



Madison County Health Department Community Grant Application

Introduction

The Madison County Health Department is excited to offer grants for community-based organizations working to improve public health in Madison County. The program supports innovative, evidence-based initiatives addressing key public health needs outside the department's services, empowering organizations already active in the community.

Funding Availability

Depending on project size, organizations may apply for grants up to \$10,000. The funding period is April–October 2025, with funds awarded at the start and all funds to be used by October 2025.

Eligibility Criteria

- Applicants must be a nonprofit, community group, or grassroots organization serving Madison County residents.
- Projects must focus on public health, meet an identified community need, and should not duplicate current services/projects offered in the community.
- Projects must occur within the April–October 2025 timeframe and require a written mid-term report, final report and participation in an in-person meeting for quality improvement purposes.
- A financial or in-kind investment (e.g., volunteer hours) is required and must be noted in the application.

Grant Priorities

Proposals will be prioritized based on:

- Evidence-based or theory-driven approaches.
- Clear demonstration of community need.
- Proven success in delivering services.
- Experience in managing funds or partnering with a fiscal agent.
- Incorporation of diversity, equity, and inclusion efforts.

- Benefit to historically marginalized communities. A "marginalized community" refers to a group of people who are systematically excluded from full participation in social, economic, political, and cultural life. This exclusion can be based on various characteristics, including race, ethnicity, gender, sexual orientation, socioeconomic status, disability, or religion.

Allowable Expenses

- Salaries
- Program supplies and equipment
- Capital improvements
- Indirect costs
- Travel, education, outreach, and marketing

Non-allowable Expenses

- Meals or food
- Political/religious activities
- Activities prohibited by law
- Health Department permit fees

Contact Information

For questions, contact:

Skye Dick

Director of Administrative Services

MCHD@MadisonCOHD.com (subject: **Grant Question**)

859-626-4241

We look forward to partnering with you to enhance community health!

Submission Instructions

Submit the application (written narrative) and budget spreadsheet by February 28, 2025, via email (MCHD@MadisonCoHD.com, subject: **Grant Proposal**), US Mail or in person at 216 Boggs Lane, Richmond, KY 40475.

Timeline

- **Application Deadline:** February 28, 2025
- **Award Selection:** March 2025
- **Grant Notification:** April 2025
- **Midterm Report Due:** July 2025
- **Final Report Due:** October 2025
- **In-Person Meeting:** End of grant cycle, date TBD

NOTICE: By submitting this application to the Madison County Health Department (MCHD), the organization does hereby warrant, represent, and agree as follows:

1. That each representation set forth in this application is wholly accurate.
2. That any monies granted by MCHD to the organization will be expended in, and only in, the fashion and for the purposes as are set forth in this application.
3. That any monies granted by MCHD to the organization will be kept segregated in a separate account and not co-mingled with its general operating funds or with any other funds whatever.
4. That MCHD, on its request, will be granted full and complete access to the project's financial books and records for purposes of verifying the organization's compliance with the requirements set forth above.
5. That the person submitting this application form on behalf of the organization has actual, apparent and implied authority to act on behalf of the organization for purposes of soliciting funds from MCHD and to bind the organization to the terms and conditions set forth in this application.
6. That the organization will provide Madison County Health Department with a written mid-term and final report, in addition to an in-person meeting scheduled at the end of the grant cycle.

APPLICATION QUESTIONS:

1. Name and address of organization
2. Contact person's name, telephone, and email address
3. Legal status of the organization (non-profit, for-profit, no status)
4. Amount requested for this project.
5. Describe your organization and community work (100-300 words).

6. Describe your proposed project, goals, and timeline (100-300 words).

7. Who will this project serve?

8. Explain the community need for this project and how it will improve Public Health (100-300 words). Please provide any data to support this proposal.

9. Do the proposed project deliverables currently exist in the community?

10. Does this project support historically marginalized communities? If yes, include data to demonstrate how the project may benefit these communities. (100-300 words)

11.How will the grant money be safeguarded and spent only on the proposed activities?

12.If you receive this grant, you agree to provide a midterm report, final report, and attend an in-person meeting for quality improvement. I Agree

**Madison County Health Department
Community Grant Application Budget - FY25**

Applicant:

Project Name:

Grant Expense (Budget items may include: salary, supplies, etc, please provide description)	Estimated Total Expense	Requested Grant Amount	In Kind Investment (description and estimated value)
Total (sum of each column):	\$ _____	\$ _____	\$ _____