

Fallbrook Healthcare District
Standard Operating Procedures
Grant Program

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Latest Revision Date: 6/9/04

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S.O.P. - Grant Program

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“Committed To A Healthy Community”

Grant Application Letter of Intent Requirements

All grant application requests to the Fallbrook Healthcare District must be initiated by a *Letter of Intent*. Please follow the requirements detailed below:

Submit a one-page letter on your Agency’s letterhead, providing the following information in the order indicated:

1. Include the agency contact person, phone number and email if available
2. Specify the health need (problem) that the funded program will solve
3. Specify the grant amount requested and a short description of how the grant will be used
4. Total program budget
5. Briefly describe the history and purpose of your organization
6. Confirm that the clients to be served by that portion of the program proposed to be funded by a District grant live in the District’s service area. The District encompasses Fallbrook, Bonsall, and De Luz areas of northern San Diego County
7. Attach a copy of your IRS Letter 501(c)(3) or any other proof of tax exempt status

Please mail the requested information to the District Office 577 East Elder Suite U, Fallbrook, CA 92028

If your request is for a grant of \$5,000.00 or less, the information you provide on the Letter of Intent may serve as your application, though it may take several months before a decision is made.

If your grant request is over \$5,000.00 the Board of Directors will consider your Letter of Intent to determine if your agency will be invited to submit a complete application for consideration. You will be contacted in writing with the District’s decision.

The entire grant evaluation process takes four to five 4-5 months.

F FALLBROOK

H HEALTHCARE

D DISTRICT

GRANT APPLICATION

PACKAGE

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BACKGROUND INFORMATION

Fallbrook Healthcare 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, and De Luz areas of northern San Diego County.

In 1950, the residents of the area voted to establish, build, and operate Fallbrook Hospital. In 1971, the hospital was enlarged to its present 49-bed capacity. Since November 1998, the hospital has been leased to Community Health Services.

The mission statement of the District is as follows:

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|---|
| <p style="font-size: 1.2em; margin: 0;">MISSION STATEMENT</p> <p style="margin: 10px 0;">Fallbrook Healthcare District is committed to:</p> <ul style="list-style-type: none"> • continuing services provided by Fallbrook Hospital; • identifying, promoting and supporting a broad range of healthcare needs within the District • and • managing Healthcare District assets. |
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Assuring our Hospital's Survival

In November 1998, the District entered into a 30-year lease of the hospital with Community Health Systems (CHS), a for-profit company, specializing in operating rural hospitals. The agreement between CHS and the District was put to a public vote, and was overwhelmingly approved by more that 90% of District voters.

Today, CHS operates the hospital, and the District's publicly elected five-member Board of Directors acts as CHS' landlord. The Board of Directors also administers a grant program, giving in 2003/2004 \$270,440 of the District's annual property-tax revenues to health-related programs serving residents of the Fallbrook, Bonsall and De Luz areas. Approximately 50% of annual revenues are committed to a reserve fund, dedicated to funding hospital operations, should CHS decline to continue its lease with the District. This committed reserve fund is critically important to the District's ability to assure continued operation of our hospital.

GUIDELINES

The District addresses its mission by awarding grants for the delivery of specific health-related services. The following guidelines will give prospective applicants a comprehensive picture of the District's funding priorities. Applicants are encouraged to pursue matching funds from other funding sources and to work aggressively toward becoming independent of District funding or assuring ongoing support from multiple sources.

A. 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.

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Moreover, among other powers, the Healthcare 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.

B. Population Served

District grant funds must benefit the residents of the communities served by the Fallbrook Healthcare District. Maps of the District are available at the offices of the Registrar of Voters, the Local Agency Formation Commission (LAFCO) and the District office.

C. Grant Period

Granting periods are 12 months from receipt of grants, in alignment with the District’s fiscal year, July 1 through June 30.

D. 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.
- 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

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dental clinic and one mental health clinic, the agency could, theoretically, apply for and receive two district grants.

E. Ineligible for Funding

The District will not fund:

- Activities in direct competition with those provided by Fallbrook Hospital
- 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
- All other restricted uses contained herein.

G. Recipient Obligations

As a public agency, the District is committed to enhancing services and programs that provide a benefit primarily to the residents of the District. In accepting a grant, the recipient agrees to allow periodic monitoring of the grant program by District

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staff members and/or a District consultant.

H. Review Process

Proposals will be reviewed by the District Board. During the review process, the District may require additional information from applicants. This information may include oral or written clarification of a grant request and/or site visits. Final funding decisions will be made by the District Board at a public meeting.

