, public health, and governmental organizations outside of Beatrice Community Hospital & Health Center, please include the following:

1. Cover letter.
2. Completed application with all applicable signatures.
3. Supporting documentation.
4. When Applicable: Copy of IRS 501(c)3 determination letter and copies of audited financial statements, 990, and/or current organizational budget, whichever is most appropriate.

Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of CEO: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature of CFO: \_\_\_\_\_ Print Name: \_\_\_\_\_

(For outside entities without a CFO, signature of an appointed financial official will be accepted)

Applications and all supporting documentation must be delivered to the Beatrice Community Hospital Foundation by the end of the day on July 31, 2025.

Grant Applications can be mailed to the BCH Foundation at 4800 Hospital Parkway, Beatrice, NE 68310, or emailed to [foundation@bchhc.org](mailto:foundation@bchhc.org).

Grant Questions can be submitted to Shelby Watson at [srwatson@bchhc.org](mailto:srwatson@bchhc.org) or (402) 223-7260.