



**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE MEETING**

March 19, 2019

12:00 P.M.

Jerry Stergios Building, 2nd floor
Arthur H. "Red" Motley Boardroom
1140 N. Indian Canyon Drive, Palm Springs, California 92262

This meeting is handicapped-accessible

<i>Page(s)</i>	<i>AGENDA</i>	<i>Item Type</i>
	I. Call to Order – Director Carole Roger, RN Committee Chairperson	
1	II. Approval of Agenda	Action
	III. Public Comments At this time, comments from the audience may be made on items <u>not</u> listed on the agenda that are of public interest and within the subject-matter jurisdiction of the District. The Committee has a policy of limiting speakers to not more than three minutes. The Committee cannot take action on items not listed on the agenda. Public input may be offered on an agenda item when it comes up for discussion and/or action	
	IV. New Business	
2-19	1. Program Committee Policy Review	Discussion
20-21	2. Volunteer Community Members Process	Discussion
22-31	3. Grant Process	Discussion
32-33	4. Expanded Area Grant Funding - \$300,000	Discussion
34-35	5. Grant Proposals Under Development	Discussion
	6. Grant Applications	
36-42	a. Grant #985 – Coachella Valley Volunteers in Medicine (CVVIM) \$112,500 to support primary healthcare and support services to Desert Healthcare District residents	Action
	V. Adjournment Next Scheduled Meeting April 16, 2019	



Date: March 19, 2019

To: Program Committee

Subject: Program Committee Policy Review

Staff Recommendation: Information and Discussion. Committee to review the prior and draft policy Appointments and Duties for Committees policy

Background:

- The Program Committee was discontinued in early 2018.
- At the January 22, 2019 Board of Director's meeting, the Program Committee was reinstituted to include Director's Rogers, Perezgil, and DeLara.
- The District's Communications and Policy Committee is presently working on a revised draft "Appointment & Duties for Committees Policy" (Policy) with input from the Board of Directors at the February 29, 2019 meeting. The Policy Committee meets Tuesday, March 19, 2019 at 10:00am.
- The draft Policy will be presented to the Board at the March 26, 2019 Board of Director's meeting for consideration of approval.
- The Prior and Draft policies are included in the packet for review and discussion.

Fiscal Impact:

N/A



POLICY TITLE: **APPOINTMENT & DUTIES FOR COMMITTEES**
POLICY NUMBER: BOD-3
DRAFT DATE: 12/15/15 -Revised at 3-22-16 BOD Mtg
BOARD APPROVAL DATE: 12/15/2015 & Revision on 3-22-16

POLICY: APPOINTMENT TO COMMITTEES

Policy #BOD-3: It is the policy of the Desert Healthcare District (“District”) that the Board President appoints board members to the standing committee:

GUIDELINES:

1. The standing committees are the 1) Finance, Legal and Administration, and 2) Program Committee, and 3) Strategic Planning Committee.

1-1 It is the responsibility of the Board President to appoint Board members to the committees and appoint the chairperson annually at the first Board meeting following the election of officers. The Board Treasurer will serve as the chair of the F&A Committee

1-2 AD-Hoc committees may be appointed by the President, for specific tasks and objectives as circumstances warrant, and upon completion of the task for which appointed, such ad-hoc committee shall stand discharged.

1-2. All committees are advisory only to the full Board of Directors unless otherwise specifically authorized to act by the Board.

2. Standing Committees: Standing committees shall meet periodically to review reports from District staff, legal counsel, and consultants relating to the particular



subject matter of the committee. There shall be the following standing committees:

2.1 Finance, Legal and Administration Committee. This committee shall be responsible for oversight and for making recommendations to the Board where appropriate on matters related to finance, administration, human resources, property management, legal affairs (including legislation), real estate, and information systems (IS).

2.1.1 Two District Board members shall be assigned to this committee. The F&A Committee may include up to four community members (Volunteer Members) to be appointed by the Board to participate as advisory members for financial matters pertaining to the District and Foundation. Volunteer Members guidelines are in Policy Addendum 1 – Desert Healthcare District Committee Volunteer Guidelines.

2.2 Program Committee. This committee shall be responsible for oversight and for making recommendations to the Board where appropriate on District matters related to grant-making and related programs.