I. Information and Inquiries

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

GRANT APPLICATION

The following section contains instructions for completing a grant application. The application and all forms must be typewritten or computer-generated. The narrative pages must be single-sided, 8-1/2 " x 11" white paper. Text may be single or double-spaced, but no smaller than 12-point type, with one-inch margins on all sides. Each page must be numbered in the upper right corner.

Please limit the response to subsection C (Grant Application Summary) to one (1) page. Limit the responses for subsections D (Agency Capability), E (Problem Statement), and F (Program Services and Performance Plan) to a total of ten (10) single spaced pages. Please clearly identify all sections with subheadings or by referencing section numbers.

A. Cover Page (Use form attached)

B. Grant Application Summary

Please include proposed services, project site(s), target population(s), estimated number of District residents to be served, community needs to be addressed, etc.

C. Agency Capability

1. Briefly describe your organization's history and accomplishments.

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2. Describe your experience in the provision of services to the target population identified in your grant application.
3. What are the current activities and/or programs operated by your organization? An agency brochure may be attached.
4. List and describe cooperative and collaborative linkages with other organizations that enhance your ability to provide services.
5. Is the proposed program a new service that the agency will provide? Is this an established program that will be expanded to District residents?

D. Problem Statement/Needs Assessment

Please discuss the need for the proposed service or program within the District. Discuss how the service or program is health-related and not a duplication of existing services. Include quantitative and qualitative data documenting the unmet health needs.

E. Grant Application Work Plan

Please complete a Work Plan for the project for which you are requesting funding only.

The plan should include a description of the proposed project, the specific goal(s) required to implement the project; the measurable objective(s) required to achieve goal; and a timeline and cost, if any, for each objective. The Work Plan will also serve as a reporting tool.

The Work Plan form is attached and can be duplicated.

F. Budget

Please fully complete the Project Budget form, which is attached, including a narrative description of each line item to be funded by the proposed grant.

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Please prepare your budget carefully and in detail. If your proposal is funded, your budget is the guideline by which you are expected to spend grant dollars, as it is the guideline by which the District will evaluate the legitimacy of your grant expenditures.

If, in the course of implementing your grant-funded program, you find that you must deviate from the original District-approved budget, you must submit an amended budget for District approval – prior to adjusting your spending.

To submit a request to amend a funded grant budget, contact the District Administrator at 760-731-9187.

G. Submission of Grant Application and Attachments

Submit one **(1) signed original and six (6) copies** of the **grant application** and the following **attachments**: (Note: Attachments are not required of Public Agencies)

1. Articles of Incorporation
2. Bylaws
3. Current Financial Statement
4. IRS Tax Exemption Letter
5. Most recent Form 990

Mail to: Fallbrook Healthcare District
Attention: Administrator
P.O. Box 2587
Fallbrook, CA 92088

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FALLBROOK HEALTHCARE DISTRICT GRANT APPLICATION WORK PLAN

ORGANIZATION NAME: _____

| |
|---|
| PROGRAM DESCRIPTION: |
| DATES OF OPERATION: FROM _____ To _____ |

USING THE FOLLOWING FORMAT, DESCRIBE EACH PROGRAM GOAL, THE OBJECTIVES YOU MUST ACHIEVE TO REACH EACH GOAL, MEASURABLE OUTCOMES OF EACH OBJECTIVE WHEN ACHIEVED, COST OF EACH OBJECTIVE, AND A TIMELINE FOR EACH OBJECTIVE.

| |
|-----------------|
| GOAL # : |
|-----------------|

| |
|----------------------|
| <u>OBJECTIVE #</u> : |
|----------------------|

| |
|-----------|
| TIMELINE: |
|-----------|

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|---|
| PROJECTED OUTCOME(S) IN MEASURABLE TERMS: |
|---|

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COST:

OUTCOME(S) TO DATE (FOR REPORTING PURPOSES):

GRANT DOLLARS SPENT TO DATE (FOR REPORTING PURPOSES):

GOAL # :

OBJECTIVE # :

TIMELINE:

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|---|
| PROJECTED OUTCOME(S) IN MEASURABLE TERMS: |
| COST: |
| OUTCOME(S) TO DATE (FOR REPORTING PURPOSES): |
| GRANT DOLLARS SPENT TO DATE (FOR REPORTING PURPOSES): |

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COVER PAGE
GRANT APPLICATION

LEGAL NAME OF ORGANIZATION: _____

AGENCY DIRECTOR: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

Proposed Project Title: _____

Agency Contact Person: _____

Amount of Funds Requested: _____

Number of Unduplicated District Residents to be Served: _____

Ages of Population to be Served: _____

Brief Program Description: **(Use only the space provided below)**

Previous grants received by the applicant from Fallbrook Healthcare District. Include dates and amounts received, and names of funded projects:

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I (we) certify that all the information included in or attached to this grant application is complete and accurate.

