

# Joint Public Charity Hospital Board

## Overview

The Joint Public Charity Hospital Board (JPCHB) was established in 1955 via Act No. 298 enacted by the Alabama State Legislature. The Board is governed by [By-Laws](#) that establishes its officers, members, meetings, location of meetings, and meeting frequency.

The JPCHB is responsible for the direction, supervision, administration, and promotion of clinics, and medical programs that will contribute to the general welfare of the residents of Montgomery County. The Board does this through the distribution of funding it receives from Montgomery City and County and Pike Road.

## Proposal/Funding Request Submission

The JPCHB accepts funding requests from organizations looking to expand or enhance existing programs and from those seeking funding to develop new programs that will contribute to the general welfare of the residents of Montgomery County.

Organizations seeking funding must complete the ***JPCHB Grantee Questionnaire Form*** and include it as the cover page of the funding request.

## For Additional Information

To learn more about the establishment of the Joint Public Charity Hospital Board, please read Act No. 298 in its entirety.

For more information on the submission of funding requests, call the Joint Public Charity Hospital Board at (334) 293-6501.

The Grantee Questionnaire Form follows:

# Joint Public Charity Hospital Board (JPCHB) Grantee Questionnaire Form

Date Submitted: \_\_\_\_\_

Request Submitted By: \_\_\_\_\_

☐ New Request    ☐ Previously Requested/Denied    ☐ Previously Requested/Approved

Amount Requested: \_\_\_\_\_

## Point of Contact Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Numbers: (Cell) \_\_\_\_\_ (Business) \_\_\_\_\_

## ALL APPLICANTS MUST PROVIDE THE FOLLOWING AS ATTACHMENTS TO THIS FORM

**Letter** (not to exceed 3 pages) containing the name of your organization, description of your organization, mission and vision statements, specific reason(s) for funding requested, and if receiving any funding currently from Montgomery CITY and/or COUNTY, please indicate the amount received and explain what the current funding is being used for AND how the additional funding requested will be used. If the funding requested is for a new project or program, a project summary/project plan is recommended but not required.

**NOTE: Funding provided by the JPCHB can only be used for residents of Montgomery County.**

### Operating Budget for Prior Year:

- **Detailed Income table or spreadsheet** showing all sources of income including, but not limited to grant funds, donations, revenue generated, and interest income.
- **Detailed Expense table or spreadsheet** showing all expenditures including, but not limited to salary expenses, contract services, insurances (property, life, and liability/malpractice), utilities, security, facility maintenance, cleaning, equipment (computers, phones, tablets, etc.), dues and fees, education/training, ETC.

### Current Year Operating Budget (Projected):

- **Detailed Income table or spreadsheet** showing all sources of income including, but not limited to grant funds, donations, revenue generated, and interest income.
- **Detailed Expense table or spreadsheet** showing all expenditures including, but not limited to salary expenses, contract services, insurances (property, life, liability/malpractice, etc.), utilities, security, facility maintenance, cleaning, equipment (computers, phones, tablets, etc.), dues and fees, education/training, ETC.

## This Section for Joint Public Charity Hospital Board USE ONLY

Date Funding Survey Request Received: \_\_\_\_\_

Initial Review Completed by \_\_\_\_\_ Date: \_\_\_\_\_

☐ Request Complete

☐ Request Incomplete and Additional Information Requested on \_\_\_\_\_

Date