



**AGENDA  
STRATEGIC PLANNING COMMITTEE**

**Wednesday, November 17, 2021 at 5:00 P.M.**

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/89674799373>  
Meeting ID: **896 7479 9373**. 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.**

Committee Members: Jennifer Jeffries, Chair and Howard Salmon, Co-chair  
Staff: CEO Rachel Mason, Executive Assistant Linda Bannerman, Wellness Center Administrator Theresa Geracitano, Administrative Officer Judith Oswald

1. Call to Order/Roll Call
2. Public Comments
3. Discussion Items
  - a. Community Health Contracts—Grant Process and Timeline
  - b. Architect—Taylor Design Services Estimates for Development of Community Health & Wellness Center (CHWC)
  - c. Potential Community Health & Wellness Center Program Partners
  - d. Community Health Contracts—Grant Impact Reports
4. Board Member Comments and Future Agenda Items
5. Adjournment

I certify that on November 16, 2021, 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.

  
Board Secretary/Clerk

**FALLBROOK REGIONAL HEALTH DISTRICT**  
POLICY MANUAL

TITLE: **COMMUNITY HEALTH CONTRACTS/  
GRANT POLICY & PROCEDURES**

REVISED: **11/17/2021**

## **DISTRICT BACKGROUND INFORMATION**

Fallbrook Regional Health District (“District”) is a government entity under the Local Health Care District Law (Statutes 1945, Chapter 932; Health and Safety Code, Division 23, Sections 32000 et seq., of the State of California). The District serves residents of the Fallbrook, Bonsall, Rainbow and De Luz areas of northern San Diego County.

Created by residents for residents, Healthcare Districts throughout California provide vital services for the community members who create and oversee them. As the most responsive form of local government, Healthcare Districts are established, operated, and controlled by local voters who understand each community's concerns and ensure that each District is effectively meeting their local health care needs.

### **The Fallbrook Regional Health District Mission:**

The Fallbrook Regional Health District assists residents to lead healthy lives, supporting a greater life span and independence.

### **The Fallbrook Regional Health District Vision:**

Fallbrook Regional Health District will offer and support services and programs that measurably improve physical and mental health, social engagement and increased life span and independence.

## **GUIDELINES**

### **PROGRAMS FUNDED**

The Fallbrook Regional Health District (District) provides grant funding through our Community Health Contract Grant process to organizations that meet the health and wellness needs of our community and are consistent with the District's mission.

The Health Care District Act (Health & Safety Code section 32121) has evolved over the years to provide very broad authority to Health Care Districts. Currently, Health Care Districts have numerous powers, which include the establishment, maintenance, and operation, or the providing of assistance in the operation of, one or more health facilities or health services, including but not limited to, outpatient programs, services and facilities; retirement programs, services, and facilities; chemical dependency programs, services, and facilities; or other health care programs, services, and facilities for the benefit of the people served by the district.

Moreover, among other powers, the Health District may establish, maintain, and operate, or provide assistance in the operation of, free clinics, diagnostic and testing centers; health education, wellness and prevention programs; rehabilitation, aftercare and any other healthcare services; provider groups; and organizations that are necessary for the maintenance of good physical and mental health in the communities served by the District.

### **POPULATION SERVED**

The District provides grant funding through the Community Health Contracts (CHC) program. Community Health Contract funds must benefit the residents of the communities served by the Fallbrook Regional Health District. The District's service area and sphere of influence area covers 110.57 square miles. This includes Bonsall, De Luz, Fallbrook, and Rainbow. Estimated population of the District is 57,000 (SANDAG, January 2011). The San Diego Local Agency Formation Commission (LAFCO) Sphere of Influence Map can be found here:

[http://www.sdlafo.org/images/11x17maps/HCD\\_Fallbrook.pdf](http://www.sdlafo.org/images/11x17maps/HCD_Fallbrook.pdf)

### **APPLICANT ELIGIBILITY**

To be eligible for consideration, the applicant must meet the following requirements:

1. The agency must be an incorporated nonprofit organization with a tax-exempt status under California state law and Section 501(c)(3) of the Internal Revenue Code, or, be a public/governmental agency, program or institution.

Newly established agencies must:

- a. Demonstrate, through written agreement with a 501(c)(3) qualified agency that, for the one-year period of the CHC, they will fall under the auspices of that qualified agency. The agency providing the umbrella status must meet the District requirement of being an established provider of healthcare related preventive or intervention services to the public in the District community.
- b. Secure 501(c)(3) status within the CHC funded year. If they fail to secure 501(c)(3) status, they will be ineligible for subsequent application for Fallbrook Regional Health District funding until such time as proof of 501(c)(3) status has been attained and presented.

2. For-profit (commercial) organizations are eligible to apply but will only be considered if providing services that are not available by a nonprofit provider. All policies and requirements apply equally to for-profit and non-profit recipients. Including, but not limited to the inclusion of financial information, budgets and reporting or results.
3. The agency must demonstrate the ability to provide services and/or programs that will benefit the residents of the District.
4. The funded services must be provided within the District and demonstrate the ability to make services and/or programs easily accessible to District residents.
5. Awarding contracts to underserved individuals will be taken under consideration; however, support for this application would likely be referred to a nonprofit partner to coordinate services.

### **MULTIPLE APPLICATION SUBMISSIONS**

An agency may submit multiple grant applications per fiscal year for multiple programs. For example: If an agency operates two distinct programs, one dental clinic and one mental health clinic, the agency would be eligible to receive two district CHCs.

### **PRIOR GRANT RECIPIENTS**

The District will fund a distinct program for up to three consecutive years, however, after that consecutive three years the program will become ineligible for one year. Agency's may reapply after that one-year hiatus. Noncompliant or inefficient use of funds may render organizations ineligible for future funding. The District reserves the right to consider extenuating circumstances under which grants may be provided to prior grant recipients, and exceptions to these circumstances.

### **INELIGIBLE FOR FUNDING**

The District will not fund:

- Endowments
- Awarding grants to, and limiting funds for, foundations that are sponsored or controlled by, or associated with, a separate grant recipient.
- Expenses related to fundraising or lobbying of public officials or other political purposes
- Organizations intending to "pass-through" or re-grant District funds to other organizations; unless serving as the fiscal agent or umbrella for a designated local nonprofit. Funds must be clearly used to support District residents.
- Basic research, defined herein as the pursuit of knowledge without immediate practical program or human applications
- Sectarian purposes
- Programs related solely to the provision of housing, or for employment opportunity and/or educational pursuits for the purpose of employment.



- All other restricted uses contained herein.

### **REVIEW PROCESS**

All CHC funding requests are reviewed by the District Chief Executive Officer and Board Directors. During the review process, the District may require additional information from applicants. This information may include oral or written clarification of CHC request detail. The District may include a panel of community stakeholders to review the completeness and merit of the applicants and provide feedback to the Chief Executive Officer. Final funding decisions will be made by the District Board of Directors at a public meeting. See application and review schedule for specific dates. Certain rights are reserved to Board discretion and action.

### **RIGHTS RESERVED BY THE BOARD OF DIRECTORS**

The Fallbrook Regional Health District Board of Directors reserves the right to decline or accept application(s) upon fair consideration in accord with CHC guidelines established and provided to all applicants. On applications accepted and approved, the Board reserves the right to determine the amount of funding to be awarded.

The Board reserves the right to adjust category designation in accord with its' established criteria. In addition, the Board reserves the right to seek additional information as necessary to make their funding determinations. This shall be by request for clarification in written form. Requests shall be presented to the applicant by the appropriate District Staff Member and must be returned to the District office in a timely manner. Site visits and/or interviews may also be scheduled in the application review process.

