



Name of Grantee: Covenant Living of the West
Title of Proposed Project: Transportation Grant
Requested Amount: \$38,622.00
of Residents Served: 200
CHNA Category: Aging

Introduction

Covenant Living at Mount Miguel (dba Covenant Living of the West) is a part of a national senior living organization, Covenant Living Communities & Services. Since Covenant Living at Mount Miguel's founding in 1965, we have provided care for older adults seeking independent living, assisted living, memory care, short-term rehabilitation, and long-term care. We are licensed by the Departments of Social Services and Health.

Project Highlights

Findings from our recent annual residential survey indicated residents are growing concerned about their transportation access to health care. With grant funds, Mount Miguel will allocate activity and nursing staffing and our small fleet of dormant donated sedans. We will schedule and provide weekly transportation for doctor visits and bank and grocery trips, especially for residents who are less ambulatory and may need more one-on-one assistance.

Prior Funding

FY23-24: -
FY22-23: -
FY21-22: -
FY20-21: -
FY19-20: -

Prior Sponsorships

FY23-24: -
FY22-23: -
FY21-22: -
FY20-21: -
FY19-20: -

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Financial Overview

Cost per Client: \$ 193.11

Total Assets: \$ 211,946

Current Assets: \$ 1,466,007

Total Liabilities: \$ 424,996

Current Liabilities: \$ 1,333,643

Current Ratio: 1.10

Total Revenue: \$ 428,738

Operating Cash Flow: \$ 90,714

Budget Data

Total Organization Budget: \$ 38,622.00

Total Project Budget: \$ 38,622.00

GHD % of Project Funding: 100%

Grant Funding Allocation:

Staff \$ 23,812.00

Management \$ -

Consultants \$ -

Equipment \$ -

Food \$ -

Information/Materials \$ -

OTHER

Utilities & Office Exp. \$ 14,810.00

Professional Services \$ -

Training \$ -

\$ -

\$ -

\$ -

\$ -

Total \$ 38,622.00

Total Organization Funding Sources

Source	Amount
Federal	-
State	\$ -
City/County	\$ -
Other Government	\$ -
Proposed GHD	\$ 38,622
Fees for Service	\$ -
Nonprofit Organizations	\$ -
Private Donations	\$ -
Other (list below)	
	\$ -
	\$ -
	\$ -
	\$ -
Total	\$ 38,622

Title	Covenant Living of the West	07/23/2024
	by Liam Dunfey in Full Grant	id. 47071357
	ldunfey@covliving.org	

Original Submission 07/23/2024

Score	n/a
	Organization Information
Legal Name of Organization	Covenant Living of the West
Address	2550 Treasure Dr Santa Barbara CA 93105 US 34.43192 -119.73045
Organization Website	https://www.covlivingmountmiguel.org
Organization Introduction	Please provide a brief (2-3 sentence) introduction to the organization, and its primary purpose(s).
Organization Introduction (response):	Covenant Living at Mount Miguel (dba Covenant Living of the West) is a part of a national senior living organization, Covenant Living Communities & Services. Since Covenant Living at Mount Miguel's founding in 1965, we have provided care for older adults seeking independent living, assisted living, memory care, short-term rehabilitation, and long-term care. We are licensed by the Departments of Social Services and Health.
	Applicant Information
Name (application point of contact)	Liam Dunfey
Applicant Title	Transportation Grant
Applicant Phone	+16199311213
Are you the agency director?	No
Name of Agency Director	Brian McBee

Phone of Agency Director +16199311130

Email of Agency Director bmcbee@covliving.org

Board of Directors

[BDLIST_July_2023_-_July_2024_profession.pdf](#)

Nonprofit Bylaws

[Bylaws.pdf](#)

Organization Brochure

Has the organization received grant or sponsorship funding from the Grossmont Healthcare District within the past five years? No

Grant Information

Proposed Project Title Transportation Grant

Project Highlights Please provide below a concise (2-3 sentence) description of the proposed project.

Project Highlights (response): Findings from our recent annual residential survey indicated residents are growing concerned about their transportation access to health care. With grant funds, Mount Miguel will allocate activity and nursing staffing and our small fleet of dormant donated sedans. We will schedule and provide weekly transportation for doctor visits and bank and grocery trips, especially for residents who are less ambulatory and may need more one-on-one assistance.

Amount of Funds Requested 38622.0

Number of Unduplicated GHD Residents to be Served 200.0

Ages of Population to be Served (select all that apply) Seniors (65+)

Which of GHD's strategic priorities best aligns with your project? (select one)

Aging

Areas of Impact The Grossmont Healthcare District is home to approximately 520,000 residents, and its boundaries cover a large geographic area of 750 square miles that include most cities and towns frequently referred to as "East County," as well as much of the rural Mountain Empire Region. For the purposes of Board governance, it is divided into five zones. Use the image below or visit the Grossmont Healthcare District Interactive map to identify which zone(s) your project will impact.

Which zone(s) of the Grossmont Healthcare District will your project impact?

