



AGENDA
BOARD TRAINING & STRATEGIC PLANNING WORKSHOP
Saturday, January 21, 2023, 10:00 a.m. to 2:00 p.m.
Administrative Office
1st Floor Community Room, 138 S. Brandon Rd., Fallbrook, CA 92028

In accordance with California Government Code Section 54953 teleconferencing will be used for this meeting. Board members, staff and members of the public will be able to participate by webinar by using the following link: <https://us02web.zoom.us/j/85405532962?pwd=YngvdIpWd21MK3p1MkV4RjY5L2dkQT09>
Meeting ID: 854 0553 2962 Passcode: 203903 Participants will need to download the Zoom app on their mobile device. Members of the public will also be able to participate by telephone using the following dial in information: Dial in #: (310) 372-7549, Passcode 660448.

A. CALL MEETING TO ORDER / ROLL CALL / ESTABLISH A QUORUM / PLEDGE OF ALLEGIANCE

A Special Meeting may be called at any time by the Chair, or three Board members, by delivering notice to each Board member and to each local newspaper or general circulation, radio, or television station requesting such notice in writing, personally or by mail. Such notice must be delivered personally or by mail at least twenty-four (24) hours before the time of such meeting as specified in the notice. The call and notice shall specify the time and place of the special meeting and the business to be transacted. No other business shall be considered at special meetings. Such written notice may be dispensed with as to any Board member, who at, or prior to the time the meeting convenes, files with the Secretary a written waiver of notice. Such waiver may be given by telegram. Such written notice may also be dispensed with as to any member who is actually present at the meeting at the time it convenes.

B. APPROVAL OF THE AGENDA

C. PUBLIC COMMENTS – ANNOUNCEMENT

Members of the public may address the Board regarding any item listed on the Agenda at the time the item is being considered. Members of the public attending in-person need to fill-out a "Request to Speak" card and those attending by webinar need to raise your hand at this time and identify the Agenda item they would like to speak on. The Board has a policy limiting any speaker to not more than five minutes.

D. DISCUSSION/POSSIBLE ACTION ITEMS

- D1. Board of Directors Orientation and Review- Jeff Scott
- D2. New Board Portal Training- Rachel Mason
- D3. Review and discussion of the 23.24 CHC-Grant policy & guidelines-Rachel Mason
- D4. Community Health & Wellness Center Priorities- Rachel Mason
- D5. Updated Community Investment Fund Policy- Rachel Mason

E. ADJOURNMENT

NOTE: I certify that on Friday, January 20, 2023, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of Fallbrook Regional Health District, said time being at least 24 hours in advance of the meeting. The American with Disabilities Act provides that no qualified individual with a disability shall be excluded from participation in, or denied the benefits of District business. If you need assistance to participate in this meeting, please contact the District office 24 hours prior to the meeting at 760-731-9187.

A handwritten signature in blue ink, appearing to read "Rachel Mason", is written over a horizontal line.

Executive Assistant/Board Clerk



FALLBROOK REGIONAL HEALTH DISTRICT

BOARD PORTAL

- [Webmail Access](#)
- [Board & Committee Packets](#)
- [Meeting History](#)
- [Request for Compensation Form Submission](#)

