



COMMUNITY HEALTH CONTRACTS

APPLICATION

INFORMATION AND INSTRUCTION MANUAL

FOR

CHC YEAR 2017 - 2018

FALLBROOK REGIONAL HEALTH DISTRICT
138 SOUTH BRANDON ST
FALLBROOK, CA 92028

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COMMUNITY HEALTH CONTRACTS

(CHC) CRITERIA

2017-2018

Fallbrook Regional Health District

Board of Directors

- 1) The applicant will show how the potential grant recipient will use the funding to support FRHD's health care goals addressed in the community health assessment and strategic planning meeting.
- 2) Show how the agency will work collaboratively with other community agencies in addressing that/those goals.
 - 1) Show how the CHC money will assist in developing community outreach.
 - 2) Show how the agency will support proposed programs/services after the CHC money ends.
 - 3) FRHD will give priority to new entities or new programs within existing entities.
 - 4) Include within the CHC proposal what measurable health outcomes it intends to accomplish through the proposed programs/services.
 - 5) How will those health outcomes be measured on a quarterly basis?
 - 6) How will a proposed program demonstrate for others how to implement successful programs/services?
 - 7) Include in your proposal the organization's Board of Directors.
 - 8) Community assessment health disparity indicators will need to be part of the proposed CHC.
 - a) Diabetes
 - b) Hypertension
 - c) Cancer
 - d) Heart Disease
 - e) Obesity
 - 9) Any organization who would like to include in their proposal "fall prevention strategies" will also be considered.

To learn more about the CHC program, please visit our website fallbrookhealth.org or contact Bobbi Palmer at (760) 731-9187 or Bpalmer@fallbrookhealth.org

SAVE THE DATE!

FRHD is hosting a question and answer forum on **Wednesday, April 12th from 5-6 pm** held at Fallbrook Regional Health District Administrative Office located at 138 South Brandon Road, Fallbrook.

FALLBROOK REGIONAL HEALTH DISTRICT
CHC PROGRAM SCHEDULE
CHC YEAR: JULY 1 2017 THROUGH JUNE 30 2018

APRIL 12 TH 2017 5:00-6:00 p.m.	SAVE THE DATE – Question and Answer Forum Fallbrook Public Utilities District, 990 E. Mission Rd, Fallbrook
DUE: APRIL 28 TH 2017 4:00 p.m.	SUBMISSION OF CHC APPLICATION <ul style="list-style-type: none"> Applications are available in file formats: Adobe Acrobat PDF, Microsoft Word and Microsoft Excel on our website: fallbrookhealth.org Send a PDF to: BPalmer@fallbrookhealth.org, LBannerman@fallbrookhealth.org, and PKnox@fallbrookhealth.org. Hand deliver or mail one (1) signed original and five (5) 3-holed punched and office clipped or slip sheeted hard copies to: 138 S. Brandon Rd., Fallbrook CA 92028.
5/1/17 THRU 6/02/17	REVIEW OF APPLICATIONS BY DIRECTORS Directors may request interview and/or site visits
JUNE 7th 4:00 p.m.	FINANCE COMMITTEE MEETING Recommendation for allocation of CHC funds Fallbrook Public Utilities District
JUNE 7th 5:00 p.m. SPECIAL BOARD MEETING	REVIEW OF APPLICATIONS BY DIRECTORS Fallbrook Public Utilities District
6/14/17 6:00 p.m. REGULAR BOARD MEETING	DETERMINATION OF CHC AWARD RECIPIENTS Notification will be sent to recipients of funding and to those agencies to which funding has been declined.
6/15/16 THRU 7/7/16	EXECUTION OF CHC AGREEMENT Recipient must return signed agreement to the District office to complete execution prior to award presentation.
07/12/16 6:00 p.m. REGULAR BOARD MEETING	PRESENTATION OF CHC AWARDS
Quarterly or as defined in the Agreement and District letter of completed execution.	PERIODIC MONITORING OF PERFORMANCE of funded program obligations of the CHC recipient by District staff and/or a District consultant. The recipient agrees to submit periodic written and/or oral reports to the Board and to support District healthcare events and programs.

CHC GUIDELINES and CRITERIA

The following information will give applicants a comprehensive picture of the District's funding criteria and priorities. Applicants are encouraged to pursue funds from other funding sources and to work diligently toward becoming independent of District funding by pursuing ongoing support from multiple sources.

