



Application for Healthcare Grant Award

Application due by July 31, 2026

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. Copies of audited financial statements, 990, and/or current organizational budget, whichever is most appropriate.
5. If Applicable: Copy of IRS 501(c)3 determination letter and.

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 designee)

Applications and all supporting documentation must be mailed to the BCH Foundation at 4800 Hospital Parkway, Beatrice, NE 68310, or emailed to foundation@bchhc.org by the end of the day on July 31, 2026.

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