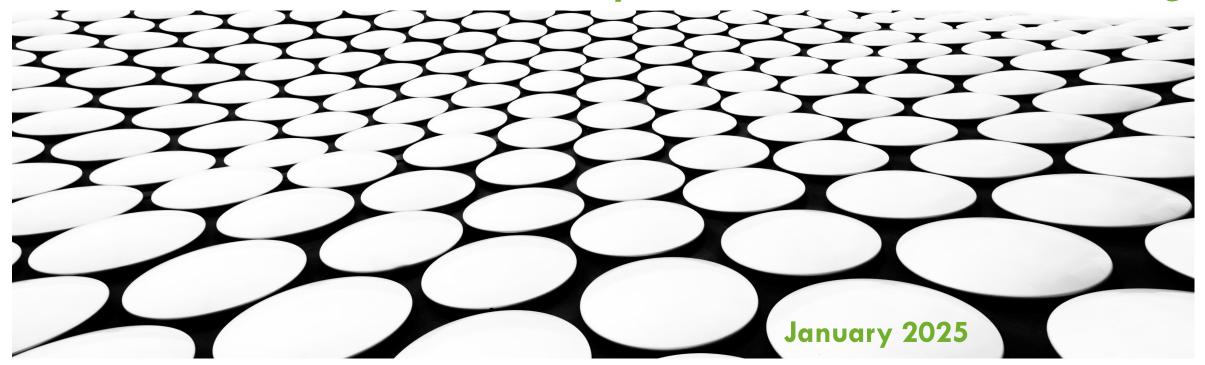
Fallbrook Regional HEALTH DISTRICT

Community Health Contract Grant Training



ABOUT THE DISTRICT

Created in 1950 to develop and operate the Fallbrook Hospital. 1998 - Fallbrook Hospital leased to Community Health Systems.

1999 – Fallbrook Healthcare District begins making grants to community health providers. To date we have granted. \$14,148,532.80 2014 - lease terminated after CHS reported a net loss of \$8.072,323 in revenue.^{*1}

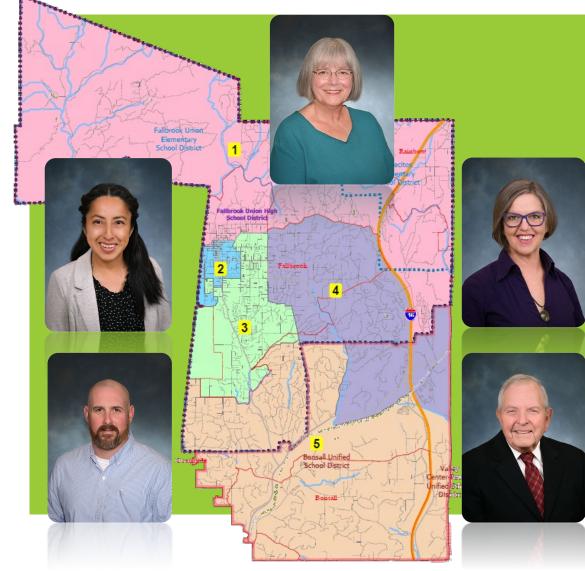
2015 - Fallbrook Hospital closed.

2017 - Hospital building was sold.

2018 – Community Health & Wellness Center property purchased



ABOUT THE DISTRICT – BOARD & ROLES



Zone 1 – pink Jennifer Jeffries, Chair

Zone 2 – blue Anabel Canseco

Zone 3 – green Bill Leach, Secretary

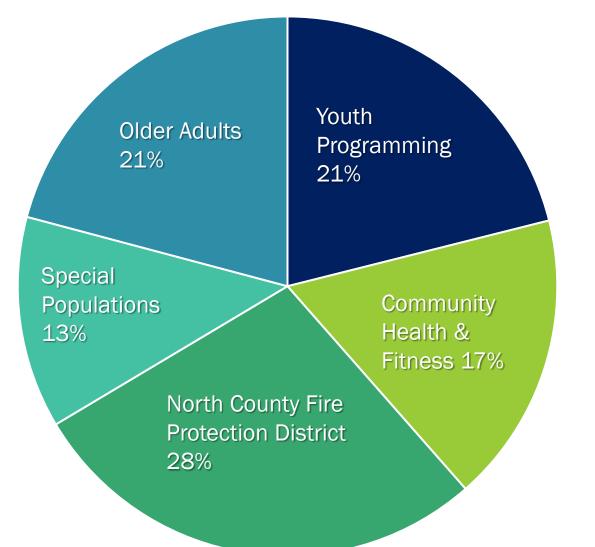
Zone 4 – purple Sally DeVito, Vice Chair

Zone 5 – orange Howard Salmon, Treasurer FRHD went through a redistricting process in March of 2022 to realign our Board member election zones according to new census data. An interactive review map of these zones and boundaries can be found on our website (select tan rebuild).

