



ADDITIONAL
HANDOUT
MATERIAL

2020-2021 COMMUNITY HEALTH CONTRACT APPLICATION

Eligibility Check:

Tax Exempt Status

1. Is your organization a 501c(3) tax exempt?
 - Tax ID #
 - No – may not qualify, will need to make special arrangements with District staff.

Service Area

Will no less than 90% of the program recipients live within the communities of Fallbrook, Rainbow, Bonsall or De Luz?

- Yes – continue
- No – statement about need to serve this community

Organization Information

1. Is this application being submitted in collaboration with another agency?
 - Yes - *If yes, please provide their organization name here:*
 - No
2. Organization Name
3. Mailing address
4. Physical address is different from mailing
5. Phone
6. Fax
7. Name of Person submitting the grant
 - Phone
 - Email

Program Staffing Information

1. CHC Program Coordinator
 - Name
 - Phone
 - email
2. Is the CHC Program Coordinator responsible for submitting CHC Reports?
 - Yes
 - No - *If no, please provide the responsible person's information below*
 - Name
 - Phone
 - E-mail
3. Year Founded
4. Organization's Mission Statement
 1. Board of Directors (*Full Name, Board Position, Professional Affiliation/Industry*)
 2. Does your program support the Mission-Vision-Values of FRHD?
 - Yes

- No
- 3. Program Name
 - Is this program time limited: date start & date end
 - on-going

Agency Capability

1. How many years has your agency served the District community?
2. Briefly describe your organization's history and accomplishments. (300 word limit)
3. What are the current activities and/or programs offered by your organization? (500 word limit)
4. List and describe current collaborations with other organizations that enhance your ability to provide services through this program. (500 word limit)
5. How will the program be staffed? Please add what percent of each – must equal 100
 - Paid
 - Volunteer
6. What area will this program serve (check all that apply)
 - Bonsall
 - De Luz
 - Fallbrook
 - Rainbow
 - Other:

Statement of Problem/Needs Assessment

1. Target Population: Please select all that apply to the program for which you are seeking funding age range,
 - Children (infants to 12)
 - Young adults (13-18)
 - Adults (18-60)
 - Seniors (60+)
2. Gender(s)
 - Women
 - Men
 - Non-binary,
3. socio-economic group
4. projected number of residents that will benefit from this program:
 -

Discuss the need for the proposed program or service within the District. What is the need that your organization will address with this project?

1,500 words (The need you address must clearly relate to your nonprofit'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, expert views, and trends. Include qualitative and quantitative data that support your argument as well

as comparative statistics and research. Cite all your data, and if you collect information from the Internet, be sure the websites you reference are reputable and that the links are current.)

What other organizations within the community offer programs/services that address this need? Discuss these similarities and or why your program is necessary. 500 words

Section C. Program/ Services Description

The Fallbrook Regional Health District has identified several health disparities that effect the long term well being of our community. The following questions address how your program addresses these concerns.

Which one of the following categories best describes the primary activities of your program?

- Prevention/Education: Equipment supplies and/or training for care providers and/or clients related to maintaining good health practices to prevent or control disease and/or prevent injury.
- Treatment: Direct provision of care in medical, dental, vision, or behavioral health.
- Ancillary: Products or services that do not provide direct treatment, prevention or education, but otherwise support the District’s mission to promote health for the people of the District.

Which of the following health disparities does the program address:

- Cardiovascular health (e.g., High Cholesterol, Hypertension)
- 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)
- Medical Services (e.g., Maternal/Child, Podiatry)

Describe how the program provides the service. Concisely outline how recipients enter the program, describe what interventions or services the receive, and what follow up if any they have post intervention. 1,000 words

What is/are the program goal(s) and what are the objectives for each goal. (*Be clear in defining how the goals and objectives relate to how the program addresses the need.*) 500 words

Explain how you measure the success of the program's interventions or services. Define the measurable activities and outcomes the program generates. 1,000 words

Outreach Strategic Plan

What is your strategic plan to ensure that you reach and provide your program services to your target population? 500 words

Anticipated Acknowledgment

Please list where and when it is anticipated that acknowledgement of the District 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 will include an official sponsor line, as well as the FRHD logo. 500 words

Financial Reporting & Budget CHC Funds Previously Awarded

Has your organization requested funding for this program before?

- Yes, request and funded
 - Did you meet all your FRHD acknowledgment pledges?
- Yes, requested but not funded
- Have not applied before

Program Funding Support

Please list other grant funders that have been approached by your organization in the past 3 years, including FRHD. *Include Name, Date, Amount Requested, Declined or Pending.*

Please list Fund Raisers conducted by yourself or other organization(s) where proceeds have been designated to your organization as beneficiary of funds raised. *Include Name, Date, Amount*

Have any grant funds awarded to your organization been withdrawn, reduced or discontinued?

- Yes
If yes, explain.
- No

Describe what other funding sources will be used to support this program? 500 words

Financial Sustainability

Describe your plan for maintenance/continuation of the proposed program beyond the 2020-2021 fiscal year.
500 words

Program Budget

The FRHD understands the importance of supporting the operational expenses of providing services; however, the District has limited its ability to cover more than 25% of indirect or administrative expenses. When building your program budget please include all program expenses (both direct and indirect), but do not ask for more than 25% of your total request under the Indirect heading.