### **APPLICATION CRITERIA**

All CHC Grant applications must be able to demonstrate that activities will meet the following criteria:

1. Proposed program addresses the Social Determinant of Health paradigm:
  - 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)
2. At least 80% of FRHD funded program participants are District residents.
3. At least 20% of proposed program's budget is funded by another funding source/ in kind support.
4. Program has fully developed program goal(s) with corresponding SMART (Specific, Measurable, Achievable, Realistic, Time-Bound) Objectives to demonstrate how those goals will be achieved.

- a. Quarterly reports demonstrating progress of goal(s) and objective(s) will be required. If your program is a onetime event, only one report will be required by the next quarterly report due date.
5. Programs or services should be able to demonstrate that they are developed from evidence-based program(s)/ best practices.
  - a. New programs, services or initiatives , should be able to demonstrate the need for this service, that there is no existing organization working toward the same goal, and or that collaboration with an existing organization is anticipated.
6. The application will list how and where acknowledgement of Fallbrook Regional Health District funding support will be included. This includes all print and electronic materials, press releases, website references, and any other form of written and verbal publicity that relates to the funded program. Acknowledgment should include an official sponsor line, as well as the FRHD logo. Examples of these acknowledgments are to be included in the quarterly report.
7. While not a required element of proposals, programs that demonstrate collaborations with other agencies in the provision of the services will be viewed favorably in the reviewing process.

### **APPLICATION & EVALUATION SCHEDULE**

**COMMUNITY HEALTH CONTRACT WORKSHOPS:** Informational session, Q&A, and collaborative brainstorming will occur in January.

**APPLICATION WINDOW:** Open, first business day in February at 10:00am, and closes on the last business day of the month at 4:00pm. Applications are accepted via an online portal accessible through the District’s website; <https://www.fallbrookhealth.org/community-health-contracts> *Technical assistance from District staff is available upon request.*

**APPLICATION EVALUATION PERIOD: March and April**

The Chief Executive Officer and staff will review each application for completeness before submitting copies to the Board of Directors. All applications are evaluated by each Board Director. Site visits may be scheduled.

**ANNOUNCEMENT OF AWARDS: BOARD OF DIRECTORS MEETING, 2nd Wednesday in May.** Location: FRHD Admin Building Meeting Room, 138 South Brandon Road, Fallbrook.

**DISTRIBUTION OF CHC GRANT AGREEMENT:** Signed agreements must be returned to the District by the 1st Wednesday of July to complete execution prior to scheduling Quarter 1 payments and or site visits.

**QUARTER 1 PAYMENT AND SITE VISITS:** Board of Directors and staff will begin making disbursements and conducting site visits during the month of July. Exact dates will be updated and posted on <https://www.fallbrookhealth.org/> every year

## **REPORTING & PAYMENT DISTRIBUTION GUIDELINES**

By accepting the contract, the recipient agrees to periodic monitoring of their contracted program by District staff members. Recipient agrees to submit timely periodic written and/or oral reports to the Board as defined in the executed agreement and to participate in District Community Health Program events and attend, representatively, District Board meetings when requested.

Reports must be submitted by the following due dates:

- 1<sup>st</sup> Quarter: 2<sup>nd</sup> Wednesday of October
- 2<sup>nd</sup> Quarter: 2<sup>nd</sup> Wednesday of January
- 3<sup>rd</sup> Quarter: 2<sup>nd</sup> Wednesday of April
- 4<sup>th</sup> Quarter: 2<sup>nd</sup> Wednesday of July

Contract holders must contact the District if these deadlines cannot be met before the due date. Reports that are more than one month late may cause the contract to be cancelled.

Payment Distribution will be on or after the following payment dates:

- 1<sup>st</sup> Quarter Check: 1<sup>st</sup> Wednesday of July
- 2<sup>nd</sup> Quarter Check: 1<sup>st</sup> Wednesday of November
- 3<sup>rd</sup> Quarter Check: 1<sup>st</sup> Wednesday of February
- 4<sup>th</sup> Quarter Check: 1<sup>st</sup> Wednesday of May

A District staff member will contact recipients to schedule a site visit when payment distributions will be made. Payment is contingent upon receipt of quarterly reports. Board Member(s), the Chief Executive Officer and /or other District staff may be present at site visit.

## **SPONSORSHIP OF CHARITABLE EVENTS**

FRHD does not currently provide sponsorships of charitable events. However, support for these events may be considered at a future time, which would be publicly announced and would follow the below guidelines:

1. Organizations requesting the District to sponsor a charitable event shall solicit in the form of a letter or in combination with a grant request application, as well as any appropriate back-up materials, including a list of sponsorship levels, if applicable.
2. The request shall clearly indicate the amount requested, the sponsorship opportunity levels, and how the event will benefit a community health care program that provides services in the District.
3. The request shall include the price per individual ticket/pass to attend, as well as the portion of the amount attributed to the purchase of goods and services.
4. The request shall include a final accounting of the prior year's event, if applicable, as well as a budget for the event being requested, so the District can clearly determine the cost of holding the event in comparison to the funds benefitting community health care programs. No less than 80 percent of the revenue shall be applied to the organization's programs and not to event expenses.
5. Events advertised in brochures and/or fliers that give the appearance of being sent to the District as part of a mass mailing shall not be considered.

FALLBROOK REGIONAL HEALTH DISTRICT  
POLICY MANUAL

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GRANT POLICY & PROCEDURES

REVISED: 03/04/2020 11/17/2021

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#### **The Fallbrook Regional Health District Mission:**

The Fallbrook Regional Health District assists residents to lead healthy lives, supporting a greater life span and independence. Promoting health for the people of the District.

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#### **The Fallbrook Regional Health District Vision:**

Fallbrook Regional Health District will offer and support services and programs that measurably improve physical and mental health, social engagement and increased life span and independence.

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## **GUIDELINES**

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Moreover, among other powers, the Health District may establish, maintain, and operate, or provide assistance in the operation of, free clinics, diagnostic and testing centers; health education, wellness and prevention programs; rehabilitation, aftercare and any other healthcare services; provider groups; and organizations that are necessary for the maintenance of good physical and mental health in the communities served by the District.

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#### **PRIOR GRANT RECIPIENTS**

The District ~~will fund a distinct program for up to three consecutive years, however, after that consecutive three years the program will become ineligible for one year. Agency's may reapply after that one-year hiatus. does not restrict reapplication from year to year for previously awarded contract holders. However, Non~~noncompliant or inefficient use of funds may render organizations ineligible for future funding. ~~The District reserves the right to c~~Considering ~~extenuating the~~ circumstances under which grants may be provided to prior grant recipients, and exceptions to these circumstances.

#### **INELIGIBLE FOR FUNDING**

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- Basic research, defined herein as the pursuit of knowledge without immediate practical program or human applications
- Sectarian purposes

- Programs related solely to the provision of housing, or for employment opportunity and/or educational pursuits for the purpose of employment.
- All other restricted uses contained herein.

### **REVIEW PROCESS**

All CHC funding requests are reviewed by the District ~~Chief Executive Officer~~ and Board Directors. During the review process, the District may require additional information from applicants. This information may include oral or written clarification of CHC request detail. The District may include a panel of community stakeholders to review the completeness and merit of the applicants and provide feedback to the ~~Chief Executive Officer~~. Final funding decisions will be made by the District Board of Directors at a public meeting. See application and review schedule for specific dates on page 5. Certain rights are reserved to Board discretion and action.

### **RIGHTS RESERVED BY THE BOARD OF DIRECTORS**

The Fallbrook Regional Health District Board of Directors reserves the right to decline or accept application(s) upon fair consideration in accord with CHC guidelines established and provided to all applicants. On applications accepted and approved, the Board reserves the right to determine the amount of funding to be awarded.