2.2.1 Two District Board members shall be assigned to this committee. This committee shall also include community members (Volunteer Members) as outlined in the relevant policy addendum 1, *Desert Healthcare District Committee Volunteer Guidelines*.

2.2.2 A student representative will be added to both the Program Committee & F&A Committee and for the board meetings

3. Committee Volunteer Appointment Process and Guidelines will be the same for both the Program and F&A Committee.

3.1. All volunteer committee members will be approved by the Board.



Interviews for volunteer members are up to the committee.

3.2, All community members are subject to the DHCD Conflict of Interest Code.

3.2.1. Volunteer committee members have three (3) three year terms. At the end of each three year term for which community members are eligible they will provide a written request to the Board requesting the Board's consideration to continue on the committee. Any openings or reappoints to the committee will be considered at the end of the terms. Any committee members who terms out or who have received grants will need to terminate their seats on the committee. All community members who termed out or resigns due to applying or receiving a grant must wait for one year before reapplying to become a community member. For positions where members are currently serving unexpired terms, this policy will be implemented after the members' current unexpired term ends.

4. Strategic Planning Committee. This committee represented by the full Board of Directors, shall be responsible for monitoring the District's progress in achieving the expectation outlined in its strategic plan. In addition, the full Board of Directors is charged with reviewing the District's community relations program.



Addendum 1:
DESERT HEALTHCARE DISTRICT
COMMITTEE VOLUNTEER GUIDELINES

INTRODUCTION

These guidelines are intended to outline guidelines for volunteer members to participate in two standing committees of the Board of Directors of the Desert Healthcare District. Described herein are those criteria for the Program Committee and the Finance, Legal and Administrative Committees. Criteria are described for both.

FINANCE, LEGAL AND ADMINISTRATIVE COMMITTEE MISSION STATEMENT

In accordance with the Desert Healthcare District By-Laws this committee shall be responsible for oversight and for making recommendations to the Board where appropriate on matters related to finance, administration, human resources, property management, legal affairs, (including legislation) real estate and information systems (IS).

RESPONSIBILITIES

The responsibilities of the F&A Committee include the following:

- To understand the financial needs and conditions of the District.
- To provide objective perspective regarding finances.
- To provide advice, counsel and feedback to the committee as requested during budget development.



MEMBERSHIP TERMS & VACANCIES

The Finance, Legal and Administrative Committee ("F&A Committee") Committee shall consist of four to seven members all of whom shall either reside or be primarily employed within the Desert Healthcare District:

- Two members of the District Board of Directors ("District Board Representatives"). The Board Treasurer shall serve as chair.
- Up to four public members may be appointed by the Board to participate as advisory members for financial members pertaining to the District and Foundation.
- Volunteer committee members have a three year term. If a volunteer committee member is currently processing or anticipates filing a grant proposal within one year of appointment, they will not be eligible to serve
- Vacancies: Volunteer Members who miss three consecutive unexcused meetings may be removed in the discretion of the Committee chairperson. In the event of the vacancy of a Volunteer Member, notice of the vacancy and application process shall be published on the District website for a minimum of 14 days. The Committee chairperson shall also have the discretion to publish notice of the vacancy and application process in a local newspaper of general circulation. Community members shall submit applications for membership and their qualifications in writing to the District office. At a duly noticed District Board meeting applicants shall be interviewed, process decided by the committee, and appointed to serve the applicable term by a majority vote of the District Board of Directors.

PROGRAM COMMITTEE MISSION STATEMENT

In accordance with Desert Healthcare District's mission and strategic plan, the grant program provides funds to qualified nonprofit and governmental grantees to make



positive impacts on community health and improve access to health care. The Committee recommends grant making policy to the Board of Directors and guides and monitors District grant making functions and program-related activities through which the Desert Healthcare District carries out its strategic plan to improve the health of the District's residents.