Signature of person authorized by agency to sign

Printed name and title

Date

Signature of person authorized by agency to sign

Printed name and title

Date

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GRANT APPLICATION CHECKLIST

Please use this checklist to ensure you have included all items in your grant application.

We have included one (1) original and six (6) copies of the following:

- Grant Application Cover Page (with signatures)
- Grant Application Summary
- Program Work Plan
- Agency Capability
- Problem Statement/Needs Assessment
- Program Services and Performance Plan
- Project Budget Form and Narrative

We have included with the original grant application, six (6) copies of the following:
(Not required of Public Agencies)

- Articles of Incorporation
- Bylaws
- A recent Certified Financial Statement
- Copy of IRS Exemption Letter
- This Grant Application Checklist
- Most Recent Form 990

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PROJECT BUDGET FORM

Applicant Name: _____

| Personnel | Fallbrook Healthcare District Funding | Other Project Funding Sources | Total Project Budget |
|----------------------------|---------------------------------------|-------------------------------|----------------------|
| Salaries (list position) | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| Payroll Taxes and Benefits | | | |
| Consultant Fees | | | |
| Total Personnel | | | |

| Other Expenses | Fallbrook Healthcare District Funding | Other Project Funding Sources | Total Project Budget |
|--|---------------------------------------|-------------------------------|----------------------|
| Telephone | | | |
| Postage | | | |
| Office Supplies | | | |
| Equipment | | | |
| Printing/Duplicating | | | |
| Information/Materials | | | |
| Travel | | | |
| Professional Services | | | |
| Rent | | | |
| Utilities | | | |
| Insurance | | | |
| Miscellaneous (list) | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| Total Other | | | |
| Total Expenses | | | |
| Project budget's percentage of the applicant's total annual budget | | | |

Attach a narrative description of each budget line item to be funded by the proposed grant, including which Work Plan Objective the expense supports; and any salaries or hourly wages for staff. Include in the narrative the names of Other Project Funding Sources.

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FALLBROOK HEALTHCARE DISTRICT GRANT EVALUATION FORM

APPLICANT ORGANIZATION _____

REVIEWER _____ SITE VISIT DATE _____

Based on the District’s grant application criteria, this evaluation is designed to facilitate and document District directors’ evaluations of applicant site visits and to share their perceptions with other directors. Each director must complete his or her individual evaluation for each site visited.

CHECK ONE

| | |
|---|---|
| <p>1. APPLICANT DEMONSTRATES THAT ITS TARGET POPULATION RESIDES IN THE DISTRICT. COMMENTS:</p> | <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> |
| <p>2. APPLICATION DEFINES RELEVANT, MEASURABLE GOALS AND OBJECTIVES, A REALISTIC TIMELINE AND BUDGET, AND AN IMPLEMENTATION PLAN LIKELY MEET THE STATED NEED. COMMENTS:</p> | <p>POOR <input type="checkbox"/></p> <p>AVERAGE <input type="checkbox"/></p> <p>GOOD <input type="checkbox"/></p> |
| <p>3. APPLICANT DEMONSTRATES THE ABILITY TO SUPPORT THE PROPOSED PROJECT THROUGH TO SUCCESSFUL COMPLETION. COMMENTS:</p> | <p>POOR <input type="checkbox"/></p> <p>AVERAGE <input type="checkbox"/></p> <p>GOOD <input type="checkbox"/></p> |
| <p>4. APPLICANT DEMONSTRATES THAT THE PROPOSED SERVICE IS NOT OTHERWISE AVAILABLE IN THE DISTRICT OR THERE IS CURRENTLY AN INADEQUATE LEVEL OF THE SERVICE AVAILABLE. COMMENTS:</p> | <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> |
| <p>5. APPLICANT RECEIVES FUNDING FROM AT LEAST ONE SOURCE IN ADDITION TO THE DISTRICT. COMMENTS:</p> | <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> |
| <p>6. APPLICANT IS PURSUING FUNDING SOURCES OTHER THAN THE DISTRICT TO SUSTAIN THE PROJECT’S OPERATIONS AFTER THE GRANT PERIOD. COMMENTS:</p> | <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> |

