



Flow Health Care Foundation

2027 GRANT APPLICATION



2027 FHCF GRANT APPLICATION

Attention Grant Writers!

NOTE: The Grant Submission deadline for the 2027 Grant Applications is now September 1st 2026!

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.

Thank you for requesting the Flow Health Care Foundation 2027 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 \$5 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 2027 Grant Schedule have been included. We look forward to learning about your goals for 2027. 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 (7) 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 carla.houser@flowhcf.org

- Completed applications may be mailed or delivered to the office between the hours of 9-5pm
Monday – Friday **no later than September 1, 2026**
Flow Health Care Foundation
Attn: Carla Houser
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, 2026** disclosing the \$ amount of funding that FHCF Board of Directors is committed to for 2027 period.
- Flow Health Care Foundation “Give Away Celebration” will be hosted in December and all 2027 Grantees will receive an invitation to the Gala by email.
- Funding Schedule for the Grant Year 2027. If the Grant is \$10,000 or less it is paid in a lump sum on January 15th of the grant year. If the Grant is \$10,001 or more it is paid in equal payments with the first payment January 15th of the grant year and the second and final disbursement will be on July 15th of the grant.

GRANT SCHEDULE SUMMARY

2027 FHCF Grants Applications Available at www.flowhcf.org	July 15, 2026
Deadline for Receipt of Completed Applications	September 1, 2026
Deadline for Receipt of Completed Grant Evaluations for 2026	September 1, 2026
Awards Ceremony	December 3, 2026

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.

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- 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 September 1st. If you are a former Grantee, no grant funds will be released until previous year Evaluation Report has been received.

EXECUTIVE SUMMARY

Date Submitted: _____ Amount of Request: _____

Name of Organization: _____

Organization Supervisor Name/Title _____

Supervisor Email Address _____

Mailing Address for Grant Payments _____

City _____ State _____ ZIP _____

Phone _____ E-mail for Official Notifications _____

FID _____ Years in Operation _____

Grant Writer/Submitter: _____ E-mail _____

Purpose of Organization:

Limit to 200 words

Describe specifically how the FHCF Grant will be used by estimating the number of individuals reached or serviced by your program.



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Executive Summary (Continued)

Estimate the reach of the proposed program.

Services _____ Total Agency Program Cost _____ FHCF Funds _____

Services _____ Total Agency Program Cost _____ FHCF Funds _____

Number of Individuals Served

of Individuals serviced _____ Agency Total # _____ Flow Total # _____

of Individuals serviced _____ Agency Total # _____ Flow Total # _____

Will the total amount of the Flow Grant be used by Dec. 31, 2027? _____ Yes _____ No



2026 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 1st, 2026

Organization: _____

Agency 2026 Total Budget _____ **Flow Grant 2026** _____

Primary Purpose of the Grant:

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

Services _____ Total \$\$ _____ Flow \$\$\$ _____

Services _____ Total \$\$ _____ Flow \$\$\$ _____

Services _____ Total \$\$ _____ Flow \$\$\$ _____

Number of Individuals or Service Provided

of Individuals served _____ Agency Total # _____ Flow Total # _____

of Individuals served _____ Agency Total # _____ Flow Total # _____

Will the total amount of the Flow Grant be used by Dec. 31, 2026? _____ Yes _____ NO

If not, Why? _____
Please be aware all funds unused by the end of the Grant Year must be returned to Flow Health Care Foundation no later than 12.31.2026. No other Grants will be considered until unused grants are returned. Please email us immediately at carla.houser@flowhcf.org if you find your grant cannot be used in its entirety by EOY.

Grant Supervisor Signature: _____ **Title:** _____