The Board reserves the right to adjust category designation in accord with its' established criteria. In addition, the Board reserves the right to seek additional information as necessary to make their funding determinations. This shall be by request for clarification in written form. Requests shall be presented to the applicant by the appropriate District Staff Member and must be returned to the District office in a timely manner. Site visits and/or interviews may also be scheduled in the application review process.

### **EVALUATION APPLICATION CRITERIA**

All CHC Grant applications must be able to demonstrate that activities will meet the will be evaluated on the following criteria:

1. Proposed program addresses the Social Determinant of Health paradigm: and/or includes one of the following:
  - Cardiovascular health (e.g., High Cholesterol, Hypertension)
  - Nutrition & Access to Food (e.g., Meal programs, Food Bank, Healthy Eating, Obesity, Type 2 Diabetes)
  - Behavioral & Mental Health (e.g., Anxiety, Depression, Substance Use)
  - Vision
  - Dental
  - Youth Services (non-school based)
  - Youth Services (school based)
  - General Fitness
  - Senior Services (e.g., Aging in place, Dementia, Transportation, Food Security)
  - Medical Services (e.g., Maternal/Child, Podiatry)
  - 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)
2. At least 80% of FRHD funded program participants are District residents.
  3. At least 10% of proposed program's budget is funded by another funding source/ in kind support.
  4. Program has fully developed program goal(s) with corresponding SMART (Specific, Measurable, Achievable, Realistic, Time-Bound) Objectives to demonstrate how those goals will be achieved.
    - a. Quarterly reports demonstrating progress of goal(s) and objective(s) will be required. If your program is a onetime event, only one report will be required by the next quarterly report due date.
  5. Programs or services should be able to demonstrate that they are to be developed from based on evidence-based program(s)/ best practices.
    - a. New programs, services or initiatives pilots, should be able to demonstrate the need for this service, that there is no existing organizationservice working toward the same goal, and or that collaboration with an existing organizationservice is anticipated.
  6. The application will list how and where and when it is anticipated that acknowledgement of Fallbrook Regional Health District funding support will be included. This includes all print and electronic materials, press releases, website references, and any other form of written and verbal publicity that relates to the funded program. Acknowledgment should include an official sponsor line, as well as the FRHD logo. Examples of these acknowledgments Flyers and links are to be included in the quarterly report.
  7. While not a required element of proposals, programs that demonstrate include collaborations with another agenciesy in the provision of the services will be viewed favorably in the reviewing process.

#### **APPLICATION & EVALUATION SCHEDULE**

**COMMUNITY HEALTH CONTRACT WORKSHOPS:** Informational session, Q&A, and collaborative brainstorming will occur in January ~~& February~~.

**APPLICATION WINDOW:** Open, first business day Monday in March-February at 10:00am, and closes on the last business day of the month at Close, second Friday in April, 4:00pm. Applications are accepted via an online portal accessible through the District's website; -is available on the Community Health Contracts Page:



<https://www.fallbrookhealth.org/community-health-contracts>

Technical assistance from ~~District staff~~ *Community Health Coordinator* is available upon request.

**APPLICATION EVALUATION PERIOD: ~~April 10-30~~March**

The ~~Chief Executive Officer and Director and Community Health Coordinator staff~~ will review each application for completeness before submitting copies to the Board of Directors. ~~All applications are evaluated by e~~Each Board Director, ~~shall receive some number of applications to review, with distribution based upon the Board Members interest and or knowledge within the area of service.~~ Site visits may be scheduled. Additionally, a panel of community stakeholders may be organized to assist and provide feedback upon the merit of the program or project being proposed.

~~Individual meetings regarding the merit of grant applications between a grant applicant and a district board member, officer, or staff outside of the district's established grant awards process is prohibited. Technical assistance from Community Health Coordinator or Executive Director may be offered.~~

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**BOARD REVIEW AND DISCUSSION: FINANCE COMMITTEE, 1st Wednesday in May**  
Recommendations for CHC awards and amounts will be discussed at the May Finance meeting. Located at the FRHD Admin Building Meeting Room, 138 South Brandon Road, Fallbrook.

**ANNOUNCEMENT OF AWARDS: BOARD OF DIRECTORS MEETING, 2nd Wednesday in May ~~or June.~~** Pending need for additional details the announcement may occur in June. Location: FRHD Admin Building Meeting Room, 138 South Brandon Road, Fallbrook.

**DISTRIBUTION OF CHC ~~GRANT~~ AGREEMENT:** Signed agreements must be returned to the District by the 1st Wednesday of July to complete execution prior to scheduling Quarter 1 payments ~~and or~~ site visits.

**QUARTER 1 PAYMENT AND SITE VISITS:** Board of Directors and staff will begin making disbursements and conducting site visits during the month of July.

Exact dates will be updated and posted on <https://www.fallbrookhealth.org/> every year

**REPORTING & PAYMENT DISTRIBUTION GUIDELINES**

By accepting the contract, the recipient agrees to periodic monitoring of their contracted program by District staff members, ~~and/or a District consultant.~~ Additionally, ~~the~~ recipient agrees to submit timely periodic written and/or oral reports to the Board as defined in the executed agreement and to participate in District Community Health Program events and attend, representatively, District Board meetings when requested.

Reports must be submitted by the following due dates:

- 1<sup>st</sup> Quarter: 2<sup>nd</sup> Wednesday of October
- 2<sup>nd</sup> Quarter: 2<sup>nd</sup> Wednesday of January
- 3<sup>rd</sup> Quarter: 2<sup>nd</sup> Wednesday of April
- 4<sup>th</sup> Quarter: 2<sup>nd</sup> Wednesday of July

Contract holders must contact the ~~District~~Community Health Coordinator if these deadlines cannot be met before the due date. Reports that are more than one month late may cause the contract to be cancelled.

Payment Distribution will be on or after the following payment dates:

- 1<sup>st</sup> Quarter Check: 1<sup>st</sup> ~~Monday~~Wednesday of July
- 2<sup>nd</sup> Quarter Check: 1<sup>st</sup> ~~Wednesday~~Monday of November
- 3<sup>rd</sup> Quarter Check: 1<sup>st</sup> ~~Wednesday~~Monday of February
- 4<sup>th</sup> Quarter Check: 1<sup>st</sup> ~~Wednesday~~Monday of May

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~~The Community Health Coordinator~~ A District staff member will contact recipients to schedule a site visit ~~when~~ re payment distributions will be made. Payment is contingent upon receipt of quarterly reports. ~~Community Health Coordinator~~, Board Member(s), ~~and/or the Chief Executive Officer and /or other District staff Director~~ may be present at site visit.

#### **SPONSORSHIP OF CHARITABLE EVENTS**

FRHD does not currently provide sponsorships of charitable events. However, support for these events may be considered at a future time, which would be publicly announced and would follow the below guidelines:

1. Organizations requesting the District to sponsor a charitable event shall solicit in the form of a letter or in combination with a grant request application, as well as any appropriate back-up materials, including a list of sponsorship levels, if applicable.
2. The request shall clearly indicate the amount requested, the sponsorship opportunity levels, and how the event will benefit a community health care program that provides services in the District.
3. The request shall include the price per individual ticket/pass to attend, as well as the portion of the amount attributed to the purchase of goods and services.
4. The request shall include a final accounting of the prior year's event, if applicable, as well as a budget for the event being requested, so the District can clearly determine the cost of holding the event in comparison to the funds benefitting community health care programs. No less than 80 percent of the revenue shall be applied to the organization's programs and not to event expenses.
5. Events advertised in brochures and/or fliers that give the appearance of being sent to the District as part of a mass mailing shall not be considered.