RESPONSIBILITIES

The responsibilities of the Program Committee include the following:

- To identify trends and healthcare needs that can be addressed by the District and provide input on needs assessments conducted by District staff.
- To provide vision and guidance on the development of the District's strategic plan.
- To provide advice, counsel and feedback to staff as needed during program development.
- To monitor implementation of the District's strategic plan and program-related activities to ensure programs are achieving the desired impact.
- To identify key program issues to be discussed at the Board level.
- To consider grant proposals and recommendations provided by staff and make recommendations of grants to approve to the District's Board of Directors.

MEMBERSHIP TERMS & VACANCIES

The Program Committee shall consist of seven to eleven (11) members all of whom either shall reside or be primarily employed within the Desert Healthcare District:

- Two members of the District Board of Directors ("District Board Representatives") shall be appointed by the President of the District Board, one of which shall be appointed Chairperson of the Program Committee;
- The remaining members ("Volunteer Members") shall be appointed by



the District Board of Directors and shall be:

- Three members from significant community partner agencies.
- Two to four community members at large
- One member from the office of the Supervisor, Riverside County Fourth District
- One student representative
- Volunteer committee members have a three year term. If a volunteer committee member is currently processing or anticipates filing a grant proposal within one year of appointment, they will not be eligible to serve
- Vacancies: Volunteer Members who miss three consecutive unexcused meetings may be removed in the discretion of the Committee chairperson. In the event of the vacancy of a Volunteer Member, notice of the vacancy and application process shall be published on the District website for a minimum of 14 days. The Committee chairperson shall also have the discretion to publish notice of the vacancy and application process in a local newspaper of general circulation. Community members shall submit applications for membership and their qualifications in writing to the District office. At a duly noticed District Board meeting applicants shall be interviewed and appointed to serve the applicable term by a majority vote of the District Board of Directors.

VOLUNTEER MEMBER QUALIFICATIONS AND RESPONSIBILITIES

MEETINGS AND VOTING

Meetings: The Committees meet prior to those meetings of the full Board of Directors on a monthly basis as necessary and appropriate to fulfill their purpose. Meetings are convened by the committee chairperson in coordination with District staff.



Voting and Recommendations: In accordance with their responsibilities, Volunteer Members shall participate in the committee process including participating in voting at the Committee meetings and making grant recommendations to the full Board. However, votes and recommendations of Volunteer Members while noted in the record shall be advisory in nature only. The votes of the District Board Representatives shall be the recommendation, which shall be forwarded to the full District Board of Directors for consideration.

CONFLICTS OF INTEREST

Volunteer Members shall not make or influence a recommendation or decision related to any committee recommendation which will benefit the member's outside employment, business, or personal financial interest or benefit an immediate family member, such as a spouse, child or parent. A Volunteer Member shall not participate, discuss or vote on any issue, or recommendation which directly inures to his or her financial interest or with respect to which he or she has any other conflict of interest. District Representatives shall follow the adopted District Conflict of interest Code in accordance with California law.

As a Volunteer Committee Member, I understand and agree that I am responsible, collectively with my fellow committee members, for guiding and monitoring District financial and grant making functions and program-related activities through which the Desert Healthcare District pursues its strategic plan to improve the health of the District's residents. I agree to the following responsibilities and criteria:

Responsibilities and Volunteer Agreement:

Volunteer Members of the District Committees are expected to, and agree to:

1. Make every effort to attend all Committee meetings, including any special



scheduled meetings. If any member is absent for three or more meetings, within a calendar year, that individual's appointment to this committee will be reviewed

2. Thoroughly read and understand all the materials in the Committee Orientation Manual and attend any orientation or training sessions and be willing to be a "continual learner" about all matters of importance to philanthropy and to the District, and take advantage of learning opportunities offered.
3. To participate in providing vision and guidance on the development of the District's strategic plan.
4. To provide advice, counsel and feedback to staff as needed during program development, including being available for site visits.
5. To participate in monitoring implementation of the District's strategic plan and program related activities to ensure programs are achieving the desired impact.
6. Review all respective committee packets , and any other materials provided by staff prior to each meeting.
7. Actively participate in committee discussions and deliberations and wisely consider each matter on which the committee is asked to vote.
8. Consider all matters brought before the committee objectively and "on the merits" and make decisions that best represent the interests of the District.
9. Be supportive of the decisions of the committee and the District.
10. Be willing to compromise, if necessary, in order to foster a cooperative atmosphere for all the people who participate in the work of the District.
11. Abide by the Conflict of interest Policy by disclosing any potential conflicts and abstaining from voting or advocating on issues related to conflicts of interest.