ACCESS

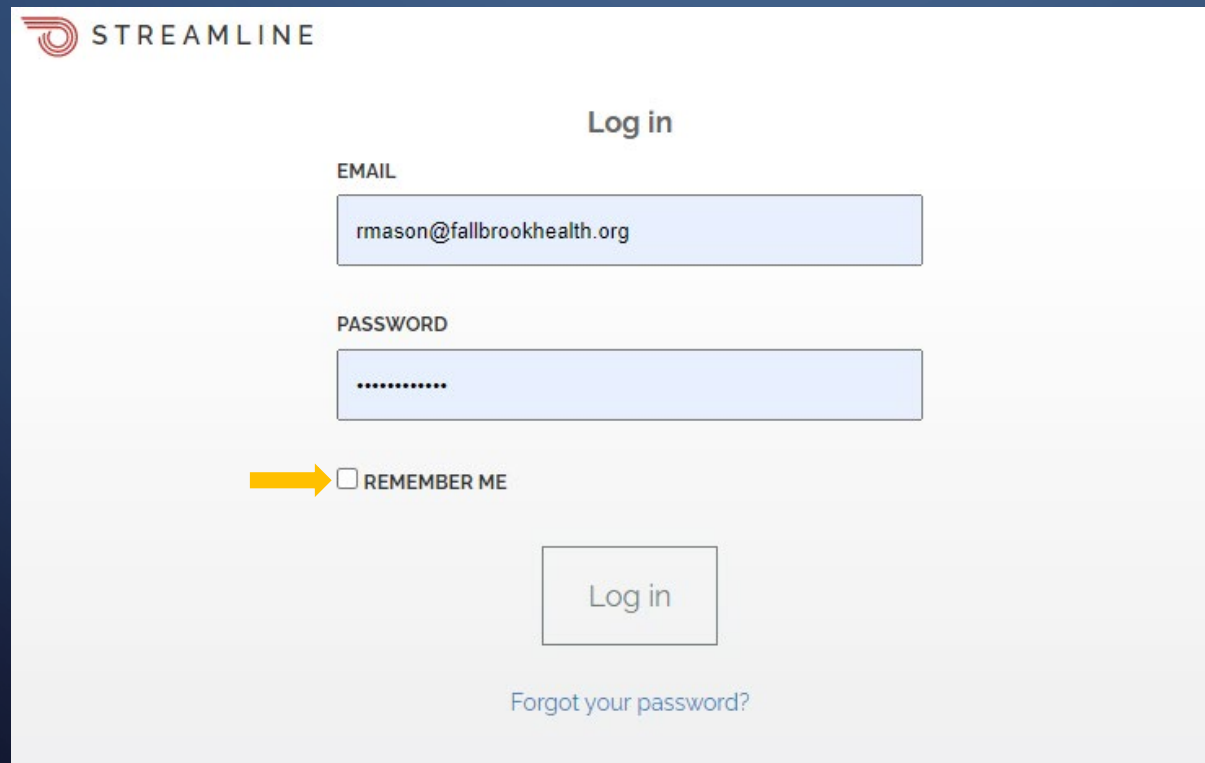
District website

- Fallbrookhealth.org

The screenshot shows the homepage of the Fallbrook Regional Health District website. At the top left is the logo for Fallbrook Regional Health District, featuring a stylized 'i' and 'H' icon. To the right of the logo are links for 'Board Portal' and 'Contact Us', with a yellow arrow pointing to the 'Board Portal' link. Below these links is a search bar with the text 'Search...' and a 'Go!' button. A navigation menu is located below the search bar, containing links for 'Home', 'The District', 'Community Health & Wellness Center', 'Programs', 'Resources', 'News', 'FRHD Foundation', and 'Contact Us'. The main content area is divided into two sections. On the left is a video player showing a person in a lab coat and gloves performing a COVID-19 test, with the text 'COVID-19 Testing' overlaid at the bottom. On the right is a list of links with icons: 'OUR DIRECTORS' (person icon), 'BOARD MEETINGS' (arrow icon), 'CALENDAR: BOARD & COMMITTEES' (calendar icon), 'CALENDAR: COMMUNITY HEALTH & WELLNESS CENTER' (calendar icon), 'PUBLIC RECORDS REQUEST' (pencil icon), 'LIKE OUR PAGE!' (Facebook icon), and 'FOLLOW US!' (Instagram icon).

QUICK LINKS

- You will receive an email inviting you to access the portal.
 - Follow the prompts and create a password to access the web portal.



The screenshot shows the Streamline login interface. At the top left is the Streamline logo, which consists of a stylized red 'S' icon followed by the word 'STREAMLINE' in a sans-serif font. Below the logo, the text 'Log in' is centered. There are two input fields: the first is labeled 'EMAIL' and contains the text 'rmason@fallbrookhealth.org'; the second is labeled 'PASSWORD' and contains a series of dots. Below the password field is a checkbox labeled 'REMEMBER ME', with a yellow arrow pointing to it from the left. At the bottom center is a 'Log in' button. Below the button is a link that says 'Forgot your password?'.