Zone 2: Spring Valley, Lemon Grove, Mountain Empire communities (Tecate, Potrero, Campo)

Project Narrative

Narrative Part 1 - Problem Statement

Please provide a summary description of the issue(s) or challenge(s) that the proposed project seeks to address, and the need for these proposed service(s) within the Grossmont Healthcare District.

Narrative Part 1 (response)

Since the COVID pandemic, Mount Miguel's operations have shifted with a changing labor workforce. In the past year, we began outsourcing our transportation program to a third-party company, since it was challenging to hire and retain drivers with Class C licenses, which we were doing for decades. This shift has resulted in challenges and opportunities for how we think about and serve our population of aging adults. With our new program, we've continued outings and larger group trips, but haven't been able to customize individuals' health care access, a critical part of their well-being and being engaged in our community. When we have utilized outside vendors to customize appointments, it can be as high as \$200 per trip per person.

Narrative Part 2 - About Your Organization

Please share the most important information about your organization, and its capabilities to address the problem(s) described above. Relevant information could include some of the following: How will your organization's history and experience make this project successful? Current programs and recent accomplishments or achievements Recent major changes to financial and/or organizational circumstances

Narrative Part 2
(response)

Founded in 1965, our promise is based on a century-old mission to provide senior living and services that inspire joy and peace of mind—and so much more. While staying true to our faith-based tradition, we offer living options, innovative programs, and state-of-the-art supportive services. Through the years, we have adapted to our residents' health and social service needs, and plan to do so by continuing to offer needed transportation services.

Our Skilled Nursing Community was recently surveyed by the State of California. With just a few deficiencies, we will earn another 5-star rating from the Center for Medicare and Medicaid Services, the highest rating possible.

The most notable change in our financial circumstances stems from 17 apartments being flooded by the historical rainstorm (and flooding) in late January. All residents needed to relocate for several months resulting in unforeseen costs of time, funds, and insurance claims. We had the adequate insurance to assist and move everyone back to their original apartments, but paying our deductible shrunk our thin operational margin.

Narrative Part 3 -
About the Community
Served

Please share information about the community that will be served through this project. Relevant information could include some of the following: The primary community opportunity, challenge, issue or need that your organization works to address Information about the people you serve such as socioeconomic status, race, ethnicity, gender, sexual orientation, age, physical ability, and language Details about how you work with other organizations, coalitions, or networks that serve the same community, or provide similar services Details about how you listen to/involve constituents, community members, and/or volunteers

Narrative Part 3
(response)

Currently, Covenant Living is comprised of 419 residents. Over half of them are retired teachers, nurses, and missionaries/pastors. They served East County residents for decades before moving to Mount Miguel.

Most Mount Miguel residents previously lived in the San Diego area. There are more women than men, but that's typical of senior living communities due to life expectancies being higher for women. Our residents are 60+, but most are in their 80s and 90s. They are Caucasian and most previously owned a modest home that they sold to move into our community.

We have all levels of care – independent, assisted, memory care, and skilled nursing, which includes long-term residents who utilize Medi-Cal.

At this time, we work with GoGoGrandparent on some transportation for residents. We also encourage other apps like Uber and Lyft, but all of them, including GoGoGrandparent, can be confusing and inconsistent.

With this grant application, we are listening to our residents who completed their annual resident survey and requested more robust and customized transportation for grocery trips and health care access.

Narrative Part 4 - About Your Project	Please explain the project. It is not necessary to restate information answered above. Relevant information could include some of the following: What you plan to do (activities) and anticipated timeframe Why you plan to do it (opportunity, challenge, issue or need) Who will be impacted (target population, including age, gender, ethnicity, other relevant characteristics) Whether the proposed project is a new service or an established service or program that will be expanded to GHD residents
Narrative Part 4 (response)	<p>Transportation for older adults is about access, dignity, economic choices, and greater socialization. With approximately 420 older adults and only 280 with cars, many of our residents don't have consistent access to doctor visits, grocery trips, or visits to their local bank. Most of our residents are from the silent generation (born between 1928 and 1945), and many aren't comfortable using smart phones. They like to see and touch food before purchasing, have discussions about their banking needs with tellers, and they don't want to inconvenience friends or neighbors to take them to these places. Healthcare visits and transportation are even trickier. If the first barrier is transportation, they're even less likely to set up much needed healthcare appointments.</p> <p>This will be a new service for our Mount Miguel residents.</p>
Measurable Project Goals	In addition to the number of unduplicated GHD residents to be served, please briefly describe below 2-3 measurable goals that the project aims to achieve. If awarded, you will be asked to provide quarterly updates on your progress toward these goals, so please be sure that they are specific, measurable, and achievable within the project timeframe.
Project Goal #1	Respect and honor the Aging Concerns of our residents by addressing the annual survey request of providing more robust transportation services. We will measure these through number of unique individuals served.
Project Goal #2	Meet the needs of our residents with chronic health conditions so they can better access health and social services in greater East County. We will measure these through # of unique individuals served.
Project Goal #3	
Narrative Part 5 - About Your Impact	In a brief narrative, please explain what success looks like for the project overall, and for any goals stated above. How do you track impact and how do you know you're moving toward it? Relevant information could include some of the following: What kind of data will be measured, and how will it be collected? How will the organization generate referrals, or market the services? How would the proposed project specifically fulfill the elements of the Grossmont Healthcare District's mission?