Volunteer Name

Date

Committee Chair Person

Date



POLICY TITLE: **APPOINTMENT & DUTIES FOR COMMITTEES**

POLICY NUMBER: BOD-3

DRAFT DATE: 03-22-16 -Revised at 03-26-19 BOD Mtg

BOARD APPROVAL DATE: 03-22-16 & Revision on 03-26-19

POLICY: APPOINTMENT TO COMMITTEES

Policy #BOD-3: It shall be the policy of the Desert Healthcare District ("District") that the Board President shall appoint Board members to all committees and all committees shall be advisory only to the full Board of Directors unless otherwise specifically authorized to act by the Board.

1. DISTRICT BOARD COMMITTEES:

1.1. Ad-hoc Committees. Ad-hoc Committees of less than a quorum of the Board may be appointed by the Board President, for specific tasks or for a limited or a single purpose that is not perpetual. Ad hoc Committees shall not be created by formal action of the Board and shall be dissolved once the specific task is completed.

1.2. Standing Committees. The District Bylaws shall reference and list the Board Standing Committees which shall meet regularly to review reports from District staff, legal counsel, and consultants relating to the subject matter of the committee. Annually at the first Board meeting following the election of officers the Board President shall appoint three Board members to each Standing Committee and a chairperson. The Board Treasurer shall serve as the Chair of the Finance, Legal and Administrative Committee (F&A Committee). There shall be the following Standing Committees:

1.2.1. Program Committee. The Program Committee shall be responsible for oversight and for making recommendations to the Board on District matters related to grant-making and related programs. This committee may also include



community members (Volunteer Members) as outlined in the Volunteer Member Guidelines below. A student representative may also be added in the discretion of the committee.

1.2.2. Finance, Legal, and Administration Committee (F&A). This committee shall be responsible for review of and making recommendations to the Board where appropriate on matters related to finance, administration, human resources, property management, legal affairs (including legislation), real estate, and information systems (IS). In addition to Volunteer Members, a student representative may also be added in the discretion of the committee.

1.2.3. Strategic Planning Committee. This committee shall be responsible for monitoring the District's progress in achieving the goals and expectations outlined in the District's strategic plan. This committee may also include Volunteer Members.

1.2.4. Hospital Governance and Oversight Committee. The two District Directors appointed to the Desert Regional Hospital Governing Board plus one other Board member shall serve on this committee, which shall be responsible for oversight to ensure compliance with the terms of the current Lease of Desert Regional Medical Center. This committee may also include Volunteer Members.

1.2.5. Volunteer Committee Members. The Program Committee may include up to five (5) Volunteer Members, and the F&A Committee may include up to three (3) Volunteer Members. Volunteer Members shall be subject to the Volunteer Member Guidelines below.

2. VOLUNTEER MEMBER GUIDELINES. Volunteer Member guidelines outline the requirements for Volunteer Members to participate on District Standing Committees. Unless otherwise provided, the appointment process, and guidelines will be the same for all committees. The committee chairperson shall have the discretion to publish notice of the vacancy and application process in a local newspaper of general circulation. Community members shall submit applications to become a Volunteer Member and their



qualifications in writing to the District office. The Committee shall interview applicants and recommend appointments to the Board of Directors. All Volunteer Members shall either reside or be primarily employed within the District and shall be subject to approval of the full Board of Directors.

2.1. Volunteer Member Term. Volunteer Members shall serve one (1) three-year term. At the end of the three-year term, a Volunteer Member may provide a written request to the Board for consideration to continue to serve on the committee. Any openings or reappointments on the committee will be considered at the end of the Volunteer Members term. Any Volunteer Member who is currently processing or anticipates filing a grant proposal within one year of appointment will not be eligible to serve and will be required to resign from the committee. All Volunteer Members who are termed out or resign due to applying or receiving a grant must wait a minimum of one year before reapplying to become a Volunteer Member.

