



Flow Health Care Foundation  
2025 GRANT APPLICATION

---



## Attention Grant Writers!

**NOTE: The Grant Submission deadline for the 2025 Grant Applications is now September 30<sup>th</sup> 2024!**

**Please ensure that your application addresses the following criteria required to be considered for funding. Applications that do not meet these criteria will not be considered by the Flow Health Care Foundation Board:**

**Programs funded by Flow Health Care Foundation MUST:**

- ✓ **Serve only Denton County Residents.** Grant applications must demonstrate internal controls, adequate to Flow Health Care Foundation Board, that restrict funds to serve Denton County Residents only.
- ✓ **Demonstrate financial need among participants.** Grant applications must specify how they will ensure that only people with financial need will be allowed to participate in programs funded by Flow Health Care Foundation.
- ✓ **Attend the grant reception where grants are announced to the public. A representative of the funded organization must be present at this event.** If an organization has been selected by the Board for funding but does not have a representative present, those funds will be given to alternate organizations designated by the Board.

Flow Health Care Foundation  
Board of Directors

Thank you for requesting the Flow Health Care Foundation 2025 Grant Application. The Foundation exists to improve the quality of life in Denton County by providing financial assistance that will enhance access to health services, preventative services, health education and research for all residents of Denton County. Since its inception, the Flow Health Care Foundation has given away over \$4 Million dollars to help improve the health care of Denton County residents.

The Foundation Mission Statement is a voluntary nonprofit organization which exists to facilitate the distribution of funds for the purpose of providing health care to **under-served, low-income populations** of Denton County. The Foundation encourages all professionals who are in the **not-for-profit, health care delivery system** to apply for funding to better serve the citizens of Denton County. The Foundation operates exclusively for charitable, scientific, or educational purposes.

General Submission Instructions, Executive Summary, Narrative Instructions and 2025 Grant Schedule have been included. We look forward to learning about your goals for 2025. Thank you for your service to the residents of Denton County.

Sincerely,

The Flow Health Care Foundation, Board of Directors

**GENERAL SUBMISSION INSTRUCTIONS**

- Submit **six (6) hard** copies of the Grant Application Synopsis and Program Narrative, including the attachments specifically requested in the narrative instructions. **Additionally**, send one (1) PDF of all documents to [swalker@flowhcf.org](mailto:swalker@flowhcf.org)
  
- Completed applications may be mailed or delivered to the office between the hours of 9-5pm  
Monday – Friday **no later than September 30, 2024**  
**Flow Health Care Foundation**  
**Attn: Sheila Walker**  
**222 East McKinney St, Ste 100**  
**Denton TX 76201**
  
- Program narratives **are not to exceed six (6) typed, double-spaced pages of text on 8 ½ x 11 paper. Limit attachments** to those requested.
  
- Each hard copy of the program narrative, with attachments, should be fastened with a paper clip or binder clip. Each hard copy should be three-hole punched. **No staples, please**
  
- Any agency whose proposal is selected by FHCF may be asked to submit a Form 990 prior to the award being made. After receipt of these forms, the Foundation will present an agreement to the agency to be signed by the agency's Chief Officer and the Chairperson of the Foundation Board of Directors
  
- Each recipient receiving funding will be expected to make a final report to the Foundation on the funded program's results at the end of the program year. This report should contain detailed expenditures of Foundation money (Note(F) under Narrative Instructions) and demonstrate how funds met the proposal goals as intended. If program goals change throughout the year, recipients are expected to submit amendments to the board for approval before spending the grant monies differently than approved in original grant application.

**GENERAL SUBMISSION INSTRUCTIONS...continued**

- Determination of Grant funding is made by the FHCF Board of Directors. If your grant application is approved, FHCF will notify the Grant Supervisor by email no later than November 30, 2023 disclosing the \$ amount of funding that FHCF Board of Directors is committed to for 2025 period.
- Flow Health Care Foundation “Give Away Celebration” will be hosted in December and all 2025 Grantees will receive an invitation.
- Funding Schedule for the Grant Year 2025. If the Grant is \$10,000 or less it is paid in a lump sum on January 15<sup>th</sup> of the grant year. If the Grant is \$10,001 or more it is paid in equal payments with the first payment January 15<sup>th</sup> of the grant year and the second and final disbursement will be on July 15<sup>th</sup> of the grant.

**GRANT SCHEDULE SUMMARY**

2025 FHCF Grants Applications Available	August 1, 2024
Deadline for Receipt of Completed Applications	September 30, 2024
Deadline for Receipt of Completed Grant Evaluations	September 30, 2024
Awards Ceremony ~ TBD	December 5, 2024

**NARRATIVE INSTRUCTIONS****A) Background of agency: (not to exceed 1 page/400 words)**

Provide information sufficient to help the Foundation Board understand the purpose of the agency.

- A brief history of the agency, describing its purpose and past activities, and a history of funding sources, and geographic area of population served.
- Identification of significant events, such as additions of major programs, changes of location, building programs, or change of affiliations that demonstrate the stability of the agency.

**B) Assessment of Need: (not to exceed 1 page/400 words)**

- Describe the need for the services that the funds requested will meet.
- Indicate what level of need exists for the service you intend to provide (Low, average, excessive, emergency) and how you arrived at this estimate.

**C) Proposed Project: (not to exceed 2 pages/800 words)**

Describe the project for which you are requesting funding so that the Foundation will understand clearly the services you intend to provide in this program, include the geographic area of the people to be served, and how those people will be benefited.

Address the following points and include other information that will help the Foundation understand your intent.