Narrative Part 5
(response)

Findings from our recent annual residential survey indicated residents are growing concerned about their transportation access to healthcare. Mount Miguel is requesting \$38,622 in grant funding to address our changing transportation program. With the funds, Mount Miguel will allocate activity and nursing staffing and our small fleet of dormant donated sedans. We will schedule and provide weekly transportation for doctor visits and bank and grocery trips, especially for residents who are less ambulatory and may need more one-on-one assistance. This will lead to greater accessibility, independence, and dignity in our East County region. Most importantly, it will lead to better healthcare outcomes.

We will measure our success quantitatively and qualitatively. We will collect data by tracking resident name, level of care, and number of unique times utilizing the transportation grant program. We will actively promote the grant through written and spoken communication. We have monthly building meetings and newsletters, quarterly town halls, and daily activity promotions through our Touchtown digital resources throughout our campus community.

We will learn from another Covenant Living community who waited for potential grantee transportation users and eventually learned that it was better to reach out to potential users on an individual basis through phone calls and emails. Thankfully, we have an interdisciplinary team across all levels of care and know residents who could benefit from a grant like this.

The mission of Grossmont Healthcare District to serve the health of its constituents aligns seamlessly with Mount Miguel's.

Project Budget and
Organization Funding
Sources

Please use the forms below to provide: 1) Project Budget: The project's total budget, including requested GHD funding as well as other funding that is available to support the project 2) All Budget Sources: The organization's total budget for the current fiscal year and all major sources of revenue. For budget preparation purposes, Excel versions of the budget forms are available here: 1) Project Budget, 2) All Budget Sources. Please note that you will need to transfer the information into the forms below, taking care to avoid the use of special characters, and value errors.

Project Budget Form. DO NOT USE SPECIAL CHARACTERS (EX: \$, %, ",")

[GHD Project Budget form 5.15.24.xlsx](#)

All Budget Sources Form. DO NOT USE SPECIAL CHARACTERS (EX: \$, %, ",")

[GHD All Budget Sources form 5.15.24.xlsx](#)

I confirm the
information provided
above is accurate
and there are no
#VALUE errors
above.

checked

Organization Financials

Does your organization have audited financial statements completed by an independent CPA? Yes

Complete audited financial statement from most recently completed year

[76439_Covenant_Living_Communities_and_Services-0923_Final.pdf](#)

Financial Overview Please enter the following figures, from the most recent set of financial statements (provided above):

Total Assets (from Statement of Financial Position): 111317000.0

Current Assets (from Statement of Financial Position): 67830000.0

Total Liabilities (from Statement of Financial Position): 1333643000.0

Current Liabilities (from Statement of Financial Position): 424996000.0

Total Revenue (from Statement of Activities): 428738000.0

Cash Flow From Operations (from Statement of Cash Flows): 39118000.0

Attestation and Digital Signature

Applicant Name Liam Dunfey

I understand entering my name above will serve as my digital signature on this grant application. checked

You have finished completing the application.

Before finalizing and submitting your application, please review all your materials and answers, ensuring that all attachments are correct and up-to-date. You will receive an email confirmation once your application has been successfully submitted, and will be able to review your submission. To ensure you receive communication related to your application, safelist the @submittable.com email address. Please check your email to confirm receipt. If you do not receive a confirmation email, consider the following: Check the junk/spam filters for your email account. Ensure that you have submitted the application and that it is not still saved as a draft. Failure to receive the confirmation email may result in missing other important information. To complete and submit your application, click the "Submit" button below. Please note that once you submit, you will not be able to make changes to your application unless requested and approved by District staff.

Total Grant Amount Requested

PERSONNEL	Grossmont Healthcare District Project Funding	Other Funding Available for Project	Total Project Budget
Staff (non-management) - List Position	-	-	-
Certified Nursing Assistant	11799	0	11799
Activities Coordinator	12013	0	12013
			0
			0
			0
Total Staff Salary and Benefits	23812	0	23812
Management - List Position(s)	-	-	-
			0
			0
			0
			0
			0
Total Management Salary & Benefits	0	0	0
Consultant Fees			0
TOTAL PERSONNEL	23812	0	23812
-	-	-	-
OTHER EXPENSES	Grossmont Healthcare District Funding	Other Funding Available for Project	Total Project Budget
Telephone			0
Postage			0
Office Supplies			0
Equipment	0		0
Printing/Duplicating			0
Information/Materials			0
Professional Services			0
Travel			0
Rent			0
Utilities			0
Insurance	14810		14810
Training			0
Project Food /Packaging Costs			0
Miscellaneous - List	-	-	-
			0
			0
			0
			0
TOTAL OTHER EXPENSE	14810	0	14810
TOTAL PROJECT EXPENSES	38622	0	38622

Grant Request Must Match GHD Total

FUNDING SOURCE	Total Organization Budget
Federal	-
State	
City/County	
Other Government	
Proposed GHD	38,622
Fees for Service	
Nonprofit Organizations	
Private Donations	
Other (list below)	
-	38,622