## ARCHITECTURAL WORK PLAN

### Fallbrook Wellness Center

Project 5460.100

As of 11/12/2021

Rate Table	Principal	Project Director	Senior Project Manager	Architect	Job Captain	Senior Interior Designer	Interior Design Assistant	Senior Project Designer	Project Assistant I	Strategist	Subtotal Hours	Subtotal Cost
<b>Taylor Design 2021</b>	265.00 \$/hr	230.00 \$/hr	205.00 \$/hr	160.00 \$/hr	150.00 \$/hr	190.00 \$/hr	130.00 \$/hr	205.00 \$/hr	95.00 \$/hr	160.00 \$/hr	NTP:	NTP: 12/12/21
<b>Pre-Design</b>	0 hrs	25 hrs	68 hrs	10 hrs	98 hrs	8 hrs	0 hrs	0 hrs	0 hrs	40 hrs	249 hrs	\$43,910
Duration = 3 weeks	0.0 FTE	0.2 FTE	0.7 FTE	0.1 FTE	0.9 FTE	0.1 FTE	0.0 FTE	0.0 FTE	0.0 FTE	0.4 FTE	2.4 FTE	Ends: 12/30/21
<b>Meeting: Kickoff</b>		4 hrs	4 hrs			2 hrs					10 hrs	2,120
Review Record Drawings			8 hrs		8 hrs						16 hrs	2,840
<b>Meeting: Design and Visioning</b>		4 hrs	4 hrs			2 hrs			2 hrs		12 hrs	2,440
Primary Field Research			6 hrs	4 hrs	12 hrs						22 hrs	3,670
Engineering Site Investigation			4 hrs		4 hrs						8 hrs	1,420
Synthesize Research		2 hrs	4 hrs		4 hrs	4 hrs				2 hrs	16 hrs	2,960
Prelim Programming Document			2 hrs		8 hrs					4 hrs	14 hrs	2,250
<b>Meeting: Design Concepts &amp; Program</b>		2 hrs	2 hrs								4 hrs	870
Revise Programming		1 hrs	2 hrs		4 hrs					2 hrs	9 hrs	1,560
Test-fit Plan(s)		2 hrs	8 hrs		32 hrs					18 hrs	60 hrs	9,780
Revise Plans & Programming		2 hrs	4 hrs		8 hrs					2 hrs	16 hrs	2,800
Engineering Coordination			4 hrs	4 hrs	4 hrs						12 hrs	2,060
Engineering Basis of Design			2 hrs		2 hrs						4 hrs	710
Coordinate with Cost Estimator		2 hrs	2 hrs	2 hrs	2 hrs						8 hrs	1,490
<b>Meeting: Pre-design Approval</b>		4 hrs	4 hrs								8 hrs	1,740
Space Planning					2 hrs					2 hrs	4 hrs	620
<b>Schematic Design</b>	0 hrs	18 hrs	97 hrs	61 hrs	120 hrs	90 hrs	138 hrs	20 hrs	0 hrs	0 hrs	544 hrs	\$90,925
Duration = 4 weeks	0.0 FTE	0.1 FTE	0.6 FTE	0.4 FTE	0.8 FTE	0.6 FTE	0.9 FTE	0.1 FTE	0.0 FTE	0.0 FTE	3.5 FTE	Ends: 1/26/22
Engineering Site Investigation			4 hrs	4 hrs	4 hrs						12 hrs	2,060
Review Equipment Manuals			2 hrs	2 hrs	4 hrs						8 hrs	1,330
Preliminary Code Analysis			12 hrs	18 hrs	12 hrs						42 hrs	7,140
Prepare Finish Palettes						18 hrs	40 hrs				58 hrs	8,620
Prepare Floor Plans			20 hrs	18 hrs	36 hrs						74 hrs	12,380
<b>Meeting: Review Finishes &amp; Plan</b>		4 hrs	4 hrs			4 hrs					12 hrs	2,500
Prepare Interior Design Model						20 hrs	40 hrs	12 hrs			72 hrs	11,460
<b>Meeting: Review Design Options</b>		4 hrs	4 hrs			4 hrs					12 hrs	2,500
Refine Design & Equip Plan			9 hrs	4 hrs	12 hrs	18 hrs	18 hrs	4 hrs			65 hrs	10,865
<b>Meeting: Plan &amp; Design Signoff</b>		4 hrs	4 hrs			4 hrs					12 hrs	2,500
Prepare SD Package			18 hrs	9 hrs	40 hrs	18 hrs	40 hrs	4 hrs			129 hrs	20,570
Specifications TOC											0 hrs	0
Coordinate w/ Cost Estimator		2 hrs	4 hrs	2 hrs							8 hrs	1,600
<b>Meeting: SD Approval</b>		4 hrs	4 hrs			4 hrs					12 hrs	2,500
QC & BIM Audit (10min/sheet)											0 hrs	0
Other Scope Considerations											0 hrs	0
Consultant Coordination			12 hrs	4 hrs	12 hrs						28 hrs	4,900
<b>Design Development</b>	0 hrs	0 hrs	66 hrs	96 hrs	234 hrs	46 hrs	84 hrs	12 hrs	0 hrs	0 hrs	538 hrs	\$86,110
Duration = 5 weeks	0.0 FTE	0.0 FTE	0.3 FTE	0.5 FTE	1.1 FTE	0.2 FTE	0.4 FTE	0.1 FTE	0.0 FTE	0.0 FTE	2.6 FTE	Ends: 3/3/22
Review Final Equip Vendor Package			4 hrs		4 hrs						8 hrs	1,420
Site visit			4 hrs		4 hrs						8 hrs	1,420
Preliminary Room Data and drawings			8 hrs	4 hrs	8 hrs	4 hrs	4 hrs				28 hrs	4,760
Revise Room Data and drawings			4 hrs	4 hrs	8 hrs		2 hrs				18 hrs	2,920
Prepare 75% DD Package											0 hrs	0
G-series Drawings (~7 sheets)			16 hrs		40 hrs						56 hrs	8,560
A-series Drawings (~17 sheets)			24 hrs		80 hrs			12 hrs			116 hrs	18,300
ID-series Drawings (~3 sheets)						20 hrs	40 hrs				60 hrs	9,000
Q-series Drawings (~2 sheets)					18 hrs						18 hrs	2,700
Outline Specification			16 hrs			8 hrs					24 hrs	4,800
Consultant Coordination			12 hrs	24 hrs	40 hrs						76 hrs	12,300
Prep & Send Package			4 hrs	4 hrs	8 hrs						16 hrs	2,660
<b>Meeting: Review 75% DD Package</b>			2 hrs		2 hrs						4 hrs	710
Revise DD Package			8 hrs	8 hrs	20 hrs	4 hrs	20 hrs				60 hrs	9,280
Coordinate w/ Cost Estimator											0 hrs	0
<b>Meeting: DD Approval</b>			4 hrs		2 hrs						6 hrs	1,120
QC & BIM Audit (20min/sheet)				12 hrs							12 hrs	1,920
Other Scope Considerations											0 hrs	0
Finish Boards						8 hrs	16 hrs				24 hrs	3,600
<b>Construction Documents</b>	0 hrs	0 hrs	137 hrs	164 hrs	268 hrs	52 hrs	120 hrs	0 hrs	0 hrs	0 hrs	741 hrs	\$120,005
Duration = 6 weeks	0.0 FTE	0.0 FTE	0.5 FTE	0.6 FTE	1.0 FTE	0.2 FTE	0.5 FTE	0.0 FTE	0.0 FTE	0.0 FTE	2.9 FTE	Ends: 4/17/22
Consultant Coordination			18 hrs	9 hrs	24 hrs						51 hrs	8,730
Vendor Coordination			8 hrs	8 hrs	12 hrs						28 hrs	4,720
Prepare 50% CD Package											0 hrs	0
G-series Drawings (~11 sheets)			18 hrs	12 hrs	32 hrs						62 hrs	10,410
A-series Drawings (~26 sheets)			24 hrs	24 hrs	80 hrs						128 hrs	20,760
ID-series Drawings (~5 sheets)						32 hrs	80 hrs				112 hrs	16,480
Q-series Drawings (~3 sheets)					18 hrs						18 hrs	2,700
Specifications			16 hrs	24 hrs							40 hrs	7,120
Prep & Send Package			4 hrs		4 hrs						8 hrs	1,420
Prepare 100% CD Package											0 hrs	0
G-series Drawings (~14 sheets)			9 hrs	9 hrs	18 hrs						36 hrs	5,985
A-series Drawings (~34 sheets)			20 hrs	20 hrs	60 hrs						100 hrs	16,300
ID-series Drawings (~6 sheets)						20 hrs	40 hrs				60 hrs	9,000
Q-series Drawings (~4 sheets)					9 hrs						9 hrs	1,350
Specifications			18 hrs	18 hrs							36 hrs	6,570
Prep & Send Package					9 hrs						9 hrs	1,350
Coordinate w/ Cost Estimator											0 hrs	0
<b>Meeting: Review 100% CD Package</b>			2 hrs		2 hrs						4 hrs	710
QC & BIM Audit (30min/sheet)				40 hrs							40 hrs	6,400

