

Dr. William R. Bosien Fund **Polk County Community Foundation**

- 2010 -

The Dr. William R. Bosien Fund at the Polk County Community Foundation was established in 1981 to honor the life and work of Dr. Bosien who gave twenty-five years of dedicated service to this area. The late Dr. Bosien moved to this area in 1954 with his wife Dr. Marian Bosien. Throughout his career as a general surgeon at St. Luke's Hospital, he touched many people's lives, making his name an honored household word throughout Polk County and its environs. Dr. Bosien recognized the need for continuing medical education for the nurses and other medical support professionals at St. Luke's Hospital. He cared for patients regardless of income and regularly treated patients who were unable to pay. To honor his ideals, over seventy-five families and individuals contributed to this fund.

Which organizations may apply? Continuing medical education funding (grant areas 1 and 2 below) is limited to St. Luke's Hospital and "Community Health Care Centers." (Community Health Care Centers are based in Polk County, primarily serve patients who live in Polk County, and are dedicated to serving patients who are unable to afford regular medical care. The Saluda Medical Center is an example of an eligible Community Health Care Center.)

All Polk County nonprofit organizations and units of government are eligible to apply for funding to enhance the availability of medical care for patients unable to afford care and for funding to provide medical educational programs for the general public (grant areas 3 and 4 below).

Total grant funds available in 2010: \$11,000

What types of grants may be awarded?

1. Continuing Medical Education Events in Polk County. Grants may be awarded to support local continuing medical education events for St. Luke's Hospital staff and the staff of Community Health Care Centers when the need for further education is identified.
2. Continuing Medical Education Events for Local Medical Staff. Grants may be awarded to allow St. Luke's Hospital staff and the staff of Community Health Care Centers to attend national and regional continuing medical educational events on patient care with the understanding that information gained will be shared with other staff members and, when appropriate, with community healthcare workers.
3. Projects to Enhance the Availability of Medical Care for Those in the Community Who Otherwise Could Not Afford That Care. For example, grants may be awarded for local studies or programs which are meant ultimately to increase access to medical care for local people who are unable to afford regular medical care.
4. Sponsorship of Programs by Recognized Authorities to Educate the General Public on Healthcare Subjects. As an example, the Bosien Fund provided a grant for a free nutrition program by Jane Brody, a nationally known authority on nutrition, at the Tryon Fine Arts Center.

What type of grants won't be funded? Funds are not intended to be used for scholarships, for hospital capital expenditures, hospital equipment, or fundraising events. Medical care means managing disease or physical and mental impairments with surgery, drugs, exercise or diet. All events must occur after the grant award notification date. Grants must fit the criteria of the Bosien Fund.

Questions? For additional information concerning this or other grant applications, or help with your unique situation, please contact our Grant Manager at the Polk County Community Foundation.

You may visit us at 255 South Trade Street, Tryon, NC or at www.polkccf.org; call 828-859-5314; or email: grants@polkccf.org.

Application Deadline:

First Cycle: By Tuesday, May 4, 2010 at 1:00 p.m.

Second Cycle (if funds remain after first cycle): By Tuesday, August 31, 2010 at 1:00 p.m.

Notification of funding decision:

First Cycle: By Friday, July 2, 2010

Second Cycle: By Friday, November 19, 2010

Dr. William R. Bosien Fund

COVER SHEET (must be submitted in this form on one page):

Date of Application: _____

Organization Name: _____

Address: _____

Telephone Number: _____ Email: _____

Name and Title of CEO/Executive Director/President/Board Chair:

Name: _____

Title: _____

Telephone Number: _____ Email: _____

Contact Person for this grant application (if different from above):

Name: _____

Title/Role in the organization: _____

Telephone Number: _____ Email: _____

What is your tax identification number? _____

What is your nonprofit status? _____

Enclose IRS 501(c)(3) letter (required) or explain your charitable status if not a 501(c)(3). (eg. Unit of Government)

Is your organization more than five years old? _____

When does your fiscal year end? (eg. June 30) _____

Project Title: _____

Grant Request: \$ _____ Total Project Budget: \$ _____

When will you use the grant funds? _____

- I. If this request is for funding for continuing medical education for health care providers (grant areas 1 and 2), please answer the following questions on a separate sheet.
 1. Describe the topic of the educational program, name the people who will attend (identify people by titles and job descriptions) and explain how this educational event will enhance patient care in our community.
 2. Who identified the need for further education?
 3. Describe how you will share the information gained.
 4. Attach a detailed project budget on a separate sheet. The total on your attached detailed project budget should match the "Total Project Budget" listed on the cover sheet.
 5. If you receive a grant, how will you acknowledge the support of the Dr. William R. Bosien Fund at the Polk County Community Foundation?
 6. Attach an operating statement for the most recently completed full fiscal year, detailing your agency's expenses and revenues.

- II. If this request is for sponsorship of programs by recognized authorities to educate the general public on healthcare subject or projects to enhance the availability of medical care for those in the community who otherwise could not afford that care (grant areas 3 and 4), please attach a separate sheet with answers to the questions below.
 1. Summarize your organization's mission in two or three sentences.
 2. Describe your program.
 3. What do you hope to achieve?
 4. Who will be involved in carrying out the plans outlined in this request? Include a brief summary of the qualifications of the key individual(s) involved.
 5. Attach a detailed project budget on a separate sheet. The total on your attached detailed project budget should match the "Total Project Budget" listed on the cover sheet.
 6. If you receive a grant, how will you acknowledge the support of the Dr. William R. Bosien Fund at the Polk County Community Foundation?
 7. Attach an operating statement for the most recently completed full fiscal year, detailing your agency's expenses and revenues.
 8. After you submit your complete application, you may be asked to provide additional information such as financial statements and a list of your board members, etc.

I certify that the information contained in this proposal is true to the best of my knowledge and I have the authority to commit the organization to this project.

Signature

Printed Name

Title: _____ Date: _____

This must be signed by the person who is listed as the head of your organization on the cover sheet.

Please deliver applications to:

Polk County Community Foundation
255 South Trade St.
Tryon, NC 28782

Incomplete, incorrectly formatted, late, emailed or faxed applications shall not be considered. There is no flexibility regarding these grant requirements unless you have contacted the Grant Manager well in advance of the deadline and received permission for an adjustment due to your extraordinary, unpreventable circumstances. If you wish, you may schedule an appointment well before the deadline with our Grant Manager. During your appointed time, you may ask the Grant Manager to certify that your application has been turned in on time and is complete.