Fallbrook Regional Health District
Community Health Contract Grant Application Questions – *for reference only**
Fiscal Year 2025-2026

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

Contact Information

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*

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

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*

Is this a new initiative or established program?

FRHD Funding History: Was this program funded in the 2024.2025 CHC Grant cycle?

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Describe the impact of the program to date. Briefly explain how the service/intervention has worked - include cumulative metrics from the Q1 and Q2 Impact reports.

If this program was previously funded, please provide an example of how the District's funding of this program was acknowledged.

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)*

What language(s) can this program accommodate: (*Where most or the at least half of the program can be provided in the participant's primary language.)*

What demographic group does this program predominately serve: (*Select the one category that best describes your program's participants)*
- Youth - school based
- Youth – other setting
- Community – Health & Fitness
- Older Adults
- Special Populations

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 the following SDOH your program directly addresses. Select only those that your goals and objectives will demonstrate a measurable outcome. You will be asked to explain how the SDOH is addressed below.*
- 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)

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- 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)

Please describe how this program/service addresses the SDOH of (there will be an answer for each of the SDOH selected above)

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. - 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. Please outline the goal(s) utilizing the SMART methodology. - 150 word max*

Program Objectives & Measurable Outcomes – *Please describe the objectives of how this program will meet its goal - as outlined above. Be clear in defining how each objective serves the goal. Keep in mind that your objectives should be specific and concise - provides the "who" and "what" of program activities. Defines the "what" that will be measured and the "how" of the outcomes as it relates to the provision of the program. What quantitative information will you be gathering and reporting as it relates to the impact of your program's services. Explain how the success of the program's interventions or services for each objective will be measured. - 1000 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*

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

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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*

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.

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