FACILITY NAME IN ALL CAPS

Project Name in Title Case

Taylor Design Project 4000 000P

Agency	0 hrs	0 hrs	62 hrs	35 hrs	105 hrs	0 hrs	0 hrs	0 hrs	0 hrs	0 hrs	202 hrs	\$34,060
Duration = 24 weeks	0.0 FTE	0.0 FTE	0.1 FTE	0.0 FTE	0.1 FTE	0.0 FTE	0.0 FTE	0.0 FTE	0.0 FTE	0.0 FTE	0.2 FTE	Ends: 10/2/22
Prepare AHJ Submittal Package			9 hrs	4 hrs	18 hrs						31 hrs	5,185
Process AHJ Submittal			9 hrs		9 hrs						18 hrs	3,195
Submittal Revisions			27 hrs	18 hrs	48 hrs						93 hrs	15,615
Prepare AHJ Backcheck Package			4 hrs	9 hrs	12 hrs						25 hrs	4,060
Process AHJ Backcheck			4 hrs	4 hrs	9 hrs						17 hrs	2,810
Meeting: Over-the-counter Review			9 hrs	0 hrs	9 hrs						18 hrs	3,195
<b>Bidding</b>	<b>0 hrs</b>	<b>2 hrs</b>	<b>19 hrs</b>	<b>13 hrs</b>	<b>22 hrs</b>	<b>0 hrs</b>	<b>0 hrs</b>	<b>0 hrs</b>	<b>0 hrs</b>	<b>0 hrs</b>	<b>56 hrs</b>	<b>\$9,735</b>
Duration = 4 weeks	0.0 FTE	0.0 FTE	0.1 FTE	0.1 FTE	0.1 FTE	0.0 FTE	0.0 FTE	0.0 FTE	0.0 FTE	0.0 FTE	0.4 FTE	Ends: 10/30/22
Assemble Bid Package			4 hrs		9 hrs						13 hrs	2,170
Meeting: Pre-bid Walk		2 hrs	2 hrs								4 hrs	870
Respond to Bid RFIs			9 hrs	9 hrs	9 hrs						27 hrs	4,635
Evaluate Bid Responses			4 hrs	4 hrs	4 hrs						12 hrs	2,060
<b>Construction Administration</b>	<b>0 hrs</b>	<b>40 hrs</b>	<b>168 hrs</b>	<b>124 hrs</b>	<b>192 hrs</b>	<b>0 hrs</b>	<b>0 hrs</b>	<b>0 hrs</b>	<b>120 hrs</b>	<b>0 hrs</b>	<b>644 hrs</b>	<b>\$103,680</b>
Duration = 31 weeks	0.0 FTE	0.0 FTE	0.1 FTE	0.1 FTE	0.2 FTE	0.0 FTE	0.0 FTE	0.0 FTE	0.1 FTE	0.0 FTE	0.5 FTE	Ends: 6/4/23
Meeting: Pre-construction Walk			4 hrs	4 hrs							8 hrs	1,740
Submittals, RFIs, & ASI's			4 hrs	96 hrs	80 hrs	120 hrs			120 hrs		420 hrs	62,800
Meetings: OAC & Site Observations			24 hrs	60 hrs	40 hrs	60 hrs					184 hrs	33,220
Meeting: Punchlist Walk			4 hrs	4 hrs	4 hrs	12 hrs					24 hrs	4,180
Meeting: Final Completion Walk			4 hrs	4 hrs							8 hrs	1,740
<b>Close-Out</b>	<b>0 hrs</b>	<b>0 hrs</b>	<b>8 hrs</b>	<b>6 hrs</b>	<b>39 hrs</b>	<b>0 hrs</b>	<b>10 hrs</b>	<b>0 hrs</b>	<b>0 hrs</b>	<b>0 hrs</b>	<b>63 hrs</b>	<b>\$9,750</b>
Duration = 4 weeks	0.0 FTE	0.0 FTE	0.1 FTE	0.0 FTE	0.2 FTE	0.0 FTE	0.1 FTE	0.0 FTE	0.0 FTE	0.0 FTE	0.4 FTE	Ends: 7/2/23
Review Close-out Submittals			4 hrs	6 hrs	12 hrs						22 hrs	3,580
Prepare Record Drawings			4 hrs		27 hrs		10 hrs				41 hrs	6,170
Meeting: 1 Year Warranty Walk											0 hrs	0
<b>Subtotal Hours</b>	<b>0 hrs</b>	<b>85 hrs</b>	<b>625 hrs</b>	<b>509 hrs</b>	<b>1078 hrs</b>	<b>196 hrs</b>	<b>352 hrs</b>	<b>32 hrs</b>	<b>120 hrs</b>	<b>40 hrs</b>	<b>3037 hrs</b>	
<b>Total</b>	<b>\$0</b>	<b>\$19,550</b>	<b>\$128,125</b>	<b>\$81,440</b>	<b>\$161,700</b>	<b>\$37,240</b>	<b>\$45,760</b>	<b>\$6,560</b>	<b>\$11,400</b>	<b>\$6,400</b>	<b>164 \$/hr</b>	<b>\$498,175</b>

# Lisa Scolman

## Be Well Therapy Inc.

Submission Date: Oct 13, 2021 1:00 PM

Organization Name: Be Well Therapy Inc.

Program Title: Be Well Yoga for Cancer Recovery

Person submitting the report: Lisa Scolman

Ages: List the percentage and total number served of your program participants' ages who received services during this reporting time frame:

	Percentage served	Total Number Served
Children (infants to 12)	0	
Young Adults (13-18)	0	
Adults (18-60)	85	
Seniors (60+)	15	
Unknown		

Gender: List the percentage and total number served of your program participants' gender identification who received services during this reporting time frame:

	Percentage served	Total Number Served
Female	96	
Male	4	
Non-binary		
Unknown		

Income: List the percentage and total number served of your program participants' income limit category of those who received services during this reporting timeframe:

	Percentage Served	Total Number Served
Extremely Low-Income (ceiling of \$32,100)	15	
Very Low (50%0 Income (ceiling of \$53,500)	60	
Low (80%) Income (ceiling of \$85,600)	25	
Higher than listed limits		
Unknown		

How many District residents directly benefited (participant/client) from this program in this reporting quarter?