Signature

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 accordance with contract guidelines established and provided to all applicants. For applications that are 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 accordance with its established criteria. In addition, the Board reserves the right to seek additional information as necessary to make their funding determinations. This request for clarification shall be in written form.

Requests shall be presented to the applicant by the District Administrator 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.

I certify that all information presented in or attached to this Application is complete and accurate.

2020-2021

COMMUNITY HEALTH CONTRACTS

***Program Schedule, Proposal Evaluation Criteria,
and Guidelines***

CHC FUNDING YEAR:
JULY 1, 2020 THROUGH JUNE 30, 2021

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2020-2021 COMMUNITY HEALTH CONTRACTS
Program Schedule

<p>COMMUNITY HEALTH CONTRACT WORKSHOPS</p> <p>Wednesday, January 29, 2020 10:00am-12:00pm</p> <p>Tuesday, February 4, 2020 2:00pm-4:00pm</p>	<p>Informational session, Q&A, and collaborative brainstorming</p> <p>Location: FRHD Admin Building Meeting Room, 138 South Brandon Road, Fallbrook</p>
<p>CHC APPLICATION WINDOW</p> <p>Open, first Monday in March 9:00am</p> <p>Close, last Monday in March 5:00pm</p>	<p>Application is available on the Community Health Contracts Page: https://www.fallbrookhealth.org/community-health-contracts</p> <p><i>Technical assistance from Community Health Coordinator is available upon request.</i></p>
<p>APPLICATION EVALUATION PERIOD April 1-30</p>	<p>The Executive Director and Community Health Coordinator will review each application for completeness before submitting copies to the Board of Directors. 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.</p>
<p>FINANCE COMMITTEE OF THE WHOLE</p> <p>Wednesday, June 5, 2020 5:00pm</p>	<p>Recommendations for CHC awarding amounts.</p> <p>Location: FRHD Admin Building Meeting Room, 138 South Brandon Road, Fallbrook</p>
<p>BOARD OF DIRECTORS MEETING</p> <p>Wednesday, June 12, 2020 6:00pm</p>	<p>Determination of CHC recipients.</p> <p>Location: FRHD Admin Building Meeting Room, 138 South Brandon Road, Fallbrook</p>
<p>DETERMINATION OF ADDITIONAL DATA CATEGORIES & DISTRIBUTION OF CHC AGREEMENT</p> <p>Monday, June 17, 2020</p>	<p>Recipient will discuss with Community Health Coordinator additional program data points for their quarterly reports and return signed agreement to the District office to complete execution prior to award presentation.</p>

<p>BOARD OF DIRECTORS MEETING</p> <p>Wednesday, July 10, 2020 6:00pm</p>	<p>Award presentation. Location: TBD</p>

2020-2021 COMMUNITY HEALTH CONTRACTS
Proposal Evaluation Criteria

1. Proposed program addresses and/or includes one of the following:

a. High Cholesterol	f. Anxiety
b. Hypertension	g. Depression
c. Type 2 Diabetes	h. Adolescent Health
d. Eye Problems/Eye Disease	i. Behavioral Health
e. Obesity	j. Prevention Initiatives
2. At least 80% of FRHD funded program participants are District residents. *By applying, you agree to submit your program participants' zip code in your quarterly reports.*
3. 10% of proposed program's budget is funded by another funding source/ in kind support.
4. Program has fully developed Quarterly Goals, corresponding SMART (Specific, Measurable, Achievable, Realistic, Time-Bound) Objectives.
 - a. One goal and corresponding SMART Objectives are to be developed for each quarter and stated in your proposal.
 - b. Each quarterly report will also include the zip code, gender and age of participants. Additional data categories will be mutually agreed upon by the FRHD and the funded organization. The data will be reported in a manner determined by the funded organization.
5. Programs are to be based on evidence-based program(s)/ best practices. *Please attach a scientific reference supporting your proposal.*
6. Proposal lists where and when it is anticipated that acknowledgement of Fallbrook Regional Health District 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. Flyers and links must be included in your quarterly report.*
7. While not a required element of proposals, programs that include collaboration with another agency will be viewed favorably in the reviewing process.

2020-2021 COMMUNITY HEALTH CONTRACTS Guidelines

Programs Funded

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

District CHC 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 Fallbrook, Bonsall, Rainbow and De Luz. 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.sdlafco.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. The agency must demonstrate the ability to provide services and/or programs that will benefit the residents of the District.
3. The funded services must be provided within the District and demonstrate the ability to make services and/or programs easily accessible to District residents.

2020-2021 COMMUNITY HEALTH CONTRACTS

Guidelines

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 could, theoretically, apply for and receive two district CHCs.

Ineligible for Funding

The District will not fund:

- Endowments
- 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
- Basic research, defined herein as the pursuit of knowledge without immediate practical program or human applications
- Sectarian purposes
- Individuals
- Replacement funds so that a project's current funding can be shifted to other programs of the applicant
- Programs related to provision of housing, employment opportunity and/or educational pursuits for the purpose of employment.
- All other restricted uses contained herein.

Recipient Obligations

In 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 at completed execution of Agreement and to participate in District Community Health Program events and attend, representatively, District Board meetings.

Review Process

All CHC funding requests are reviewed by the District Administrator, General Counsel 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. Final funding decisions will be made by the District Board of Directors at a public meeting. Certain rights are reserved to Board discretion and action.

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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.

For additional information, please contact the Community Health Coordinator at (760) 731-9187.

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