Fallbrook Regional HEALTH DISTRICT

Serving Bonsall, De Luz, Fallbrook, Rainbow

2019-2020 COMMUNITY HEALTH CONTRACT

PROPOSAL EVALUATION CRITERIA

1. Proposed program addresses and/or includes one of the following:
   a. High Cholesterol
   b. Hypertension
   c. Type 2 Diabetes
   d. Eye Problems/Eye Disease
   e. Obesity
   f. Anxiety
   g. Depression
   h. Adolescent Health
   i. Behavioral Health
   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 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.