



**GROSSMONT  
HEALTHCARE  
DISTRICT**

**GRANT APPLICATION PACKAGE**

*Fiscal Year 2020-21*

## **BACKGROUND INFORMATION**

Grossmont Healthcare District (GHD) 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 the residents of eastern San Diego County.

In 1952, the residents of eastern San Diego County voted to establish, build and operate Grossmont Hospital. Since 1991, the medical center has been leased to Sharp HealthCare. Grossmont Healthcare District uses property tax revenues to fund health related programs serving the residents of eastern San Diego County.

The current mission statement of the District is as follows.

## **MISSION STATEMENT**

AS STEWARDS OF THE PUBLIC TRUST, YOUR GROSSMONT HEALTHCARE DISTRICT WILL PRESERVE AND PROTECT THOSE RESOURCES ENTRUSTED TO ITS CARE.

To maintain and improve the physical and behavioral health of its constituents, we will:

- Partner with our hospital operator, Sharp HealthCare, to ensure access to state-of-the-art medical services at Grossmont Hospital for all of the residents of Grossmont Healthcare District and beyond.
- Anticipate and recognize the unmet health care needs of the communities we serve and support suitable services to the greatest extent possible consistent with available resources.

# **GUIDELINES**

Please read the separate Grants Policy document for FY 2020-21 prior to completing this grant application.

**SIMPLIFIED GRANTS**: Please see Page 9 for information on the process for grants of \$25,000 or less, and for larger grants to purchase personal property such as lifesaving equipment.

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.

## **A. Programs Funded**

The District funds programs that provide:

- Health Education and Prevention
- Health Promotion
- Health Maintenance
- Health Care Services
- Health Facilities and Equipment
- Collaborative Efforts
- Efforts to develop and test new approaches to solving problems within the health field

"Health" includes both physical and mental health.

## **B. Population Served**

As a public agency, Grossmont Healthcare District (GHD) grant funds must serve only GHD residents (residents of eastern San Diego County). Maps of the District are available at the offices of the Registrar of Voters, the Local Agency Formation Commission (LAFCO), or the District office.

## **C. Term of Funding**

Grants are valid for a maximum of twelve months. An extension of the grant period requires approval of a grant extension or a separate grant. Organizations are cautioned to conduct their programs and activities with the assumption that the program will end on the scheduled completion date.

Grant applicants considered financially strong based on significant levels of private and/or other government funding may be deemed ineligible for consideration of District funding. As part of the grant application, organizations requesting more than \$25,000 or having overall operating budgets of \$500,000 or more are required to include such funding sources on the provided "All Budget Sources" form.

#### **D. Applicant Eligibility**

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

1. The agency must be an incorporated nonprofit organization with a tax-exempt status under State law and the Internal Revenue Code; or be a public/governmental agency, program or institution.
2. The agency must demonstrate the ability to provide proposed services. Greater consideration will be given to agencies with experience in providing health-related services.
3. An agency does not need to be located within the GHD, but it must demonstrate the ability to make services easily accessible to those residing in GHD communities.

#### **E. Funding Levels**

A total of \$2,520,000 is available, as indicated in the District's approved Grants Policy for the fiscal year. The Board reserves the right to periodically increase or decrease the total funding of the program. This funding level will be redetermined annually.

#### **F. Funding Priorities**

As indicated in the Grants Policy, \$600,000 of the total budget allocation will be specifically dedicated toward "High Priority" community needs included in the Health Needs Assessments for the San Diego East Region population (conducted by the County of San Diego, the Hospital Association of San Diego and Imperial Counties, and/or Sharp HealthCare in conjunction with the District). Only grant applications addressing these prioritized needs will be considered for this portion of the grants budget.

High Priority Needs:

- 1) Aging Concerns
- 2) Behavioral, including Mental Health and Substance Abuse
- 3) Chronic Conditions
  - a. Cardiovascular Disease
  - b. Diabetes (Type 2)
  - c. Obesity
- 4) Cancer

GHD seeks grant requests that emphasize the following characteristics:

- Efforts to make health care more accessible and affordable, especially to underserved residents, while supplementing “safety net” programs
- Delivery of health-related services to high-risk/special needs populations
- Efforts to promote the health and well-being of all District residents
- Efforts to address unmet healthcare service needs in the community
- Efforts to increase coordination and collaboration of services; see examples on page four of Grants Policy
- Organizations that demonstrate a realistic potential to sustain projects on a continuing basis after the expiration of GHD funding
- The training and education of the future health care workforce

Applicants are encouraged, where appropriate, to include:

- Matching funds
- In-kind services
- Client fees
- Other funding sources
- Agency partnerships

#### **G. Ineligible for Funding**

GHD will not fund:

- Activities in direct competition with those provided or contemplated by Grossmont Hospital, or services adequately provided by entrepreneurial or for-profit enterprises in the private sector
- Endowments, with the exception of those that may be established by Sharp Grossmont Hospital or the Grossmont Hospital Foundation
- Expenses related to fundraising or lobbying of public officials
- Organizations intending to “pass-through” or re-grant GHD funds to other organizations, unless acting as an authorized fiscal agent as indicated in the Grants Policy
- Basic research, defined herein as the pursuit of knowledge without practical program or human applications
- Sectarian purposes
- Political purposes
- Individuals (except for GHD-established and/or supported healthcare scholarship programs)
- Projects for which adequate funding is available from other resources
- Projects capable of sustaining themselves through fee collection or client donations

- Deficit liquidation proposals and/or bankruptcies
- Indirect costs in support of grant purposes are allowable, but in no case shall exceed four percent of the grant total
- Replacement funds so that a project's current funding can be shifted to other programs of the applicant

#### **H. Review Process**

During the review process of the grant applications, GHD 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 entire GHD Board at a regular public meeting.

The Board may, at its sole discretion, offer a grant greater or lesser than the requested amount.

#### **I. Grant Monitoring**

In accepting a grant, the recipient agrees to periodic monitoring and/or auditing of the grant program by District staff members and/or a consultant.

**NOTE:** Any grant recipient not meeting the monitoring requirements as identified and/or agreed to with District staff and/or consultant, including the timely submittal of programmatic reports, will not be eligible for funding in subsequent years or for the payment of open balances during the current funding cycle. Future years' funding may be, at the Board's discretion, contingent on a measure of quantifiable and/or qualifiable outcomes resulting from the program, including but not limited to a measure of the positive health impact in the community.

#### **J. Information and Inquiries**

Please direct needed questions to the Grossmont Healthcare District at (619) 825-5050 or [info@grossmonthhealthcare.org](mailto:info@grossmonthhealthcare.org) in advance of completing these materials.

Aside from general questions and phone calls seeking clarity, Grossmont Healthcare District Board Members, CEO and staff cannot schedule individual meetings with potential grant applicants outside of the established Grants Committee process. The District may provide technical assistance to grant applicants, upon request, by grant program staff.

# **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 standard type (such as Times Roman), with one-inch margins on all sides. Each page must be numbered.

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 five (5) single spaced pages. Please clearly identify all sections with subheadings or by referencing section numbers.

**A. Cover Page** (Use form attached)

**B. Grant Application Checklist** (Use form attached)

**C. Grant Application Summary**

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

**D. Agency Capability (Please Describe Briefly)**

1. Your organization's history and accomplishments.
2. 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 GHD residents?
6. Note any organizations or programs in the community that provide similar services, as well as whether you've taken any steps to collaborate with them.

**E. Problem Statement / Needs Assessment**

If this grant application is being submitted for funding as a "High Priority" (as described on page 4 above), which will assist in addressing one or more of the identified community health needs, please specifically discuss how the program is proposed to address such needs.

Please discuss the need for the proposed service(s) in the GHD. Discuss how the service is health-related and not a duplication of existing services. Include quantitative and qualitative data documenting the unmet health needs.

**F. Program Services and Performance Plan**

1. What are the program goals and how do these goals specifically address the identified health need(s)?
2. What are the measurable objectives related to each goal? List specific outcomes and include timelines.
3. What kind of data will be measured and how will that data be collected?
4. How will the effectiveness of the program be assessed? How is quality controlled and monitored? Be specific.
5. How will the proposed program specifically fulfill the elements of the GHD mission statement? See page 2 for Mission Statement.
6. How will participants obtain services? Describe the accessibility of the program site(s).
7. How will your agency generate referrals to the proposed program? How will services be marketed to participants?
8. What is the justification for any proposed equipment (if applicable)?
9. For those proposals that desire to be considered on such a basis, how does the proposal demonstrate a collaboration of like providers of service? (See the Grants Policy for specifics and examples.)

**G. Budget**

Project Budget Form is attached.

All Budget Sources Form is attached (if applicable).

**H. Submission of Grant Application and Attachments**

Submit **one (1) signed original** including the following **attachments** and **one (1) copy** of the **Grant Application**: (Note: Attachments not required of Public Agencies.)

1. Articles of Incorporation\*
2. Bylaws\*
3. Most recent Audited Financial Statement (if needed under California minimum audit requirements)



4. If not required under #3 above, most recent Reviewed Financial Statement by Independent CPA (contact GHD about the potential of including related costs in Grant Request)
5. IRS Tax Exemption Letter\*
6. Board of Directors List

*\*Not required if current version was submitted to the Grossmont Healthcare District in the last five years (Items 1, 2 and 5 only).*

**Mail or Deliver to:**

Grossmont Healthcare District  
9001 Wakarusa Street  
La Mesa, CA 91942

**I. Simplified Grant Application**

A simplified grant application procedure is available to those applicants seeking grants of \$25,000 or less. The simplified procedure is also applicable for applicants whose request exceeds \$25,000 for the purchase of personal property only (e.g., life saving equipment). Simplified requests may be submitted using only the "Cover Page", the "Project Budget Form" and the "All Budget Sources Form" (if applicable).