QUICK LINKS

QUICKLINKS

- WEBMAIL LINK
- BOARD MEETING
- FINANCE COMMITTEE
- FACILITIES COMMITTEE
- STRATEGIC PLANNING COMMITTEE
- GOVERNMENTAL & PUBLIC ENGAGEMENT COMMITTEE
- REQUEST FOR COMPENSATION

- The webmail link takes you directly to your Microsoft Office 365 login page.
- Use your regular email password to access.



Sign in

Email *
rmason@fallbrookhealth.org

Password *
..... [Show](#)

Keep me signed in on this device

Sign In

Need to find [your password?](#)

QUICK LINKS

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- WEBMAIL LINK
- BOARD MEETING
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- GOVERNMENTAL & PUBLIC ENGAGEMENT COMMITTEE
- REQUEST FOR COMPENSATION

- Committee & Board Agenda/Packets
- You will be able to access the agendas, packets, and any supplementary documents here.
- Past Meetings can be found on the HISTORY tab.

QUICK LINKS

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- WEBMAIL LINK
- BOARD MEETING
- FINANCE COMMITTEE
- FACILITIES COMMITTEE
- STRATEGIC PLANNING COMMITTEE
- GOVERNMENTAL & PUBLIC ENGAGEMENT COMMITTEE
- REQUEST FOR COMPENSATION

- Each Month Raquel will notify you of the date your Request for Compensation is due.
- You will fill out the form online and it will email to Raquel. No more chasing down the paper copy!

REQUEST FOR COMPENSATION

Request for Compensation

This form is provided to you to document attendance at regular and special meetings of the board, committee meetings and any other meetings, functions, or events in which you represent the District. Please complete and submit this form by the date given to you from the Board Clerk. This digitally signed form will be used to process your monthly stipend. If you have a question as to whether a meeting qualifies for a stipend, please check with the CEO.

Effective January 1, 2020, the maximum number of meetings each month for which you are entitled to receive a stipend has increased from five to six meetings.
Effective August 8, 2022, there is an increase of \$5.25 per meeting, increasing the stipend for each qualifying meeting to \$110.25. This results in a maximum of \$661.50 per month if you attend six qualifying meetings.

Month (required)

Meeting Attended (required)

- Finance Committee
- Board of Directors
- Facilities Committee
- Strategic Planning Committee
- Governmental & Public Engagement Committee
- Board of Directors - Special
- Other Board/Committee Meeting

Community Event (all events should be coordinated through the CEO prior to attendance)

- Community Forum/Meeting
- Chamber of Commerce Event
- CHC-Grant Site Visit
- County Event
- Other

Training/Webinar (please upload certificate of completion)

 No file chosen



Conference

- ACHD Conference
- CSDA Conference
- Other - please provide documentation to the Board Clerk

Signature - Select your name, this confirms your submission (required)



WHAT ELSE?

- Please let Raquel or I know if you think there are additional areas or documents you'd like.
- 
- 

Community Health Contracts – Grant Priorities

Goal is for agencies to achieve sustainable funding sources, options and be less dependent on FRHD funding:

- Diversified funding options
 - As of the 2021.2022 CHC cycle, we will only fund any particular program for three consecutive years before a one-year hiatus is required. This is the last consecutive year, since we changed the policy.
- Collaborations among area agencies. Demonstrated collaborations will be viewed favorably in the reviewing process.
- Expectation that FRHD will have fewer CHC Grant funds available as the Community Health & Wellness Center continues to offer new programs and services. Mix of New & On-going programs

Current Agency/Program Requirement:

- Addresses an area of Social Determinants of Health
 - Healthcare Access
 - Education
 - Economic
 - Transportation
 - Neighborhood
- 80% District residents
- 20% other funding or in-kind support

Highest Community Need

- Health
 - Diabetes
 - Cholesterol, High BP, Hypertension, Obesity
- Mental Health
 - Social Support (Youth/Family)
 - Prevention/Screening

Community Health Contract Grant Application

For Fiscal Year 2023-2024

Eligibility Check

Tax Exempt Status

- Yes What is your EIN/Tax Exempt 501(c)3 designation ID#?
- No Please contact District staff to determine eligibility.