1. 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.

2. 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 DeLuz. Estimated population of the District is 57,000 (SANDAG, January 2011). Maps of the District are available at the offices of the Registrar of Voters, the Local Agency Formation Commission (LAFCO) and the District office.

3. CHC Period

CHC period is 12 months, in alignment with the District's fiscal year, July 1st through June 30th.

4. Applicant Eligibility

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

- 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 501c3 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 Fallbrook community.
- b. Secure 501c3 status within the CHC funded year. If they fail to secure 501c3 status, they will be ineligible for subsequent application for Fallbrook Regional Health District funding until such time as proof of 501c3 status has been attained and presented.

- The agency must demonstrate the ability to provide services and/or programs that will benefit the residents of the District.
- The funded services must be provided within the District and demonstrate the ability to make services and/or programs easily accessible to District residents.
- 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.

5. 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.

6. CHC Award Categories

The District has defined three CHC award categories. The District will consider only programs that meet criteria defined within the category(s) that the applicant determines and fully supports within their Application.

- **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, mental health or therapy services.
- **ANCILLARY**
Products or services that do not provide direct treatment, prevention or education but otherwise support the District's mission to provide access to healthcare.

7. Recipient Obligations

As a public agency, the District is committed to enhancing services and programs that provide health benefits to the residents of the District. In accepting a grant, the recipient agrees to periodic monitoring of their grant 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.

8. Review Process

All CHC funding requests are reviewed by the Executive Director, 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 and/or site visits. 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.

9. Rights Reserved To 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 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.

10. Information and Inquiries

Please contact the District office at (760) 731-9187.

CHC APPLICATION INSTRUCTIONS

Sections A, D, E, F and G : Specific FRHD forms are provided.

Sections B and C : These Sections are not defined on an FRHD form. Applicant must create each Section.

These Sections must be typewritten or computer-generated, single-sided, 8-1/2 " x 11" white paper. Text may be single or double-spaced, but no smaller than 10-point type, with one-inch margins on all sides. Each page must be numbered and there is a limit of 4-6 pages. Include Organization name on each page.

In Section B and Section C, label each sub-section requested.

Section A. COVER AND INTRODUCTORY PAGES FRHD Form provided.

Use FRHD form. If you choose to submit a cover letter, place your cover letter underneath the cover pages.

Section B. STATEMENT OF PROBLEM/NEEDS ASSESSMENT Form not provided.

- B1. Discuss the need for the proposed service or program within the District. Demonstrate that it is not a duplication of existing services. Include quantitative and qualitative data supporting / documenting the health needs that have been identified.
- B2. Describe potential outcomes if this service or program were not available to the intended target population.

Section C. AGENCY CAPABILITY Form not provided.

- C1. Briefly describe your organization's history and accomplishments.
- C2. Describe your experience in the provision of services to the target population identified in your CHC Application Section A.
- C3. What are the current activities and/or programs offered by your organization? An agency brochure may be attached.
- C4. List and describe collaborative linkages with other organizations that enhance your ability to provide services.
- C5. Answer the following questions: Is the proposed program a new service that the agency will provide? Is this an established program that will be continued, expanded or modified to serve District residents?
- C6. Describe your plan for maintenance/continuation of the proposed program beyond the 2017-2018 fiscal year.

Section D. PROJECT/PROGRAM DESCRIPTION FRHD Form provided.

Write a brief narrative describing items D1 through D4:

- D1. Proposed services
- D2. Project site(s)
- D3. Estimated number of District residents to be served.
- D4. Impact of program on population served and on the community.
- D5. Identify which of the following three Categories your program(s) present. Fully support your determination by describing how your program(s) meet the criteria of that Category. Assign % of program within the Category. May be more than one Category – Each must be fully supported. Percentage must total 100%

- **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, mental health or therapy services.

- **ANCILLARY**

Products or services that do not provide direct treatment, prevention or education but otherwise support the District's mission to provide access to healthcare.

Section E. GOALS/PROGRAM WORK PLAN FRHD Form provided.

