

FY 2026.2027 Fallbrook Regional Health District Community Health Contract Grant Application – Questions and Upload requirements.

All file uploads should be submitted as a pdf, but Word or Excel documents will be accepted. Specific document lengths and format will be listed in the application and as noted within this template. All narrative documents should be written with no less than a 12 point font, 1.5 or double spaced, with 1-inch margins, and include the Organization Name in the header.

1. Provide your 501c3 tax designation identification number. -
2. Service Area – *What area(s) does your organization serve (check all that apply).*
3. Organization Name - *Provide the legal name of the organization, as it appears on your 990. If you have a different DBA or nickname, please add that in the box adjacent to the legal name. State NA if the DBA is not applicable.*
4. Contact Information: Submission - *Please add the contact information for the person responsible for the submission and administration of this grant proposal.*
5. Organization Physical Address - *This is the primary address where the Organization provides services.*
6. Is the Organization's mailing address the same as the service address?
 - a. Yes – move to question 7
 - b. No – provide mailing address
7. Date Founded/Services Offered in Fallbrook area - *Provide the legal date your organization was founded, and when did your organization begin offering services in the Greater Fallbrook area?*
 - a. *Date Founded*
 - b. *Date services in Fallbrook area began*
8. Organization’s Mission Statement (150 words).
9. Organization’s Vision Statement (150 words).
10. Statement of Need - *Be sure your file meets our submission requirements as listed on our website, please limit this section to two pages. Discuss the need for your organization’s activities within the service area of the Fallbrook Regional Health District (FRHD). The Statement of Need must clearly relate to your organization's mission and purpose. It should focus on the people you serve, not organizational needs, and it should be well supported by evidence 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, to demonstrate why this is a need within the District. Using the Social Determinants of Health as the model, provide examples of how your organization’s activities support disease prevention or the promotion of healthy lifestyle behaviors. Briefly describe how your organization aligns with FRHD’s strategic priorities of: Diabetes prevention or management, cardiovascular disease management – i.e., hypertension, obesity, mental health, and basic needs and healthcare access.*

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11. Outcomes & Impact - *Be sure your file meets our submission requirements as listed on our website, please limit this section to one page. Discuss how the organization's activities are measured for impact. Provide details on the short and or long-term impact of these activities from within the context of the social determinants of health. Include both qualitative and quantitative data that reflect your organization's impact. Be sure to include how this impacts FRHD's strategic priorities of: Diabetes prevention or management, cardiovascular disease management – i.e., hypertension, obesity, mental health, basic needs and healthcare access.*
12. Organization Collaborations - *Active collaboration is demonstrated by specific ongoing actions that benefit two or more organizations. Explain how this collaboration provides support for your organization. These collaborations may be already established or initiated within the grant cycle. Applications with established or planned collaborations will receive greater consideration. Do not list funders or other financial supporters who are not directly involved in the provision of the service/program. (300 words)*
13. How are other organizations addressing these needs in the community? - *What other organizations within the community offer similar programs/services that address the needs outlined in your Statement of Need section? Explain why your organization's provision of services is different from/or compliments offerings from other providers.*
14. Funding Amount Being Requested - *We encourage you to request an amount that reasonably reflects your organization's size, budget, and community impact. With a limited grantmaking budget and a commitment to support as many qualified applicants as possible we ask that you thoughtfully consider your organization's needs and overall context when determining your request. Final grant award amounts may differ from the requested figure.*
15. Organization Budget - *Upload your organization's budget. You may include a single page budget narrative to help explain unique aspects of your operations.*
16. Additional Funding Support - *Upload a list of funding partners for the last two years. Grants should be listed by funding entity name, amount awarded and date. Include a separate line that reports the total, by year, for organizational funding support from events and general donations. Donor names do not need to be disclosed.*
17. Projected number of residents that directly benefit (participant/client) from your organization's services and programs in FY26.27 - July to June.
18. Target Population: Age - *List the percentages and number of your program participants' ages. Percentages must add up to 100%.*
 - a. *Children (infants to 12)*
 - b. *Young Adults (13-17)*
 - c. *Adults (18-60)*
 - d. *Seniors (60+)*
 - e. *We do not collect this data (indicate with 100%)**

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19. *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.*
20. Target Population: Gender - *List the percentages of your program participants' gender identification. Percentages must add up to 100%.*
- Female*
 - Male*
 - Non-binary/Other*
 - Unknown**
21. *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.*
22. Target Population: Income Level - *List the percentages of your program participants' income limit category - 2024 HUD – AMI Income limits (4 person family). Percentages must add up to 100%. **
- *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*
23. In what language(s) does your organization provide services? –
- English*
 - Spanish*
 - Tagalog*
 - Chinese (Mandarin/Cantonese)*
 - Other*
24. What demographic group does your organization program predominately serve? - *Select the one category that best describes your program's participants.*
- Youth- School based*
 - You – other setting*
 - Community Health & Fitness*
 - Older Adults*
 - Special Populations*

Anticipated Acknowledgment - Please describe how the Fallbrook Regional Health District's investment in your organization will be acknowledged. This includes all print and electronic materials, press releases, website references, and any other form of written and verbal publicity that relates to the grant funding.

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

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- b. *Signage as Service Sites*
- c. *Print Materials to Service Recipients*
- d. *Website Display*
- e. *Other*

26. 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.*

Site Visits & Board of Directors Meetings - Members of the Fallbrook Regional Health District's Board of Directors or staff may perform a site visit prior to the announcement of funding awards. If awarded, District Board members or staff may ask to visit your organization's Board of Director's meeting as a guest. Please provide information regarding your organization's hours of operation and date/time when your Board meetings occur.

27. Hours of Operation - *Provide the days and times when site visits can be made to the organization. Note that the site visit should be able to observe service activities when possible.*

28. Dates/Times of Organization Board of Directors Meetings - *Provide the days and times when your organization's Board of Directors meet. If these meetings do not occur on a regular basis, please explain how these meetings are arranged.*

29. Board of Directors - *Upload a list of your Board of Directors: including Full Name - First, Last, Board Position, Professional Affiliation/Industry and contact email address.*

30. Financial Documents: Audit - *Most recent audited financials with management letter. If your agency does not have audited financials, please contact the District. *Please note that audited financials will be required for any agency older than 5 years or with an annual budget over \$500,000.*

31. Financial Documents: P&L/Income Statement and Balance Sheet - *From the most recent fiscal year end.*

32. Financial Documents: 990 - *Most recent fiscal year end.*

33. Terms and Conditions - *Checking this box certifies that all information presented in, or attached to, this application is complete and accurate, and that the organization is aware and will comply with the District's grant policies as posted.*

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