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| 7. A MAJORITY OF THE PROPOSED GRANT FUNDS WILL BE USED FOR DIRECT DELIVERY OF PROGRAM SERVICES. COMMENTS: | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 8. THE APPLICANT'S SERVICES ARE DELIVERED BELOW MARKET RATE. COMMENTS: | YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> |
| 9. OVERALL, YOU THINK THIS APPLICATION SHOULD BE FUNDED. COMMENTS: | YES <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED <input type="checkbox"/> |

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FALLBROOK HEALTHCARE DISTRICT GRANT APPLICATION WORK PLAN

ORGANIZATION NAME: _____

PROGRAM DESCRIPTION:

DATES OF OPERATION: FROM _____ To _____

USING THE FOLLOWING FORMAT, DESCRIBE EACH PROGRAM GOAL, THE OBJECTIVES YOU MUST ACHIEVE TO REACH EACH GOAL, MEASURABLE OUTCOMES OF EACH OBJECTIVE WHEN ACHIEVED, COST OF EACH OBJECTIVE, AND A TIMELINE FOR EACH OBJECTIVE.

GOAL # :

OBJECTIVE # :

TIMELINE:

PROJECTED OUTCOME(S) IN MEASURABLE TERMS:

COST:

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(FOR REPORTING PURPOSES):OUTCOME(S) TO DATE

(FOR REPORTING PURPOSES):GRANT DOLLARS SPENT TO DATE

GOAL # :

OBJECTIVE # :

TIMELINE:

PROJECTED OUTCOME(S) IN MEASURABLE TERMS:

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|--|
| COST: |
| (FOR REPORTING PURPOSES):OUTCOME(S) TO DATE |
| (FOR REPORTING PURPOSES):GRANT DOLLARS SPENT TO DATE |

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GRANT AGREEMENT

This Agreement is entered into by the Fallbrook Healthcare District (“DISTRICT”), a California health care district organized and operating pursuant to Health and Safety Code section 32000 et seq., and ___ (“RECIPIENT”), and is effective upon execution by the parties.

1. **Grant**

Purpose and Use of Grant:

Amount:

2. **Term of Agreement**

The term of this agreement is from __, through __, subject however, to earlier termination as provided herein.

3. **Legal Responsibility/Liability**

In authorizing execution of this agreement, the governing body of RECIPIENT accepts legal responsibility to ensure that the funds provided by DISTRICT are allocated for the purpose or purposes for which the grant was intended. RECIPIENT agrees to be knowledgeable of the requirements of this agreement and responsible for compliance with its terms. In no event shall DISTRICT be legally responsible or liable for RECIPIENT's performance or failure to perform under the terms of the grant or this agreement.

4. **Reduction of Awarded Funds**

DISTRICT may reduce, suspend, or terminate the payment or amount of the grant if the RECIPIENT is not meeting the objectives of the grant as determined in the sole discretion of DISTRICT. RECIPIENT hereby expressly waives any and all claims against DISTRICT for damages arising from the termination, suspension, or reduction of the funds provided by DISTRICT.

5. **Other Funding Sources**

RECIPIENT shall make available, as requested by DISTRICT, information regarding other funding sources for the programs or services provided by RECIPIENT.

6. **Amended Program Work Plan**

RECIPIENT shall submit to the DISTRICT with the signed grant agreement, an amended work plan if original grant request is not fully funded.

7. **Fund Use Description**

RECIPIENT shall have available for prospective participants or others a description detailing the nature of the program or service(s) that are being funded by DISTRICT. This written program description may be a separate document or incorporated in the overall program materials developed by the RECIPIENT. Upon request, RECIPIENT shall provide a copy of the program or service(s) description to DISTRICT.

8. **Independent Contractor Status**

The relationship between DISTRICT and RECIPIENT, and the agents, employees, and subcontractors of RECIPIENT, in the performance of this agreement shall be one of independent contractors, and no agent, employee, or subcontractor of RECIPIENT shall be deemed an officer, employee, or agent of DISTRICT.

9. **Use of Funds for Lobbying or Political Purposes**

RECIPIENT is prohibited from using funds provided by DISTRICT for any political campaign or to support attempts to influence legislation by any governmental body.