- Indicate if this is a new program/project.
- State the goal or goals of the proposed project.
- State the action steps you will pursue to reach these goals. (Action steps must be specific, measurable, and obtainable.)
- Is the proposed service/project a duplication of services provided elsewhere? Describe how you determined there was no duplication of services elsewhere. If so, show why such duplication is necessary and describe the uniqueness of your services.
- Include number of people served with a particular condition or to prevent a particular condition.

## 2025 FHCF GRANT APPLICATION

- Describe how your agency will limit the use of grant funds for the participants that reside in Denton County.
- Describe how your agency will determine that the participants of the program funded by the Flow Health Care Foundation will be evaluated to determine financial need.

### **D) Implementation of proposed project/service:**

- Describe your proposed plan of operation in terms of personnel and time frame.
- Does the agency have adequate administrative staff, provider staff and space to provide the proposed service?

### **E) Program Budget: (not to exceed 1 page/400 words)**

- Attach a copy of a detailed budget for the program that is the subject of this proposal.
- If major purchases are to be made, indicate how the final amount was derived. (Include estimates, cost comparisons, bids, or itemizations where applicable.)
- From what other sources has your organization requested funding in the past three years? (Indicate if funds requested were granted.)
- Indicate what percentage of the amount requested will be used for the following:
  - Administrative Salaries \_\_\_\_\_
  - Administrative Expenses \_\_\_\_\_
  - Provider Salaries \_\_\_\_\_
  - Provider Expenses \_\_\_\_\_
  - Services & Goods directly to clients \_\_\_\_\_
- Attach a copy of the Agency's latest Board-approved budget. (Universities and public schools are exempt from this attachment.)
- Indicate date of last audit, if available, and attach opinion letter from auditor.
- Attach last years' financial statements as well as the most current financial statements as of last fiscal quarter.

**F) Evaluation: (not to exceed 1 page/400 words)**

- Describe how your agency will evaluate the proposed program to determine whether a given segment of the population of Denton County received improved or increased health care or health-related care as a result of the program/service.
- Who will conduct evaluations and how often will they be made?
- What factors will you track to evaluate the program?
- Each Grantee will be emailed an Evaluation Report. This report must be completed and returned to the Flow Health Care Foundation by October 7th. If you are a former Grantee, no grant funds will be released until previous year Evaluation Report has been received.





## 2025 FHCF GRANT APPLICATION

### EXECUTIVE SUMMARY

Date Submitted: \_\_\_\_\_ Amount of Request: \_\_\_\_\_

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

Organization Supervisor Name and Title: \_\_\_\_\_

Mailing Address for Grant Payments: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

FID#: \_\_\_\_\_ Years in Operation: \_\_\_\_\_

Purpose of Organization: (200 word limit)

---

---

---

Describe the specific purpose for which Flow Health Care Foundation, Inc. funds will be used.

Estimate the number of individuals reached or service provided by your program (Do not exceed space provided (500 word limit)):

---

---

---

---

---

**Executive Summary (Continued)**

Estimate the reach of the proposed program.

Item/Service \_\_\_\_\_ Total \$\$ \_\_\_\_\_ Flow \$\$\$ \_\_\_\_\_

Item/Service \_\_\_\_\_ Total \$\$ \_\_\_\_\_ Flow \$\$\$ \_\_\_\_\_

Item/Service \_\_\_\_\_ Total \$\$ \_\_\_\_\_ Flow \$\$\$ \_\_\_\_\_

**Number of Individuals or Service That Will be Provided**

# of Individuals/Service \_\_\_\_\_ Agency Total # \_\_\_\_\_ Flow Total # \_\_\_\_\_

# of Individuals/Service \_\_\_\_\_ Agency Total # \_\_\_\_\_ Flow Total # \_\_\_\_\_

# of Individuals/Service \_\_\_\_\_ Agency Total # \_\_\_\_\_ Flow Total # \_\_\_\_\_

Will the total amount of the Flow Grant be used by Dec. 31, 2025? \_\_\_\_\_ Yes \_\_\_\_\_ No



## 2024 FHCF GRANT EVALUATION REPORT

*This form is required if Flow Grant Funds were received in the prior year. No further request for funding will be granted unless this form has been submitted by September 30, 2024*

**Organization:** \_\_\_\_\_

**Agency 2024 Total Budget** \_\_\_\_\_ **Flow Grant 2024** \_\_\_\_\_

**Primary Purpose of the Grant:**

---

---

---

**How FHCF Grant was used?** *Be specific but please summarize.*

Item/Service \_\_\_\_\_ Total \$\$ \_\_\_\_\_ Flow \$\$\$ \_\_\_\_\_

Item/Service \_\_\_\_\_ Total \$\$ \_\_\_\_\_ Flow \$\$\$ \_\_\_\_\_

Item/Service \_\_\_\_\_ Total \$\$ \_\_\_\_\_ Flow \$\$\$ \_\_\_\_\_

**Number of Individuals or Service Provided**

# of Individuals/Service \_\_\_\_\_ Agency Total # \_\_\_\_\_ Flow Total # \_\_\_\_\_

# of Individuals/Service \_\_\_\_\_ Agency Total # \_\_\_\_\_ Flow Total # \_\_\_\_\_

# of Individuals/Service \_\_\_\_\_ Agency Total # \_\_\_\_\_ Flow Total # \_\_\_\_\_

**Was the total amount of the Flow Grant be used by Dec. 31, 2024?** \_\_\_\_\_ Yes \_\_\_\_\_ NO

If not, Why? \_\_\_\_\_

**Comments:**

---

---

---

---

---

**Grant Supervisor Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_