Service Area: Will no less than 80% of the program recipients live within the communities of Fallbrook, Rainbow, Bonsall or De Luz?

- Yes proceed to Organizational Information
- No Ineligible - Contact the District

FRHD Funding History: Has this program been funded for the past three consecutive years?

- Yes Ineligible - Contact the District
- No proceed to next question

Collaborative/Joint Application

- Yes proceed to Collaborative Organization Name
- No proceed to Organization Information

Organization Information

Organization Name & Year founded

Contact Information

Organization Mailing Address

Organization Physical Address

Board of Directors – *upload only*

Financial Documents (audit) - *upload only*

Financial Documents (P&L, BS) - *upload only*

Financial Documents (990) - *upload only*

Organization's Mission Statement – *150 word max*

Organization's Vision Statement – *150 word max*

Organization History & Accomplishments: Briefly describe your organization's history and notable accomplishments from within the last 5 years as it relates to the provision of this program. – *300 word max*

Organization Collaborations: Active collaboration is demonstrated by specific ongoing actions that benefit two or more organizations. Explain how this collaboration provides support for this program or service. These collaborations may be already established or initiated within the grant cycle. Applications with established or planned collaborations will receive greater consideration. – *300 word max*

Program Information - This section will ask you to describe the program or service intervention for which you are seeking funding support.

Is this a new initiative or established program?

FRHD Funding History: Was this program funded in the 2022.2023 CHC Grant cycle?

Community Health Contract Grant Application

For Fiscal Year 2023-2024

Program Name/Title

Brief Program Description: Please provide a short description of the program. This is the "elevator speech version", you will have the opportunity to fully explain the program later. - 50 word max

Funding Amount Being Requested

Program Information – Type

- Time Bound – proceed to Time Bound Program Dates
- Ongoing – proceed to Target Population - Age

Projected number of residents that will directly benefit (participant/client) from this program.

Target Population – Age

Target Population not collected – Age *(If you indicated that you do not collect data on the above question, please provide a rationale as to why that information is not sought. Write NA if this question does not apply to your organization)*

Target Population – Gender

*Target Population – Gender *(If you indicated that you do not collect data on the above question, please provide a rationale as to why that information is not sought. Write NA if this question does not apply to your organization)*

Target Population - Income Level

*Target Population - Income Level *(If you indicated that you do not collect data on the above question, please provide a rationale as to why that information is not sought. Write NA if this question does not apply to your organization)*

Social Determinants of Health (SDOH) - The Fallbrook Regional Health District has identified several Social Determinants of Health that demonstrate a significant impact on the long-term health and well-being of our community. The following questions address how your program and/or services address these concerns.

Program/Services Description - Social Determinants of Health: Please select which of the following SDOH your program addresses.

- Economic Stability (Employment, Food Insecurity, Housing Instability, Poverty)
- Education Access & Quality (Early Childhood Education and Development, Enrollment in Higher Education, High School Graduation, Language and Literacy)
- Social & Community Context (Civic Participation, Discrimination, Incarceration, Social Cohesion)
- Healthcare Access & Quality (Access to Health Care, Access to Primary Care, Health Literacy)
- Neighborhood & Built Environment (Access to Foods that Support Healthy Eating Patterns, Crime and Violence, Environmental Conditions, Quality of Housing)

Program/Services Description - FRHD Community Needs Assessment: Please select which of the following identified community needs your program addresses.

- Health (Diabetes - prevention, management)
- Health (Cholesterol, High Blood Pressure, Hypertension, Obesity)
- Mental Health (Social Support - Youth or Families)
- Mental Health (Screenings, Prevention)
- Health (Mobility)
- Health (Age Related Deficits)
- Health (Healthy Food/Nutrition)
- Social (Economic Security, Health Literacy, Family/Child Support, Legal/Advocacy)

Community Health Contract Grant Application

For Fiscal Year 2023-2024

Statement of Need - *Discuss the need for the proposed program or service within the District. The need you address must clearly relate to your organization's mission and purpose. It should focus on the people you serve, not your organization's needs, and it should be well supported by evidence such as statistics, and trends within your service sector. Identify which social determinants of health are addressed within this need. Include qualitative and quantitative data that support your argument as well as relevant statistics and research. You may use the link option to point to pertinent online resources. - 500 word max*