10. **Federal, State, Local Laws, Regulations, and Organizational Documents**

RECIPIENT shall comply with all federal, state, and local laws and regulations, including but not limited to labor laws, occupational and general safety laws, and licensing laws. All licenses, permits, notices, and certificates as are required to be maintained by RECIPIENT shall be in effect throughout the term of this agreement. RECIPIENT shall notify DISTRICT immediately if any required licenses or permits are canceled, suspended, or otherwise ineffective.

11. **Monitoring/Evaluation**

RECIPIENT shall cooperate in efforts undertaken by DISTRICT to evaluate the effectiveness and use of the grant funds. RECIPIENT shall participate in and comply with all on-site evaluation and grant monitoring procedures, including interviews with RECIPIENT's staff. RECIPIENT, at the request of the DISTRICT, shall also provide a written status report to DISTRICT on a quarterly basis in a format provided by DISTRICT.

12. **Changes or Modifications to the Use of DISTRICT Grant Funds**

RECIPIENT shall submit to DISTRICT, in writing, any requests for revisions prior to implementation of any proposed changes in the use of DISTRICT grant funds. The DISTRICT must receive such requests at least thirty (30) days prior to the date that requested changes are to be implemented.

13. **Conflict of Interest/Self Dealing**

RECIPIENT and RECIPIENT's officers and employees shall not have a financial interest or acquire any financial interest, direct or indirect, in any business entity or source of income that could be financially affected by, or otherwise conflict in any manner or degree with, the performance of services required under this agreement.

14. **Indemnity and Hold Harmless**

RECIPIENT agrees to indemnify, defend, and hold harmless DISTRICT and its officers, agents, employees, and servants from any and all claims and losses accruing or resulting to any and all employees, contractors, subcontractors, laborers, and any other person, firm, or corporation furnishing or supplying work, services, materials, or supplies in connection with the performance of this agreement and from any and all claims and losses accruing or resulting to any

person, firm, or corporation who may be injured or damaged by RECIPIENT in the performance of this agreement.

15. **Budget and Payment Schedule**

Unless RECIPIENT and District agree upon alternative arrangements, grant funds shall be allocated quarterly upon District's receipt of an invoice with appropriate back-up documentation. In the event that RECIPIENT fails to provide appropriate invoice and back-up documentation in a timely manner, RECIPIENT may be subject to discontinuance of funding.

16. **Fiscal/Accounting Principles**

RECIPIENT shall maintain an accounting system that accurately reflects and documents all fiscal transactions for which grant funds are used. The adopted accounting system must conform to generally accepted accounting principles or generally accepted government accounting principles, if applicable.

17. **Documentation of Revenues and Expenses**

RECIPIENT shall maintain full and complete documentation of all revenue and expenses (including subcontracted, overhead, and indirect expenses) associated with use of the grant funds covered by this agreement. During the term of this agreement and thereafter, DISTRICT or its authorized representative(s) shall have the right to review all RECIPIENT financial records including records related to the use of the grant funds.

18. **Reports and Record Retention**

All records of RECIPIENT pertaining to the use of grant funds shall be maintained at RECIPIENT's main local office for at least five (5) years following the year in which funds were granted.

19. **Governing Law**

This agreement shall be governed by and construed in accordance with the laws of the State of California.

20. **Assignment or Transfer**

RECIPIENT may not assign or transfer any interest in this agreement or entitlement to grant funds without the written consent of District.

21. **Entire Agreement, Amendment**

This agreement contains the entire understanding and agreement of the parties with respect to the subject matter hereof and supersedes all prior and contemporaneous agreements not contained herein. This agreement may only be amended or modified by a writing signed by both parties.

22. **Notices**

Any notice required or permitted thereunder may be given by a party to the other party at the address set forth in the signature block of this agreement. Either party may change its address for purposes of notice by complying with the requirements of this section.

23. **Signatories**

The persons executing this agreement on behalf of the RECIPIENT have been designated by the governing body or fiscal agent of the RECIPIENT as the official signatory of this agreement and all related documents. At least one of these persons is a member of the RECIPIENT's governing board.

(1) Donald H. McNamara
 Name of Official Signatory
 President/Chairperson of
 Governing Body

Address P.O. Box 2587
 Fallbrook, CA 92088

(760) 731-9187
 Telephone Number

 Signature

 Date

(2) _____
 Name of Official Signatory

 Title

 Address

 Telephone Number

 Signature

 Date

Agreement No.: _____

24. **Authorized Signatory for the Fallbrook Healthcare District:**

Fallbrook Healthcare District
P.O. Box 2587
Fallbrook, CA 92088

Date