**GRANT APPLICATION COVER PAGE**  
(For July 1, 2020-June 30, 2021 Submissions)

Legal Name of Organization: \_\_\_\_\_

Agency Director: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (& Extension): \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Proposed Project Title: \_\_\_\_\_

Agency Contact Person: \_\_\_\_\_

Phone (& Extension): \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Amount of Funds Requested: \_\_\_\_\_

Number of Unduplicated GHD Residents to be Served: \_\_\_\_\_

Ages of Population to be Served: \_\_\_\_\_

As described as a High Priority Need (on page 4 above), this program will assist in addressing the following (check only if applicable):

- |   |   |
|---|---|
| <input type="checkbox"/> Aging Concerns   | <input type="checkbox"/> Chronic Conditions     |
| <input type="checkbox"/> Behavioral, including Mental Health<br>and Substance Abuse | <input type="checkbox"/> Cardiovascular Disease |
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Diabetes (Type 2)      |
|   | <input type="checkbox"/> Obesity                |

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

**I (we) certify that all information included in this 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

## **GRANT APPLICATION CHECKLIST (1 of 2)**

Please use this checklist to ensure you have included all items in your grant application and provide the completed checklist with your application.

### **Check the following only if applicable:**

- This application is being submitted as a “High Priority” (as described on page 4 above), as the program will assist in addressing one or more identified community needs included in Health Needs Assessments for the San Diego East Region population. This program is proposed to address the following needs. A description of how the program is proposed to address such needs is included in the “Problem Statement/Needs Assessment” section of the application (check all of those that apply):
  - Aging Concerns
  - Behavioral, including Mental Health and Substance Abuse
  - Cancer
  - Chronic Conditions
  - Cardiovascular Disease
  - Diabetes (Type 2)
  - Obesity

### **We have included one (1) original and one (1) copy of the following:**

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

### **We have included with the original grant application only, one (1) copy of the following (Not required of Public Agencies):**

- Articles of Incorporation\*
- Bylaws\*
- Most recent Audited Financial Statement, or:
- Most recent Reviewed Financial Statement by Independent CPA
- Copy of IRS Exemption Letter\*
- Board of Directors List
- This Grant Application Checklist

*\*Not required if current version was submitted to the Grossmont Healthcare District in the last five years.*

## **GRANT APPLICATION CHECKLIST (2 of 2)**

### **Please note the following:**

- If applicable, we have previously submitted all required grant monitoring reports for any previously awarded Grossmont Healthcare District grant(s).
- We understand that award of this grant request in no way establishes an entitlement for future financial assistance. We further understand that past funding does not guarantee funding for this grant request.

# PROJECT BUDGET FORM

Agency Name: \_\_\_\_\_

Personnel	Grossmont Healthcare District Funding	Other Funding Available to Project	Total Project Budget
Salaries – List Position(s)			
1.			
2.			
3.			
4.			
5.			
6.			
Payroll Taxes and Benefits			
Consultant Fees			
<b>TOTAL PERSONNEL</b>			

Other Expenses	Grossmont Healthcare District Funding	Other Funding Available to Project	Total Project Budget
Telephone			
Postage			
Office Supplies			
Equipment			
Printing/Duplicating			
Information/Materials			
Travel			
Professional Services			
Rent			
Utilities			
Insurance			
Miscellaneous - List			
1.			
2.			
3.			
4.			
<b>TOTAL OTHER</b>			

<b>TOTAL GRANT EXPENSES</b>			
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# ALL BUDGET SOURCES

Per the adopted Grants Policy, organizations requesting more than \$25,000 or having overall operating budgets of \$500,000 or more are required to include such funding sources on the following form.

The following information is necessary to provide the Grossmont Healthcare District with a better understanding of the applicant and program financial resources. Organizations requesting more than \$25,000 or having overall operating budgets of \$500,000 or more are required to complete this form.

Total Organization Budget Current Fiscal Year:

Total Requested Project Budget (if different from Organization Budget):

List Major Sources of Revenue (Total Organization Budget)				List Project Sources of Funding (This Request)		
Source of Funds	\$ Amount	Percent of Total	One-Time Funding?	\$ Amount	Percent of Total	One-Time Funding?
Federal						
State						
City/County*						
Other Govt.						
Proposed GHD						
Fees for Service						
Nonprofit Orgs.						
Private Donations						
Other (list)						
<b>TOTAL</b>						

Percentage of the Organization's budget spent on administration:

Percentage of the requested Project budget spent on administration:

**\* City/County**

If the organization currently receives funding from any Cities or Counties, please list jurisdiction, contract amount and contact information.

Jurisdiction	Level of Funding (\$)	Contact Name	Contact Phone