

Fallbrook Regional Health District

Community Health Contract Grant Application Questions – *for reference only*

Fiscal Year 2023-2024

Eligibility Check

Tax Exempt Status

- Yes What is your EIN/Tax Exempt 501(c)3 designation ID#?
- No Please contact District staff to determine eligibility.

Service Area: Will no less than 80% of the program recipients live within the communities of Fallbrook, Rainbow, Bonsall or De Luz?

- Yes proceed to Organizational Information
- No Ineligible - Contact the District

FRHD Funding History: Has this program been funded for the past three consecutive years?

- Yes Ineligible - Contact the District
- No proceed to next question

Collaborative/Joint Application

- Yes proceed to Collaborative Organization Name
- No proceed to Organization Information

Organization Information

Organization Name & Year founded

Contact Information

Organization Mailing Address

Organization Physical Address

Board of Directors – *upload only*

Financial Documents (audit) - *upload only*

Financial Documents (P&L, BS) - *upload only*

Financial Documents (990) - *upload only*

Organization's Mission Statement – *150 word max*

Organization's Vision Statement – *150 word max*

Organization History & Accomplishments: Briefly describe your organization's history and notable accomplishments from within the last 5 years as it relates to the provision of this program. – *300 word max*

Organization Collaborations: Active collaboration is demonstrated by specific ongoing actions that benefit two or more organizations. Explain how this collaboration provides support for this program or service. These collaborations may be already established or initiated within the grant cycle. Applications with established or planned collaborations will receive greater consideration. – *300 word max*

Program Information - This section will ask you to describe the program or service intervention for which you are seeking funding support.

Is this a new initiative or established program?

FRHD Funding History: Was this program funded in the 2022.2023 CHC Grant cycle?

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Program Name/Title

Brief Program Description: Please provide a short description of the program. This is the "elevator speech version", you will have the opportunity to fully explain the program later. - 50 word max

Funding Amount Being Requested

Program Information – Type

- Time Bound – proceed to Time Bound Program Dates
- Ongoing – proceed to Target Population - Age

Projected number of residents that will directly benefit (participant/client) from this program.

Target Population – Age

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*)

Target Population – Gender

*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*)

Target Population - Income Level

*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*)

Social Determinants of Health (SDOH) - The Fallbrook Regional Health District has identified several Social Determinants of Health that demonstrate a significant impact on the long-term health and well-being of our community. The following questions address how your program and/or services address these concerns.

Program/Services Description - Social Determinants of Health: Please select which of the following SDOH your program addresses.

- 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)

Program/Services Description - FRHD Community Needs Assessment: Please select which of the following identified community needs your program addresses.

- Health (Diabetes - prevention, management)
- Health (Cholesterol, High Blood Pressure, Hypertension, Obesity)
- Mental Health (Social Support - Youth or Families)
- Mental Health (Screenings, Prevention)
- Health (Mobility)
- Health (Age Related Deficits)
- Health (Healthy Food/Nutrition)
- Social (Economic Security, Health Literacy, Family/Child Support, Legal/Advocacy)

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Statement of Need - *Discuss the need for the proposed program or service within the District. The need you address must clearly relate to your organization'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, 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. You may use the link option to point to pertinent online resources. - 500 word max*

How are others addressing this need in the community - *What other organizations within the community offer similar programs/services that address this need? Explain why your organization's provision of this program/service is different from or compliments offerings from other providers. - 150 word max*

Program/Services Description - Program Entry & Follow Up: *Concisely outline how recipients enter the program. How are participants enrolled or connected to the program? Briefly describe how recipients come to learn about your program. What follow up, if any, is provided to the participant post intervention/service? If no follow up services are offered, explain how the impact of the intervention is determined. - 300 word max*

Program/Services Description - Program Activities: *Describe or define what interventions or services they receive. Describe what the service/program does to assist the participant. Explain how this service/program is beneficial. - 500 word max*

Program Goal - *What is the program goal? Be clear in defining how the goal(s) relate to how the program addresses the need. - 150 word max*

Program Objectives - *Please describe the objectives of how this program's activities will meet the goal as described above. Please outline each objective in its own text box below. Your objectives should follow the SMART outline: Specific - provides the "who" and "what" of program activities. Measurable - "how much" change is expected, this should quantify the amount of change expected. Achievable – what is or should be attainable within a given time frame and with available program resources. Realistic - most useful when it accurately addresses the scope of the problem and programmatic steps that can be implemented. Time-phased - provide a time frame indicating when the objective will be measured or a time by which the objective will be met. *a separate text box opens for each objective with a limited word count.*

Program Outcomes/Measurables – *Provide the measured data of the success of the program's interventions or services for each objective. Be sure you define the measurable activities and/or outcomes the program generates for each objective stated above. This is the quantitative information will you be gathering and reporting as it relates to the impact of your program's activities and services. - 250 word max*

Anticipated Acknowledgment

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

- Social Media Postings
- Signage at Service Sites
- Print Materials to Service Recipients
- Website Display
- Other

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. You will be asked to provide an example in each of the quarterly reports– 250 word max*

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Financial Reporting & Budget

Funding History - Have grant funds awarded to your organization ever been withdrawn, reduced or discontinued?

Conditional Logic pushes to follow up Q

- Yes proceed to Funding History - withdrawn, reduced or discontinued explained
- No proceed to Funding History

Program Budget - *Please upload the Program Budget and Narrative file. Use the District provided spreadsheet which can be found here <https://www.fallbrookhealth.org/community-health-contract-grants>. - upload only*

Terms and Conditions - Checking this box certifies that all information presented in, or attached to this application is complete and accurate.

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

Authorized Signature – the grantee signs and submits.