How are others addressing this need in the community - *What other organizations within the community offer similar programs/services that address this need? Explain why your organization's provision of this program/service is different from or compliments offerings from other providers. - 150 word max*

Program/Services Description - Program Entry & Follow Up: *Concisely outline how recipients enter the program. How are participants enrolled or connected to the program? Briefly describe how recipients come to learn about your program. What follow up, if any, is provided to the participant post intervention/service? If no follow up services are offered, explain how the impact of the intervention is determined. - 300 word max*

Program/Services Description - Program Activities: *Describe or define what interventions or services they receive. Describe what the service/program does to assist the participant. Explain how this service/program is beneficial. - 500 word max*

Program Goal - *What is the program goal? Be clear in defining how the goal(s) relate to how the program addresses the need. - 150 word max*

Program Objectives - *Please describe the objectives of how this program's activities will meet the goal as described above. Please outline each objective in its own text box below. Your objectives should follow the SMART outline: Specific - provides the "who" and "what" of program activities. Measurable - "how much" change is expected, this should quantify the amount of change expected. Achievable – what is or should be attainable within a given time frame and with available program resources. Realistic - most useful when it accurately addresses the scope of the problem and programmatic steps that can be implemented. Time-phased - provide a time frame indicating when the objective will be measured or a time by which the objective will be met. *a separate text box opens for each objective with a limited word count.*

Program Outcomes/Measurables – *Provide the measured data of the success of the program's interventions or services for each objective. Be sure you define the measurable activities and/or outcomes the program generates for each objective stated above. This is the quantitative information will you be gathering and reporting as it relates to the impact of your program's activities and services. - 250 word max*

Anticipated Acknowledgment

Anticipated Acknowledgment - *Please select the methods by which the Organization will acknowledge the District's investment of funding.*

- Social Media Postings
- Signage at Service Sites
- Print Materials to Service Recipients
- Website Display
- Other

Anticipated Acknowledgment - *Please explain how the District's name or logo will be promoted. If social media is selected, please identify which platforms your organization utilizes. You will be asked to provide an example in each of the quarterly reports– 250 word max*

Community Health Contract Grant Application

For Fiscal Year 2023-2024

Financial Reporting & Budget

Funding History - Have grant funds awarded to your organization ever been withdrawn, reduced or discontinued?

Conditional Logic pushes to follow up Q

- Yes proceed to Funding History - withdrawn, reduced or discontinued explained
- No proceed to Funding History

Program Budget - *Please upload the Program Budget and Narrative file. Use the District provided spreadsheet which can be found here <https://www.fallbrookhealth.org/community-health-contract-grants>. - upload only*

Terms and Conditions - Checking this box certifies that all information presented in, or attached to this application is complete and accurate.

- Rights Reserved by the Board of Directors - found online at <https://www.fallbrookhealth.org/community-health-contracts-grants-policy-procedures>

Authorized Signature – the grantee signs and submits.

FRHD CHC GRANT BUDGET INSTRUCTIONS

This file has a number of pre-formatted pages. Those sections for auto calculations and set formats are shaded in grey and should not be altered. Please keep a copy of this document as it will be used as part of the grant reporting process

There are five tabs to this file:

- 1 Instructions
- 2 Program Budget Form
- 3 Funding History
- 3 Revenue Sources
- 4 Budget Narrative
- 5 Budget Reporting Form

1 Instructions:

- > All Yellow sections are to be filled out by the applicant. Grey sections will auto calculate and should not be edited by the applicant. All pages are formatted to print portrait, on 1 page.

2 Program Budget Form:

- > PROGRAM COST: This section should reflect the true and total costs of the program.

APPLYING ORGANIZATION: This is the applicant agency's investment in their program. This is the value of the resources the agency will contribute to the program's cost. These may include funds from fundraising events, private donors, in-kind goods and services, and volunteer efforts.
- > OTHER FUNDERS: These are funds or resources provided from contracts, grants and partnerships that are used to support the program's operations.
- > REQUESTED FROM FRHD: This is the funding request you are putting forward to the District.
- > The line item names may not fully align with your budget. Please edit those items to align with your budget. Explain those items on your Budget Narrative Form as necessary.