3

Please provide the Goal 1 statement from your application. Discuss the actions within each

**GOAL 1: To improve the health and well being of cancer survivors by providing Yoga and mindfulness practices that compliment traditional therapies thereby**

objective and provide your outcome data accordingly.

providing optimal physical and mental healing for the recovering patient as well as to their caregivers and support structure.

Our 1st objective will be to increase the number of program participants in our FRHD Yoga and Mindfulness for cancer recovery classes to greater than the number enrolled and participating pre-Covid.

OUTCOME: Our in person classes still has still not grow to preCOVID, though we are researching class schedule times for better attendance. Broga class has remained small, despite change of class time. We are reaching out to other doctors and nurses to get the word out again.

Please provide the Goal 2 statement from your application. Discuss the actions within each objective and provide your outcome data accordingly.

Our second objective will be to provide one on one socially distanced sessions for those survivors who have been unable to attend our virtual classes due to a lack of internet or who do not yet feel comfortable attending public classes once resumed. We will target holding 2-3 private sessions per month.

OUTCOME: Private sessions have proved to be very popular and we have hosted 1/week. We hope to continue to grow these until people feel more comfortable to attend the in person classes.

Participant Success Story:

We have had one loyal Broga attendee since we started the program and since FRHD funded the program. Attached is his testimonial. In addition, attached is our quarterly survey.

Participant Success Story:


[ParticipantSuccessStory\\_Q1\\_FRHD\\_Survey.pdf](#)


Please describe how the Fallbrook Regional Health District's Community Health Contract - Grant investment toward this program was acknowledged during this reporting timeframe.

Fallbrook Regional Health District's Grant investment was acknowledged via social media and emails to Be Well Followers and Subscribers on posts and mentions about Broga and also upcoming FRHD events.

Please upload one example of how the District's support for this program was publicly acknowledged.


[2021 Q1 FRHD PROGRAM ACKNOWLEDGMENT.pdf](#)

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[21\\_22 FRHD CHC Program Budget Form Be Well Therapy Inc\\_REV1.xlsx](#)



# Lisa Ware

## Boys & Girls Clubs of North County

Submission Date: Oct 13, 2021 7:26 PM

Organization Name: Boys & Girls Clubs of North County

Program Title: Water Safety and Swim Program

Person submitting the report: Lisa Ware

Ages: List the percentage and total number served of your program participants' ages who received services during this reporting time frame:

	Percentage served	Total Number Served
Children (infants to 12)	97	169
Young Adults (13-18)	3	5
Adults (18-60)	0	0
Seniors (60+)	0	0
Unknown	0	0

Gender: List the percentage and total number served of your program participants' gender identification who received services during this reporting time frame:

	Percentage served	Total Number Served
Female	48	84
Male	52	90
Non-binary	0	0
Unknown	0	0

Income: List the percentage and total number served of your program participants' income limit category of those who received services during this reporting timeframe:

	Percentage Served	Total Number Served
Extremely Low-Income (ceiling of \$32,100)	56	98
Very Low (50% Income (ceiling of \$53,500)	11	19
Low (80% Income (ceiling of \$85,600)	17	29
Higher than listed limits	16	28
Unknown		

How many District residents directly benefited (participant/client) from this program in this reporting quarter?  
390

Please provide the Goal 1 statement from your application. Discuss the actions within each

To provide swim lessons and water safety instruction to youth during the summer to provide physical fitness and prevent drowning.

objective and provide your outcome data accordingly.

Objective #1 Provide daily swim lessons and water safety to at least 150 youth during the summer swim season. Enrollment and participation logs will be kept. We served 174 individual youth in swim lessons alone.  
Objective #2 Provide daily swim time for approximately 50 youth per day. Attendance logs will be kept. Open recreation swim had an average daily attendance over 50 youth each day.


Please provide the Goal 2 statement from your application. Discuss the actions within each objective and provide your outcome data accordingly.

BGC will acknowledge FRHD in social media posts, on our website and in printed materials.  
This was done during the summer months.

Participant Success Story:

Safety Day is always a fun day for kids during their swim lessons. They learn how to "Stop, Throw, Don't Go" meaning throw someone a safety buoy don't go into the water yourself. The children love practicing saving their instructors and getting used to using safety equipment.

Participant Success Story:




[safety\\_day.jpg](#)

Please describe how the Fallbrook Regional Health District's Community Health Contract - Grant investment toward this program was acknowledged during this reporting timeframe.

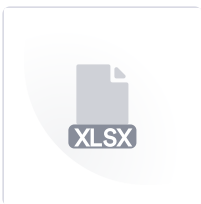
We promoted our partnership on our Facebook page.

Please upload one example of how the District's support for this program was publicly acknowledged.



[water\\_safety\\_q1.pdf](#)

Please upload a copy of the program budget you submitted with the application. Fill in the Q1 column demonstrating the current utilization of grant funds.



[Copy of Quarterly Budget Report.2021 \(002\).xlsx](#)

Please explain any significant differences in budget or services during this quarter. What if any changes were made to address programming challenges.

n/a

Please sign your form:



# Lisa Ware

## Boys & Girls Clubs of North County

Submission Date: Oct 13, 2021 6:32 PM

Organization Name: Boys & Girls Clubs of North County

Program Title: Triple Play

Person submitting the report: Lisa Ware

Ages: List the percentage and total number served of your program participants' ages who received services during this reporting time frame:

	Percentage served	Total Number Served
Children (infants to 12)	93	394
Young Adults (13-18)	7	28
Adults (18-60)	0	0
Seniors (60+)	0	0
Unknown	0	0

Gender: List the percentage and total number served of your program participants' gender identification who received services during this reporting time frame:

	Percentage served	Total Number Served
Female	43	181
Male	57	224
Non-binary	0	0
Unknown	0	0

Income: List the percentage and total number served of your program participants' income limit category of those who received services during this reporting timeframe:

	Percentage Served	Total Number Served
Extremely Low-Income (ceiling of \$32,100)	36	159
Very Low (50% Income (ceiling of \$53,500)	24	98
Low (80%) Income (ceiling of \$85,600)	26	109
Higher than listed limits	14	56
Unknown	0	0

How many District residents directly benefited (participant/client) from this program in this reporting quarter?  
1266

Please provide the Goal 1 statement from your application. Discuss the actions within each

Improve overall health of the youth members of the Boys & Girls Clubs of North County.

objective and provide your outcome data accordingly.

Objective#1 Hire and train staff members to provide daily Triple Play activities at each of the eight sites during the school year.

Objective #2 Provide 60 minutes of vigorous physical activity each day at each of the sites for at least 400 youth a day.

Objective #3 Provide 3 family nights per year at each of the sites.

Measurement #1 Hiring and training logs will be kept to ensure that each site has a staff hired and trained to deliver Triple Play.

Measurement #2 Attendance records kept to at each site each day to track the goal of 400 youth per day. First quarter was 422.

Measurement #3 Participation counts will be kept for the family nights.

Please provide the Goal 2 statement from your application. Discuss the actions within each objective and provide your outcome data accordingly.

The Fallbrook Regional Health District will be acknowledged on our social media, website, and in printed materials.

BGC mentions FRHD at least quarterly in our social media posts along with mentions on our website and in printed materials.


Participant Success Story:

In collaboration with Palomar Family Counseling and their Grandparents Raising Grandchildren group we were able to serve 8 children for free for a month of our all day summer program. This program included 2 meals and a snack, open rec swimming, fieldtrips, and daily physical activities for grandchildren being raised by grandparents.

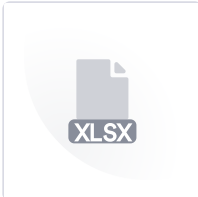
Please describe how the Fallbrook Regional Health District's Community Health Contract - Grant investment toward this program was acknowledged during this reporting timeframe.

