



# COUNTY OF BOONE – MISSOURI

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Community Health/Medical Fund

Notice of Funding Availability for Emergency Fund Requests

Issued: April 16, 2015

## CONTACT INFORMATION:

Boone County Community Services Department  
605 E. Walnut, Ste. A, Columbia, MO 65201

Phone: (573) 886-4298 • Email: [communityservices@boonecountymo.org](mailto:communityservices@boonecountymo.org)

**I. Background:**

As part of an amendment to the lease agreement between Boone County Hospital and Barnes Jewish Christian, the County of Boone receives \$500,000 annually for the purposes of addressing community health needs, as determined by the Boone County Commission.

**II. Purpose Statement:**

The County recognizes there are situations that constitute emergencies, which, if not addressed, could have an adverse impact on Boone County's health and well-being.

**III. Emergency Funding Goals:**

The goal of Emergency Funding is to assist organizations in their efforts to mitigate an adverse impact on Boone County's health and well-being due to emergency community health needs.

**IV. Minimum Eligibility Requirements:**

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Be a tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal Form 990 annually
- Be certified, accredited or licensed in the services for which funds are requested, as applicable
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers, if services are offered to children or youth
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo. §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri
- Be able to provide documentation of proof of the above criteria upon request

**V. Emergency Funding Available**

Emergency Fund Requests may not exceed \$5,000.00. Organizations may only receive Emergency Funds one time per calendar year.

**VI. Requesting Emergency Funds**

Please provide the information indicated in the Emergency Fund Request Application. Submit applications to the Boone County Community Services Department at 605 E. Walnut, Ste. A, Columbia, MO 65201 or by email to [communityservices@boonecountymo.org](mailto:communityservices@boonecountymo.org).

**VII. Award of Emergency Funds**

Emergency Fund Request Applications will be reviewed in an expedited manner. Additional information may be requested from applicant. Organizations will be notified once a decision has been made either to approve or decline the Emergency Fund Request Application.

**BOONE COUNTY COMMUNITY HEALTH/MEDICAL FUND  
EMERGENCY FUND REQUEST APPLICATION**

**Organization Name:**

**Organization Address:**

**Organization Phone Number:**

**Primary Contact:**

**Primary Contact Phone Number and Email Address:**

**Amount Requested:**

**Federal Tax ID Number:**

**Signature:**

**Date:**

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**1. AGENCY AND SERVICE INFORMATION**

- A. Provide a brief description of your organization including your organization's history of addressing Boone County's community health needs.
- B. Describe the service(s) for which you are requesting emergency funds.

**2. EMERGENCY SITUATION**

- A. Describe the emergency situation.
- B. Describe why this situation must be addressed immediately, including why it cannot be addressed during a regular funding cycle and why the need was not anticipated.
- C. How many individuals are or will be affected by this emergency situation?
- D. If approved, how will the emergency funds assist your organization to mitigate an adverse impact on Boone County's health and well-being?
- E. Describe what other ways your organization is attempting to secure or has secured funds to address the emergency situation.

**3. EXPENSES**

- A. Provide financial data regarding the cost of the service(s) to be provided with the emergency funds, if approved.
- B. If applicable, attach any estimates, quotes or bids received to address the emergency situation.

**4. EMERGENCY FUND RECIPIENT REQUIREMENTS**

- A. State whether your organization meets the minimum eligibility requirements as stated in the Notice of Funding Availability for Emergency Fund Requests.
- B. Attach Organization and Program Budget worksheets.