A INDIRECT EXPENSES:

This section is for expenses that are part of indirect operations of the program, necessary which may not be part of the direct service provision expenses (Administration, facility expenses, general liability ins., etc.). Please refer back to the training materials for clarification of these expenses. The District will not consider funding more than 25% of these expenses

B PERSONNEL EXPENSES - PROGRAM SPECIFIC:

As stated, this section is for staffing expenses that are directly related to the provision of the services/program. Please list each position title separately, unless there are multiple of the same title then use (x3) as an indicator. For example, if funding salaries for four separate Drivers, you would indicate as, Driver (x4) and the expense amount would be the cost of all four Drivers.

C DIRECT PROGRAM EXPENSES:

This section is for supplies, items and or specific expenses related to the provision of the services/program. This may include phone, rent, printing, program related insurance (e.g., vehicle), trainings and certifications.

FRHD CHC GRANT BUDGET INSTRUCTIONS

This file has a number of pre-formated pages. Those sections for auto calculations and set formats are shaded in grey and should not be altered. Please keep a copy of this document as it will be used as part of the grant reporting process

3 Funding History

- List other grant funders that have been approached by your organization for this program in the past year, do not include FRHD. Include Name, Date, Amount Requested, Awarded, Declined or Pending.

4 Revenue Sources

- Please list all sources of revenue the agency receives by category. This Form has two sections, one for Agency Funding and one for Project Funding. Please fill out both sides of the table. Amounts do not need to be exact; however, we ask for best estimates.

5 Budget Narrative

- There are headers that align with the Budget Form. These items should be explained (narrative) if they are unusual or have a specific project impact. Explanations regarding utility expenses are generally understood, but expenses relating to training or for a specialty insurance could be expressed here.

6 Budget Reporting Form

- This form will be used for those grantees who are awarded contracts. This form must be submitted with the quarterly Impact Report and should demonstrate that funds were allocated according to the submitted proposal budget.

FRHD CHC GRANT BUDGET FORM

Agency Name:		PROGRAM NAME:	
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Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized.

1)	A INDIRECT EXPENSES:	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
	A1 <i>Administrative Support</i>				
	A2 <i>General Insurance (not program specific)</i>				
	A3 <i>Accounting & audit expenses</i>				
	A4 <i>Consultant/Contractor Fees</i>				
	A5 <i>Physical Assets (Rent, Facility Costs)</i>				
	A6 <i>Utilities</i>				
	A7 <i>IT & Internet</i>				
	A8 <i>Marketing & Communications</i>				
	A9 <i>Office Supplies</i>				
	A10 <i>Training & Education</i>				
	A11 <i>Other: specify</i>				
	TOTAL INDIRECT EXPENSE	-	-	-	-
B PERSONNEL EXPENSES - PROGRAM SPECIFIC		PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
	B1 <i>Salary (list position)</i>				
	B2 <i>Salary (list position)</i>				
	B3 <i>Salary (list position)</i>				
	B4 <i>Salary (list position)</i>				
	B5 <i>Payroll Expenses (WC, taxes)</i>				
	B6 <i>Benefits</i>				
	B7 <i>Other: specify</i>				
	TOTAL PERSONNEL EXPENSE	-	-	-	-
C DIRECT PROGRAM EXPENSES		PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD
	C1 <i>Equipment</i>				
	C2 <i>Program/Project Supplies</i>				
	C3 <i>Printing/Duplicating</i>				
	C4 <i>Travel/Mileage</i>				
	C5 <i>Program Specific Insurance</i>				
	C6				
	C7				
	C8				
	C9				
	C10				
	C11				
	C12				
	C13				
	C14				
	C15				
	TOTAL OTHER EXPENSES	-	-	-	-

	W	X	Y	Z
D TOTAL ALL EXPENSES	PROGRAM COST	% REQUESTED FROM FRHD		
	\$ -	#DIV/0!		