2.2. Vacancies. Volunteer Members who miss three consecutive unexcused meetings may be removed at the discretion of the Committee chairperson. In the event of the vacancy of a Volunteer Member, notice of the vacancy and application process shall be published on the District website for a minimum of 14 days. The committee chairperson shall also have the discretion to publish notice of the vacancy and application process in a local newspaper of general circulation. Community members shall submit applications to become a Volunteer Member and their qualifications in writing to the District office. The Committee shall interview applicants and recommend appointments to the Board of Directors.

2.3. Meetings and Voting. The Committees meet monthly as necessary prior to meetings of the full Board. Meetings are convened by the committee chairperson in coordination with District staff. In accordance with their responsibilities, Volunteer Members shall participate in the committee process including participating in voting at the committee meetings and making recommendations to the full Board. However, votes and recommendations of Volunteer Members while noted in the record shall be advisory in



nature only. The votes of the District Board Representatives shall be the recommendation, which shall be forwarded to the full District Board of Directors for consideration.

2.4. Conflicts of Interest. Volunteer Members shall not make or influence a recommendation or decision related to any committee recommendation which will benefit the Volunteer Member's outside employment, business, or personal financial interest or benefit an immediate family member, such as a spouse, child or parent. A Volunteer Member shall not participate, discuss or vote on any issue, or recommendation which directly inures to his or her financial interest or with respect to which he or she has any other conflict of interest. Volunteer Members shall follow the adopted District Conflict of interest Code in accordance with California law.

3. PROGRAM COMMITTEE. In accordance with the District's mission and strategic plan, the grant program provides funds to qualified nonprofit and governmental grantees to make positive impacts on community health and improve access to health care. The Program Committee recommends grant making policy to the Board of Directors and guides and monitors District grant making functions and program-related activities through which the District carries out its strategic plan to improve the health of the District's residents.

3.1. Responsibilities. The responsibilities of the Program Committee include the following:

- To identify trends and healthcare needs that can be addressed by the District and provide input on needs assessments conducted by District staff.
- To provide vision and guidance on the development of the District's strategic plan.
- To provide advice, counsel and feedback to staff as needed during program development.
- To monitor implementation of the District's strategic plan and program-related activities to ensure programs are achieving the desired impact.
- To identify key program issues to be discussed at the Board level.



- To consider grant proposals and recommendations provided by staff and make recommendations of grants to approve to the District's Board of Directors.

3.2 Volunteer Membership Qualifications. In addition to Board members, the Program Committee shall consist of up to five (5) Volunteer Members, all of whom shall either reside or be primarily employed within the District and may include:

- Four members consisting of a combination of the following:
 1. Community members from significant community partner agencies.
 2. Community members at large
 3. Student Representative
- And one member from the office of the Supervisor, Riverside County Fourth District

4. F&A COMMITTEE. In accordance with the District Bylaws, this committee shall be responsible for oversight and for making recommendations to the Board where appropriate on matters related to finance, administration, human resources, property management, legal affairs, (including legislation) real estate and information systems (IS). This committee may include up to three Volunteer Members, and may include a student representative.

4.1 Responsibilities. The responsibilities of the F&A Committee include the following:

- To understand the financial needs and conditions of the District.
- To provide objective perspective regarding finances.
- To provide advice, counsel and feedback to the committee as requested during budget development.

5. STRATEGIC PLANNING COMMITTEE. In accordance with the District Bylaws, this committee shall be responsible for monitoring the Districts' progress in achieving the expectations outlined in the District's strategic plan.

5.1 Responsibilities. The responsibilities of the Strategic Planning Committee include the following:



- Responsible for monitoring the District's progress in achieving the expectations outlined in its strategic plan.
- To monitor implementation of the District's strategic plan and program-related activities to ensure programs/initiatives are achieving the desired impact.

6. HOSPITAL GOVERNANCE AND OVERSIGHT COMMITTEE. In accordance with the District Bylaws, this committee shall include the two District Directors appointed to the Desert Regional Hospital Governing Board plus one other District Board member. This committee shall be responsible for oversight to ensure compliance with the terms of the current lease of Desert Regional Medical Center.