> Zone 2 & 4 have new Board Members



COMMUNITY HEALTH CONTRACT GRANTS: 2024-2025



- Youth Programming: \$151,027
- Community Health & Fitness: \$125,000
- NCFPD: \$200,000
- Special Populations: \$91,000
- Older Adults: \$149,450

2019-2020 \$1,151,388.86 = 56% 2020-2021 \$1,332,612.46 (COVID \$90,419) = 66% 2021-2022 \$975,486.43 = 46% 2022-2023 \$806,129.03 = 34% 2023-2024 \$539,780.00 = 27%



2025-2026 CHC GRANTS - PROCESS

February

CHC-Grant
 Application
 Open

March

 CHC Grant reviews

April

CHC Grant Award
 Announcements

July

• CHC Grant Funding Awarded (1st Quarter)



2025-2026 CHC GRANTS - PROCESS

Online submission Jotform

- Log-in/user access
 - We can not save you if you lose your log-in
- Write in Word and then cut & paste
 - DO NOT USE BULLETS OR SPECIAL FORMATTING

Application:

- Link will be live on our website on February 3– closes on February 28
- Applications

 questions are
 online for review*
 *Final questions may be
 subject to change

Review:

- April 9 Board
 Meeting: Board will
 review & score.
- Funding decisions will be made there.
- Applications will be scored by ALL
 Board members



2025-2025 CHC GRANTS – JOTFORM PROCESS

Online submission Jotform

- It does not save your progress.
- The little "Save" icon is a liar.
- Please save your writing to a word processing tool.

쑭 Jotform

You have saved a draft for DRAFT-FY 2023.2024 Fallbrook Regional Health District Community Health Contract Grant Application

You've saved a draft for the 'DRAFT-FY 2023.2024 Fallbrook Regional Health District Community Health Contract Grant Application'. Please click on the button below to continue your form.

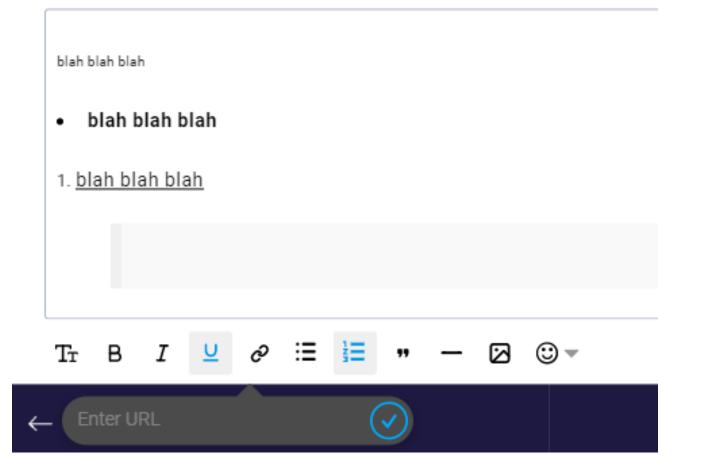
Continue Form



2025-2026 CHC GRANTS – JOTFORM PROCESS

Jotform

- Copy & Paste
- Keep your copy
- Use the embedded tools
- Only if it is really necessary
 Otherwise, keep it normal size, plain, and links <u>will</u> not be live to the reader.





2025-2026 CHC GRANTS - PRIORITIES

Social Determinants of Health

- Economic Stability (Employment, Food Insecurity, Housing Instability, Poverty)
- Education Access & Quality (Early Childhood Education & Development, Enrollment in Higher Education, High School Graduation, Language & 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)

You will be asked to explain how your program addresses this concern.



2025-2026 CHC GRANTS - PRIORITIES

✓ SDoH

- ✓ Statement of Need
- Statement of Need & your service/program
- Impact measurable results/reach
- ✓ Demonstrated collaborations

Goal is for org's to achieve sustainable funding sources, options, & be less dependent on FRHD funding.

- Diversified funding options
- Collaborations

FRHD will have fewer CHC Grant funds available as the Community Health & Wellness Center continues to offer new programs and services.













If you don't know them, then don't expect that they know you. Don't presume they understand the issues you are seeking to address, see value in your intervention, or "get" the program you are writing about.

Your Statement of Need is your opportunity to express why the service you are offering meets the needs of the community. Your Statement of Need should define and express why there is a problem, concern, or issue to be addressed.



UNDERSTANDING YOUR PROGRAM

Describe how the program provides the service. **Concisely outline how** recipients enter the program, describe what interventions or services they receive, & what follow up, if any, they have post-intervention.



Be clear on the "HOW" your program works, & "WHAT" happens, & explain **"THEN"** Passive Active what resulted



2025-2026 CHC GRANTS – GOALS & OBJECTIVES

GOAL

Should express how your service/program will work to address the Statement of Need.

Larger context of your efforts.

Not a task, but what are the outcomes of the program.

OBJECTIVES S.M.A.R.T.