2) FUNDING SOURCES

E FUNDS FOR PROGRAM		
E1	APPLYING ORGANIZATION	X -
E2	OTHER FUNDERS	Y -
E3	REQUESTED FROM FRHD	Z -
TOTAL FUNDING SOURCES		\$ -

NOTE: THIS AMOUNT SHOULD BE EQUAL TO YOUR PROJECT COST.

3) % OF AGENCY BUDGET

F	CALCULATE % of Total Agency budget that this Program represents.	\$ -	#DIV/0!
	AGENCY BUDGET**	PROGRAM COST	% of AGENCY BUDGET

** Agency budget is your agency's entire budget for the year. Fill in the amount.

FRHD CHC GRANT BUDGET REPORTING FORM

Agency Name: PROGRAM NAME:

The main categories align with the budget submitted with your application. Aggregate totals are all that should be reported under each heading.

1) A	INDIRECT EXPENSES:	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
	TOTAL INDIRECT EXPENSE	\$0.00	\$0.00				
B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
	TOTAL PERSONNEL EXPENSE	\$0.00	\$0.00				
C	DIRECT PROGRAM EXPENSES	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
	TOTAL OTHER EXPENSES	\$0.00	\$0.00				
D	TOTALS	PROGRAM COST	FRHD Funds Awarded	Total Amount Q1	Total Amount Q2	Total Amount Q3	Total Amount Q4
		\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00

Total funds expended to date:

	Policy #2070	Page 1 of 2
	Title: Fiscal Policy	
Policies and Procedures Manual	Latest Revision Date: 8/31/2017 Approved 09/13/2017	

FISCAL POLICY

Background

In 2008, the District Board created the Lease Termination Contingency Fund, to build up resources to prepare for the repurchase obligations of the District when the CHS lease terminated. Had the CHS Lease run its course it would have terminated in November, 2028.

The CHS lease formally terminated in July, 2015, and as a result of extensive negotiations, the asset repurchase obligations of the District were limited enough to leave a surplus of nearly five million dollars (\$5,000,000). The Board Finance committee had previously proposed transitioning the contingency fund balance to another set of purposes in harmony with the District’s ongoing mission.

Standard of Practice – Two Distinct Funds for District Revenues.

1. Operations Fund.
 - A. The Operations Fund will finance Administration, facilities maintenance, community health programs, annual community health contracts, and other short-term community sponsorships and initiatives.
 - B. The Operations fund shall consist of annual property tax revenues, and other District income, which as of this date includes rental income from 617 Alvarado St.
 - C. Any surplus in the Operations Fund at the close of a fiscal year may be moved to the Community Investment Fund (CIF) at the Board’s discretion, and subject to Board approval.
 - D. The initial balance of the Operations Fund shall consist of cash not assigned to the former Lease Termination Contingency Fund.

	Policy #2070	Page 2 of 2
	Title: Fiscal Policy	
Policies and Procedures Manual	Latest Revision Date: 8/31/2017	

1. Community Investment Fund.

The Community Investment Fund replaces the Lease Termination Contingency Fund, and shall provide a revenue source for any or all of the following, subject to Board action and approval:

- A. Long range capital investments such as real estate purchases, new construction, or remodeling of existing facilities;
- B. health or wellness program establishment;
- C. Capital purchases for the benefit of the communities served by the District.
- D. The initial funding for the community investment Fund shall be the balance of the balance of the former Lease Termination Contingency Fund, plus net receipts from hospital sale.
- E. All projects financed by the Community Investment Fund shall be approved by the Board, and shall be obtained in accordance with all applicable laws and regulations including, without limitation, the Health & Safety Code provision requirements for public bidding.

2. Accounting/Reporting.

The District monthly and annual financial statements shall be modified to allow for Board monitoring and tracking progress of both funds in accordance with District reporting and accounting practice.