We posted on our Facebook page.

Please upload one example of how the District's support for this program was publicly acknowledged.

 [Triple Play Q1.pdf](#)

Please upload a copy of the program budget you submitted with the application. Fill in the Q1 column demonstrating the current utilization of grant funds.

 [Copy of Quarterly Budget Report.2021 \(002\).xlsx](#)

Please explain any significant differences in budget or services during this quarter. What if any changes were made to address programming challenges.

n/a

Please sign your form:

# Lenila Batali Executive Director

## D'Vine Path

Submission Date: Oct 11, 2021 3:59 PM

Organization Name: D'Vine Path

Program Title: Life I Can Healthy Lifestyle Program

Person submitting the report: Lenila Batali Executive Director

Ages: List the percentage and total number served of your program participants' ages who received services during this reporting time frame:

	Percentage served	Total Number Served
Children (infants to 12)	0	
Young Adults (13-18)	0	
Adults (18-60)	100	
Seniors (60+)		
Unknown		

Gender: List the percentage and total number served of your program participants' gender identification who received services during this reporting time frame:

	Percentage served	Total Number Served
Female	45	
Male	55	
Non-binary		
Unknown		

Income: List the percentage and total number served of your program participants' income limit category of those who received services during this reporting timeframe:

	Percentage Served	Total Number Served
Extremely Low-Income (ceiling of \$32,100)	100	
Very Low (50%) Income (ceiling of \$53,500)		
Low (80%) Income (ceiling of \$85,600)		
Higher than listed limits		
Unknown		

How many District residents directly benefited (participant/client) from this program in this reporting quarter?  
150

Please provide the Goal 1 statement from your application. Discuss the actions within each

Goal #1: Reduce social isolation and increase social interaction in young adults with Autism, Aspergers, and other intellectual disabilities /developmental

objective and provide your outcome data accordingly.

disabilities in Fallbrook, Bonsall and Rainbow.

**Objective #1:** By June 2022, D'Vine Path (DVP) will provide 2-3 hour public dance events to 50 people with Autism, Aspergers and other intellectual disabilities in the Fallbrook, Bonsall and surrounding areas.

**Outcome Data:**

In September 2021, D'Vine Path hosted a Vineyard Soiree event which included a dance party for our disabled and neurotypical guests. Our guests had a great time socializing and dancing the night away. We recorded about 37 guests with disabilities in attendance who also answered the quick 5 questions at the end of the evening. We interviewed each guest and 100% stated they had "such a fun night and met so many new people!".

It was a heartwarming sight to see our community forget their anxieties and worries for one evening.

Dances help reduce social isolation and increased social interaction with our special needs population in our community. Through our interview metrics, it is evident these social events alleviate stress and loneliness. They promote existing personal relationships and help create new friendships through dance.

In October 2021 D'Vine Path will host a Halloween Dance Party for our special needs population in the Fallbrook and the surrounding areas.

Please provide the Goal 2 statement from your application. Discuss the actions within each objective and provide your outcome data accordingly.

**Goal #2:** Teach adults with Autism, Aspergers and other intellectual disabilities/developmental disabilities how to live a healthy lifestyle.

**Objective #2:** By June 2022, D'Vine Path will provide 12 monthly educational hands-on workshops about the importance of staying physically active by certified personal trainers.

**Outcome Data:** Once a month, our students receive healthy and fitness coaching from a certified yoga instructor and a certified TRX personal trainer. This has been very successful and our students have been so engaged by this training that we implemented it into their daily routine. We now have our yoga instructor coaching every Monday morning and a fitness circuit course once a week. 90% of the students are able to demonstrate a cardio benefiting exercise when asked.

Participant Success Story:

One of our favorite students, Luke, is a young and very high energy young man. He is a happy and friendly student who knows no strangers. He is always happy to help out any of this peers and teachers when needed. But we saw a pattern in his behavior- he was high energy in the morning and would fall asleep in the afternoon after lunch. When he and his coach would arrive at program we noticed his gummy worm and monster drink breakfast! And then at lunch on the ranch, we noticed that his food consisted of gummy worm candy, pizza, chips and a high sugar content drink like coke, Mountain Dew or Monster drink. No wonder he was crashing at the end of lunch!

Fallbrook Health District funds afforded us to bring in certified nutritionists who educated and trained our students on healthier food alternatives for breakfast and lunch. About 6 months later, at a recent lunch at the ranch, Luke pulled out strawberries, a sandwich and sparkling water Le Croix. He proclaimed; strawberries are the new chips and Le Croix is the new coke! and the rest of the students agreed and cheered! "It was a great breakthrough!

The students have learned so much about healthy eating and more importantly- why good food is essential for their health. Thank you for the continuous support!

Participant Success Story:



[Screen Shot 2021-10-11 at 2.03.01 PM.png](#)



[Screen Shot 2021-10-11 at 2.03.24 PM.png](#)

Please describe how the Fallbrook Regional Health District's Community Health Contract - Grant investment toward this program was acknowledged during this reporting timeframe.

We acknowledge FHD through Social media as well as in the Village News.

Please upload one example of how the District's support for this program was publicly acknowledged.



[IMG\\_3536.jpeg](#)

Please upload a copy of the program budget you submitted with the application. Fill in the Q1 column demonstrating the current utilization of grant funds.

[Life I Can Healthy Lifestyle Budget 2021-2022.png](#)

Please sign your form:

*Levila*

# Karla Standridge Executive Director

## Fallbrook Land Conservancy

Submission Date: Oct 13, 2021 11:44 AM

Organization Name: Fallbrook Land Conservancy

Program Title: Fallbrook Land Conservancy Preserve and Trail Walkability Enhancement

Person submitting the report: Karla Standridge Executive Director

Ages: List the percentage and total number served of your program participants' ages who received services during this reporting time frame:

	Percentage served	Total Number Served
Children (infants to 12)		
Young Adults (13-18)		
Adults (18-60)		
Seniors (60+)		
Unknown	100	

Gender: List the percentage and total number served of your program participants' gender identification who received services during this reporting time frame:

	Percentage served	Total Number Served
Female		
Male		
Non-binary		
Unknown	100	

Income: List the percentage and total number served of your program participants' income limit category of those who received services during this reporting timeframe:

	Percentage Served	Total Number Served
Extremely Low-Income (ceiling of \$32,100)		
Very Low (50%) Income (ceiling of \$53,500)		
Low (80%) Income (ceiling of \$85,600)		
Higher than listed limits		
Unknown	100	

How many District residents directly benefited (participant/client) from this program in this reporting quarter?  
3750

Please provide the Goal 1 statement from your application. Discuss the actions within each

Improve, maintain, and promote FLC trails and open spaces in an effort to provide safe and reliable trails accessible to people of all abilities in order to

objective and provide your outcome data accordingly.

advance the wellbeing of District residents.

Obj 1. Maintain and improve 13 miles of FLC trails to ensure safety and accessibility. Success will be measured by miles of trails maintained or improved. This is an ongoing task to meet the larger goal.

FLC staff, including Preserve Manager and Assistant Preserve Manager, maintained FLC's network of 13 miles of trails, as well as began improvements on a new preserve with approximately 1 mile of trails. The majority of staff time was spent at Monerate Mountain and Los Jilgueros Preserves. Staff trimmed vegetation to widen trails, corrected erosive portions of trails, and removed trash and debris from preserves. Additional work is being performed at Dinwiddie Preserve to remove brush and open trails for increased visibility. During trail work this quarter, it was brought to FLC's attention that women may not feel comfortable walking low visibility trails, therefore FLC is making an effort to improve visibility so that all participants are comfortable.