- <u>Specific</u>
- <u>Measurable</u>
- <u>A</u>chievable
- <u>R</u>ealistic
- <u>Time Bound</u>



MEASUREMENT & EVALUATION

Explain how you measure the success of the program's interventions/services for each objective.

- changes in behaviors, achievement level, satisfaction
 Define the measurable activities & outcomes the program generates for each objective.
- # of classes, interactions, services provided

You will be required to report quarterly on each of these objectives, so be clear on what you can/can not measure.



2025-2026 CHC GRANTS – GOALS & OBJECTIVES

HINT

Your outcomes will be evaluated with more depth. Please be sure that your goals, objectives & outcomes are consistent & align.

IMPACT REPORTS

Starting in May, we will be including Impact Reports as part of the Board report and will ask grantees to be present.

Outcomes & the Story



2025-2026 CHC GRANTS - BUDGET

- ✓ Agency supported funding
 - Fundraising dollars
 - > Other grants
 - Fees/dues
- ✓ Agency vs. Program Budget
- ✓ Follow the instructions, keep a copy for reporting
- ✓ You'll find our template on the website where you'll apply.

Realistic as it relates to the program goals and objectives

S ≤ 20% otherfunding or in-kind support



BUDGET FORM – READ THE INSTRUCTIONS!

PROGRAM BUDGET FORM

INSTRUCTIONS

The first tab should be read BEFORE YOU START. Changes from previous versions: -We removed one of the sections, condensed the reporting -Funding history includes all sources of funds for this program -Use the narrative to explain crucial and/or unusual items (we all understand what utilities are, but if the ask is crucial – say a freezer for food then explain) -KEEP THIS DOCUMENT FOR REPORTING -DO NOT CHANGE THE FORMATTING

FUNDING HISTORY

BUDGET NARRATIVE

BUDGET REPORTING FORM

BUDGET FORM - READ THE INSTRUCTIONS! FRHD CHC GRANT BUDGET FORM

Agency Name:		PROGRAM NAME:								
Not				rogram budget. If the item does not fully align either leave it blank le. However, be sure your program budget is fully itemized.						
1)	Α	INDIRECT EXPENSES:	PROGRAM COST	APPLYING ORGANIZATION	OTHER FUNDERS	REQUESTED FROM FRHD				
	A1	Administrative Support								
	A2	General Insurance (not program specific)								
	A3	Accounting & audit expenses								
	A4	Consultant/Contractor Fees	lf	these categori	es don't align	with your				
	A5	Physical Assets (Rent, Facility Costs)	pr	rogram budget	, then change	them to				
	A6	Utilities	fit	your needs.						
	A7	IT & Internet	N	ote the Indirec	t, Personnel E	kpenses,				
	A8	Marketing & Communications	ar	nd Direct Progr	am sections					
	A9	Office Supplies								
	A10	Training & Education								
	A11	Other: specify								
		TOTAL INDIRECT EXPENSE	-	-	-	-				

DEDECNINEL EVOLUCES DECORDANT DECORDANT ADDIVING I OTHED I DECHECTED



BUDGET TO GOAL

Direct Expenses:

A cost can be traced to a specific item or service that is required for the program to run. **Indirect Expenses:**

Costs related to the overall operation of the agency.

Reporting **Requirements:** The reporting tool has been condensed, but try to stay within your categories.



REPORTING

		FRHD CHC G	RANT BUDG	ET REPORT	TING FORM								
Agency lame:		0	PROGRAM NAME:	0									
	ne main categories align with the budget submitted with your application. Aggregate totals are all that should e reported under each heading.												
)	Α	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									
	в	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									
F	С	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:	\$0.00										



2025-2026 CHC GRANTS - BUDGET

There is no one perfect way to do a budget. But, anyone should be able to look at it and see if it is realistic & related to your program goals.

Consider how it aligns with your 990

Admin, Fundraising, Programs

There must be a clear show of support from your agency and funding from outside sources.



Work on your budget first Be able to clearly define the goals & objectives Start early Edit, edit & edit Word is your friend



PEEVES – THIS WILL HELP

Answer the question that was asked.

Don't blather...

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. Please do not list funders or other financial supporters who are not directly involved in the provision of the service/program. to the overall operation of the agency.

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.



CONTRACT REQUIREMENTS – IF FUNDED

Acknowledgement of FRHD funding support.

Not great – our logo in your annual report with many others or simply a repost of our posts.

There are 4 quarterly reports – there should be 4 Impact Stories. **Be Visible**

If not you, who If not today, when

Our Board meetings (all of them) are open to the public.



WE ARE WITH THE DISTRICT & WE'RE HERE TO HELP

Rachel Mason Chief Executive Officer rmason@fallbrookhealth.org

Raquel Williams Executive Assistant rwilliams@fallbrookhealth.org





fallbrookhealth.org for specifics, dates & access to the application link

760.731.9187