Policies and Procedures Manual	Policy #2070	Page 1 of 2
	Title: Fiscal Policy	
	Latest Revision Date: 8/31/2017 Approved 09/13/2017 DRAFT UPDATE - January 21, 2023	
FISCAL POLICY		
<u>Background</u>		
<p>In 2008, the District Board created the Lease Termination Contingency Fund, to build up resources to prepare for the repurchase obligations of the District when the CHS lease terminated. Had the CHS Lease run its course it would have terminated in November, 2028. The CHS lease formally terminated in July, 2015, and as a result of extensive negotiations, the asset repurchase obligations of the District were limited enough to leave a surplus of nearly five million dollars (\$5,000,000). The Board Finance committee had previously proposed transitioning the contingency fund balance to another set of purposes in harmony with the District's ongoing mission.</p>		
<u>Standard of Practice – Two Distinct Funds for District Revenues.</u>		
<ol style="list-style-type: none"> 1. <u>Operations Fund.</u> <ol style="list-style-type: none"> A. The Operations Fund will finance Administration, facilities maintenance, community health programs, annual community health contracts, and other short-term community sponsorships and initiatives. B. The Operations fund shall consist of annual property tax revenues, and other District income, which as of this date includes rental income from 617 Alvarado St. C. Any surplus in the Operations Fund at the close of a fiscal year may be moved to the Community Investment Fund (CIF) at the Board's discretion, and subject to Board approval. D. The initial balance of the Operations Fund shall consisted ofconsisted of cash not assigned to the former Lease Termination Contingency Fund. 		
Policies and Procedures Manual	Policy #2070	Page 2 of 2
	Title: Fiscal Policy	
	Latest Revision Date: 8/31/2017	

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2. Community Investment Fund.

The Community Investment Fund replaced the Lease Termination Contingency Fund, and shall provide a revenue source for any or all of the following, subject to Board action and approval:

- A. Long range capital investments such as real estate purchases, new construction, or remodeling of existing facilities;
- B. Health or wellness program establishment;
- C. Capital purchases for the benefit of the communities served by the District.
- D. The initial funding for the Community Investment Fund shall be the final balance of the former Lease Termination Contingency Fund, plus net receipts from hospital building sale.
- E. All projects financed by the Community Investment Fund shall be approved by the Board, and shall be obtained in accordance with all applicable laws and regulations including, without limitation, the Health & Safety Code provision requirements for public bidding.

3. Accounting/Reporting.

The District monthly and annual financial statements shall be modified to allow for Board monitoring and tracking progress of both funds in accordance with District reporting and accounting practice.

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	Title: Fiscal Policy	
	Approved 09/13/2017 DRAFT UPDATE - January 21, 2023	

FISCAL POLICY

Background

In 2008, the District Board created the Lease Termination Contingency Fund, to build up resources to prepare for the repurchase obligations of the District when the CHS lease of the Fallbrook Hospital terminated. Had the CHS Lease run its course it would have terminated in November, 2028. The CHS lease formally terminated in July, 2015, and as a result of extensive negotiations, the asset repurchase obligations of the District were limited enough to leave a surplus of nearly five million dollars (\$5,000,000). The Board voted to transition the contingency fund balance to another set of purposes in harmony with the District's ongoing mission.

Standard of Practice – Two Distinct Funds for District Revenues.

1. Operations Fund.

- a. The Operations Fund will finance Administration, facilities maintenance, community health programs, annual community health contracts, and other short-term community sponsorships and initiatives.
- b. The Operations fund shall consist of annual property tax revenues, and other District income.
- c. Any surplus in the Operations Fund at the close of a fiscal year may be moved to the Community Investment Fund (CIF) at the Board's discretion, and subject to Board approval.
- d. The initial balance of the Operations Fund consisted of cash not assigned to the former Lease Termination Contingency Fund.

2. Community Investment Fund.

The Community Investment Fund replaced the Lease Termination Contingency Fund, and shall provide a revenue source for any or all of the following, subject to Board action and approval:

- a. Long range capital investments such as real estate purchases, new construction, or remodeling of existing facilities;
- b. Health or wellness program establishment;
- c. Capital purchases for the benefit of the communities served by the District.
- d. The initial funding for the Community Investment Fund was the final balance of the former Lease Termination Contingency Fund, plus net receipts from hospital building sale.
- e. All projects financed by the Community Investment Fund shall be approved by the Board, and shall be obtained in accordance with all applicable laws and regulations including, without limitation, the Health & Safety Code provision requirements for public bidding.

3. Accounting/Reporting.

The District monthly and annual financial statements shall be modified to allow for Board monitoring and tracking progress of both funds in accordance with District reporting and accounting practice.