Obj 2. Collect trail use data via infrared trail counters to inform management decisions and gauge overall preserve use. Infrared trail counters installed at the trailheads will provide total number of hiking trips per preserve per month. Data can be extrapolated to provide a further breakdown of peak use times.

Trail counter data is below. Notes: 1. The trail counter at Heller's Bend Preserve was vandalized and stolen so no data is available. A new counter has been ordered but has not yet arrived. 2. The trail counter at Los Jilgueros was previously stolen and the replacement was moved to a new location. Data collection errors occurred and the data is inaccurate. The trail counter has been moved to a new location. 3. The Palomares House and Garden hosts weekly volunteer events. The counts at this location are high because volunteers regularly pass through the entrance for materials, supplies, etc.  
Dinwiddie Preserve: July: 1,499 August: 825 September: 806  
Engel Family Preserve: July: 30 August: 20 September: 83  
Karen Tucker at Hellers Bend: NO DATA  
Los Jilgueros: INACCURATE DATA  
Monerate Mt. 1: July: 4,305 August: 4,169 September: 4,505  
Palomares House & Garden: July: 6,733 August: 9,404 September: 10,264

Obj 3. Promote FLC trails to District residents and local healthcare providers. FLC will conduct outreach via email, social media, print media, in person (or electronic) meetings, and other communications to community members and local healthcare providers. Communications will be at least monthly. During the first quarter, FLC staff will connect with ParkRx program personnel to explore the feasibility of expanding the program to our area.

FLC Executive Director has connected with ParkRx staff and is awaiting outreach materials to share with out local health providers and organizations.

Obj 4. Collect preserve usage demographic data via a survey posted at trailheads. FLC will develop or expand upon an existing survey to gather demographic and usage data of program participants. This data will be available at the close of the grant term to allow for ample time for participation.

In progress. FLC is working with graduate students to develop a new user survey.

Please provide the Goal 2 statement from your application. Discuss the actions within each objective and provide your outcome data accordingly.

NA

Participant Success Story:

My life has been equally divided between suburbia and small towns. Ultimately, small towns won my sensibilities and my heart, and I chose to spend the rest of my life in Fallbrook California.

When I reflect on living in a small towns, one of the first things that comes to mind is the need for volunteerism and nonprofit organizations. No small town can flourish — can fulfill its potential without nonprofits and strong volunteerism.

When I think of Fallbrook, among my first thoughts is always the nonprofits and volunteers that help make this community distinct and enriched. And first among those nonprofits, is The Fallbrook Land Conservancy. I think it's the most important nonprofit we have.

Despite that this is a small town, people have busy lives. People have jobs, families, deadlines, and all it go with maintaining a busy life in the modern era. The FLC provides a variety of spaces where anyone who chooses has the opportunity to escape the busyness of their day-to-day lives and catch their breath.


These are among the best-kept open spaces I've seen, and their volunteers are their secret weapon. The trails are always well groomed, excessive brush is regularly cleared, and signs are posted with educational material and information about the native habitats. Tours are provided, volunteer opportunities are encouraged, and I know of few people who aren't familiar with and don't spend some their free time in the FLC's open spaces.


Going back 20-years, I've been fortunate to set foot on FLC space nearly every day of my life. It's a place to catch my breath, to unplug, and to appreciate local habitats, preserved for everyone to enjoy. And as grateful as I am for all of that, FLC spaces are where people can stop, say hello, and make acquaintances that are born in nature — no political affiliations required.

Please describe how the Fallbrook Regional Health District's Community Health Contract - Grant investment toward this program was acknowledged during this reporting timeframe.

The FRHD's investment was acknowledged via FLC's website (FRHD logo), e-news, and at the Los Jilgueros Preserve trailhead kiosk. Additionally, Los Jilgueros Preserve trail maps were distributed to community members at events and the FRHD logo is present on this map/brochure.

Please upload one example of how the District's support for this program was publicly acknowledged.

[LJP announcement.pdf](#)

[Copy of 21\\_22 FRHD CHC Program Budget Form\\_trails -REV1\\_Q1.xlsx](#)

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Please explain any significant differences in budget or services during this quarter. What if any changes were made to address programming challenges.

There are no significant differences in budget or services this quarter. FLC is currently working on additional outreach materials that will be billed in Q2 (printing and duplicating).

Please sign your form:

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke, positioned to the right of the text 'Please sign your form:'.

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# Karla Standridge Executive Director

## Fallbrook Land Conservancy

Submission Date: Oct 13, 2021 1:06 PM

Organization Name: Fallbrook Land Conservancy

Program Title: Save Our Forest Environmental Education Program Expansion

Person submitting the report: Karla Standridge Executive Director

Ages: List the percentage and total number served of your program participants' ages who received services during this reporting time frame:

	Percentage served	Total Number Served
Children (infants to 12)		
Young Adults (13-18)		
Adults (18-60)	50	3
Seniors (60+)	50	3
Unknown		

Gender: List the percentage and total number served of your program participants' gender identification who received services during this reporting time frame:

	Percentage served	Total Number Served
Female	100	6
Male		
Non-binary		
Unknown		

Income: List the percentage and total number served of your program participants' income limit category of those who received services during this reporting timeframe:

	Percentage Served	Total Number Served
Extremely Low-Income (ceiling of \$32,100)		
Very Low (50%0 Income (ceiling of \$53,500)		
Low (80%) Income (ceiling of \$85,600)		
Higher than listed limits		
Unknown	100	

How many District residents directly benefited (participant/client) from this program in this reporting quarter?

6

Please provide the Goal 1 statement from your application. Discuss the actions within each

Formalize the Environmental Education Program curriculum and integrate program across all District elementary schools (FUESD, VSD).

objective and provide your outcome data accordingly.

Objective 1: Coordinate with all Districts on current curriculum and needs for updates. Completed. FLC volunteers have coordinated with District staff on needs for updates.

Objective 2: Develop and print material needed to implement program. In process. Based on outcome of objective 1, outreach material is being developed.

Objective 3: Implement the school program. Site visits and field trips scheduled for all FUESD schools for November-January, waiting for reply from VSD

Please provide the Goal 2 statement from your application. Discuss the actions within each objective and provide your outcome data accordingly.

Formalize the summer Environmental Education Program curriculum and integrate program with The Boys and Girls Club of North County. Asked B&GC for meeting but haven't heard back, will try again.

This goal won't need to be completed until later in the school year so we are focused on the FUESD & VSD site visits and field trips now. Initial contact has been made with B&GC and the planning process will begin shortly.

Participant Success Story:

Since the program is currently in the planning stage, there is no participant success story to share at this time.

Please describe how the Fallbrook Regional Health District's Community Health Contract - Grant investment toward this program was acknowledged during this reporting timeframe.


The FRHD's investment was acknowledged via FLC's website (FRHD logo), e-news, and social media posts about the upcoming EE program kick-off.

Please upload one example of how the District's support for this program was publicly acknowledged.



[July Newsletter EE.pdf](#)

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Please explain any significant differences in budget or services during this quarter. What if any changes were made to address programming challenges.

No funds have been expended. The program is in the planning stage. Currently, volunteers are working on coordinating the program requirements and lining up volunteers. The majority of funds will be utilized when the program is active in the schools (Q2 & Q3). Outreach materials are being developed for the program. Trail maps/field guides will be given to the students participating in the program and these will be ordered in Q2. Transportation costs will also be utilized during these quarters to bus kids to and from the sites. FLC staff costs will also be utilized for the in-person portion of the program, which requires additional coordination and hands-on assistance.

Please sign your form:

A handwritten signature in black ink, consisting of a vertical line on the left and several overlapping loops and curves to the right.