



Madison County Health Department

FY'26 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 established organizations already active in the community.

Funding Availability

MCHD will award a total amount of no more than \$50,000; with up to five community applicants being awarded a portion of these funds. Organizations may apply for any portion of the total funding. The funding period is March–October 2026, with funds awarded at the start and all funds to be expended by October 2026.

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 may be either new program or expansion on an existing program.
- Projects must occur within the March–October 2026 time frame.
- Project reporting requirements are a written mid-term report, final report, and participation in an in-person meeting for quality improvement purposes. A budget report will be required by September 30th, 2026, noting any expected remaining funds at the end of the grant cycle.
- A financial or in-kind investment (e.g., volunteer hours) is required and must be noted in the application and budget form. Volunteer hours should be budgeted and charged at \$35.00/per hour.
- Previous MCHD Grantees are encouraged to apply.
- Organizations must be in compliance with any regulations governed by the Madison County Health Department, if applicable.
- Projects must be aimed at the Madison County community.
- Schedule of events related to the project should be sent to MCHD in advance of said events.

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 only if tied directly to the project or program.
- Indirect costs
- Travel, education, outreach, and marketing

Non-allowable Expenses

- Meals or food that are not listed in the WIC approved items list(s) and specific to the delivery of the program
- Political/religious activities
- Activities prohibited by law
- Health Department permit fees

Contact Information

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, 2026**, 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, 2026 at 11:59 pm
- **Award Selection:** March 2026
- **Grant Notification:** March 2026
- **Midterm Report Due:** July 2026
- **Grant Budget Report Due:** September 2026
- **Final Report Due:** October 2026
- **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, and September budget report in addition to an in-person meeting scheduled at the end of the grant cycle. All attachments shall be provided with PDF formatting.
 7. That the organization will provide Madison County Health Department with data showing the impact gained within the community related to this grant project.
 8. That Madison County Health Department reserves the right to fund only a portion of the project and/or request changes to the project to align with it's mission and the purpose of the community grant.
-

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. Total amount of grant funding requested for this project.
5. Describe your organization and community work (100-300 words).

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.

13. If your application is not selected for funding, do you give us permission to forward to community partners to review your submission and reach out to you if there are any funding opportunities available? If you agree to this, Madison County Health Department will forward your application on to community partners and will not be able to provide any further updates on partner funding availability. All updates will come from the community partner, if available.