Complete the GOALS/PROGRAM WORK PLAN. Include a description of the proposed project, the specific goal(s) of the project; the measurable objective(s) required to achieve each goal and describe how the measurement will be demonstrated with timeline and cost, if any, for each goal. **Each goal must be presented separately.** Duplicate form as needed.

CONTINUE TO NEXT PAGES FOR ADDITIONAL SUBMISSION REQUIREMENTS.

Section F. PROJECT BUDGET FORM

FRHD Form provided. Single page. Excel Formulas are in place.

There are three categories on the form: 1) Expense 2) Funding Resources 3) % of Agency Budget.

1) Expense

Column 1 Line item identifier

Column 2 Expense item. (List of items may be adjusted to meet your needs.)

Column 3 Projected Cost of the expense item (Labeled **W**)

Column 4 Applying Organization (that's you !) (Labeled **X**)

Column 5 Other Resources (Labeled **Y**)

Column 6 Requested from FHD (Labeled **Z**)

Note: **$X + Y + Z = W$**

Example:

Column 1 Line item	Column 2 Expense item	Column 3 Projected cost \$ W	Column 4 Applying Organization \$ X	Column 5 Other Resources \$ Y	Column 6 Requested from FRHD \$ Z
B6	Program/Project Supplies	250.00	100.00	75.00	75.00

2) Funding Sources

Summary of revenue from all sources that will be directed to meet expenses of your program/project. On Section G, you will need to provide names of Other Resources.

3) % of Budget

Calculate the percent of Agency's total budget that the Project Total Expense represents.

Example: Project Cost=\$10,000 Agency Budget = \$100,000
Project Cost divided by Agency Budget = 10%

Agency budget is your agency's entire budget for the fiscal year. Project Cost is the cost of your project and is only a portion of your agency's entire budget.

Prepare your budget carefully and in detail. If your proposal is funded, your budget is the guideline by which you are expected to spend CHC dollars; it is also one of the guidelines by which the District will evaluate the legitimacy of your CHC expenditures.

If funded and if, in the course of implementing your CHC-funded program, you find that you must deviate from the original District-approved budget, you must submit an amended budget for District review and approval – prior to adjusting your spending. To submit a request to amend a funded CHC budget, contact the District at 760-731-9187.

Section G. PROJECT NARRATIVE FORM FRHD Form provided-Duplicate as needed.

Instructions:

- 1 List each Line Item from your Project Budget Form where an expense is indicated.
- 2 Provide a brief narrative description of each budget line item to be funded by the proposed CHC.
- 3 Indicate which GOAL/PROGRAM WORK PLAN the expense supports.
- 4 Include names of the Other Funding Source(s) and amount provided
- 5 Include time-line (dates) of anticipated major expenditures. (Example: Cost of Event scheduled for March 15th; Insurance premium due August 30th)
- 6 Make additional copies of form as needed.

SECTION H. ATTACHMENTS

(Note: None of these attachments are required of Public Agencies)

READ THIS SECTION THOROUGHLY BEFORE ASSEMBLING ATTACHMENTS

1. Articles of Incorporation
2. Bylaws
3. IRS Tax Exemption Letter (Statement of 501(c) 3 status)
 - If your organization received Fallbrook Healthcare District grant funding in Grant Year 2014-2015 and/or Grant Year 2015-2016 and there have been no changes to your **Articles of Incorporation, Bylaws** and/or your **IRS Tax Exemption Status**, you do not have to submit the above three items. You must include, in your submission packet, a signed and dated statement that there have been no changes to these documents.
 - If there have been changes to **any** of these 3 documents, you must include copy of all three documents in your submission packet.
 - **If your organization has never received Fallbrook Healthcare District grant funding, the above 3 documents must accompany your CHC Application.**
 - If your organization received Fallbrook Healthcare District grant funding prior to July 1 2014, (Grant Year 2014-2015) but none since, the above 3 documents must accompany your Grant Application.
4. Current Financial Statement. **Statement must be inclusive of all Organization income and expense. Provide a copy of most recent Audited Financial Statements** or minimally, **a 2 year comparative balance sheet.** If no Audits have been done, attach a written statement so stating and signed by the organization's chief financial officer or president.

SECTION I. RIGHTS RESERVED TO THE BOARD OF DIRECTORS

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PREPARED BY: _____ DATE: _____

CONTACT: TELEPHONE _____

EMAIL: _____