6.1 Responsibilities. The responsibilities of the Hospital Governance and Oversight Committee include the following:

- Review of all mandated Hospital operation scores and reports performed by independent third parties.
- Review of quarterly inspections of Hospital facilities.
- Provide monthly updates to the Board of Directors.
- Provide written reports on activities of the Hospital.
- Provide an annual report reflective of lease requirements from lessee.

7. RESPONSIBILITIES AND VOLUNTEER AGREEMENT. Each Volunteer Member shall be required to sign the following agreement:

As a Volunteer Committee Member, I understand and agree that I am responsible, collectively with my fellow committee members, for guiding and monitoring District activities through which the Desert Healthcare District pursues its strategic plan to improve the health of the District's residents. I agree to the following responsibilities and criteria:

Volunteer Members of the District Committees are expected to, and agree to:

1. Make every effort to attend all Committee meetings, including any special scheduled meetings. If any member is absent for three or more meetings



within a calendar year, that individual's appointment to this committee will be reviewed.

2. Thoroughly read and understand all the materials in the Committee Orientation Manual and attend any orientation or training sessions and be willing to be a "continual learner" about all matters of importance to philanthropy and to the District, and to take advantage of learning opportunities offered.
3. To participate in providing vision and guidance on the development of the District's strategic plan.
4. To participate in monitoring implementation of the District's strategic plan and program related activities to ensure programs are achieving the desired impact.
5. Review all respective committee packets, and any other materials provided by staff prior to each meeting.
6. Actively participate in committee discussions and deliberations and wisely consider each matter on which the committee is asked to vote.
7. Consider all matters brought before the committee objectively and "on the merits" and make decisions that best represent the interests of the District.
8. Be supportive of the decisions of the committee and the District.
9. Be willing to compromise, if necessary, in order to foster a cooperative atmosphere for all the people who participate in the work of the District.
10. Abide by the Conflict of interest Policy by disclosing any potential conflicts and abstaining from voting or advocating on issues related to conflicts of interest.

Volunteer Name

Date

Committee Chair Person

Date



Date: March 19, 2019

To: Program Committee

Subject: Volunteer Community Members Process

Staff Recommendation: Create an advertisement to solicit applications from District residents interested in serving as volunteer members on the Program Committee.

Background:

- The District's Communications and Policy Committee is presently working on a revised draft "Appointment & Duties for Committees Policy" (Policy) with input from the Board of Directors at the February 29, 2019 meeting. The Policy Committee meets Tuesday, March 19, 2019 at 10:00am.
- The draft Policy will be presented to the Board at the March 26, 2019 Board of Director's meeting for consideration of approval.
- Based on the **potential** recommendations of the Policy committee, the appointment process of Volunteer Community Members is as follows:

The committee chairperson shall have the discretion to publish notice of the vacancy and application process in a local newspaper of general circulation. Community members shall submit applications to become a Volunteer Member and their qualifications in writing to the District office. The Committee shall interview applicants and recommend appointments to the Board of Directors. All Volunteer Members shall either reside or be primarily employed within the District and shall be subject to approval of the full Board of Directors.

- In anticipation of the recommended appointment process, staff recommends drafting an advertisement to publish following Board approval of the Policy, to begin the appointment process.

Fiscal Impact:

\$500-\$1,000 advertising expense



PROGRAM COMMITTEE VACANCIES

The Desert Healthcare District is currently seeking applicants for four (4) community member volunteer positions on the Program Committee.

In accordance with the District's mission and strategic plan, the grant program provides funds to qualified nonprofit and governmental grantees to make positive impacts on community health and improve access to health care. The Program Committee, which includes three Board members, recommends grant making policy to the Board of Directors and guides and monitors District grant making functions and program-related activities through which the District carries out its strategic plan to improve the health of the District's residents.

Please visit www.dhcd.org for more information on the Desert Healthcare District.

If you are interested in serving on the Program Committee and reside in or are employed within the District boundaries, please email a letter of interest including your background and relevant experience to cchristensen@dhcd.org no later than XXXX.



Date: March 19, 2019

To: Program Committee

Subject: Grant Process

Staff recommendation: Staff recommends adopting the proposed grant structure and process, in compliance with AB 2019 and supports future growth of the grant funding process and recommended changes influenced by subject matter specialists.

Background:

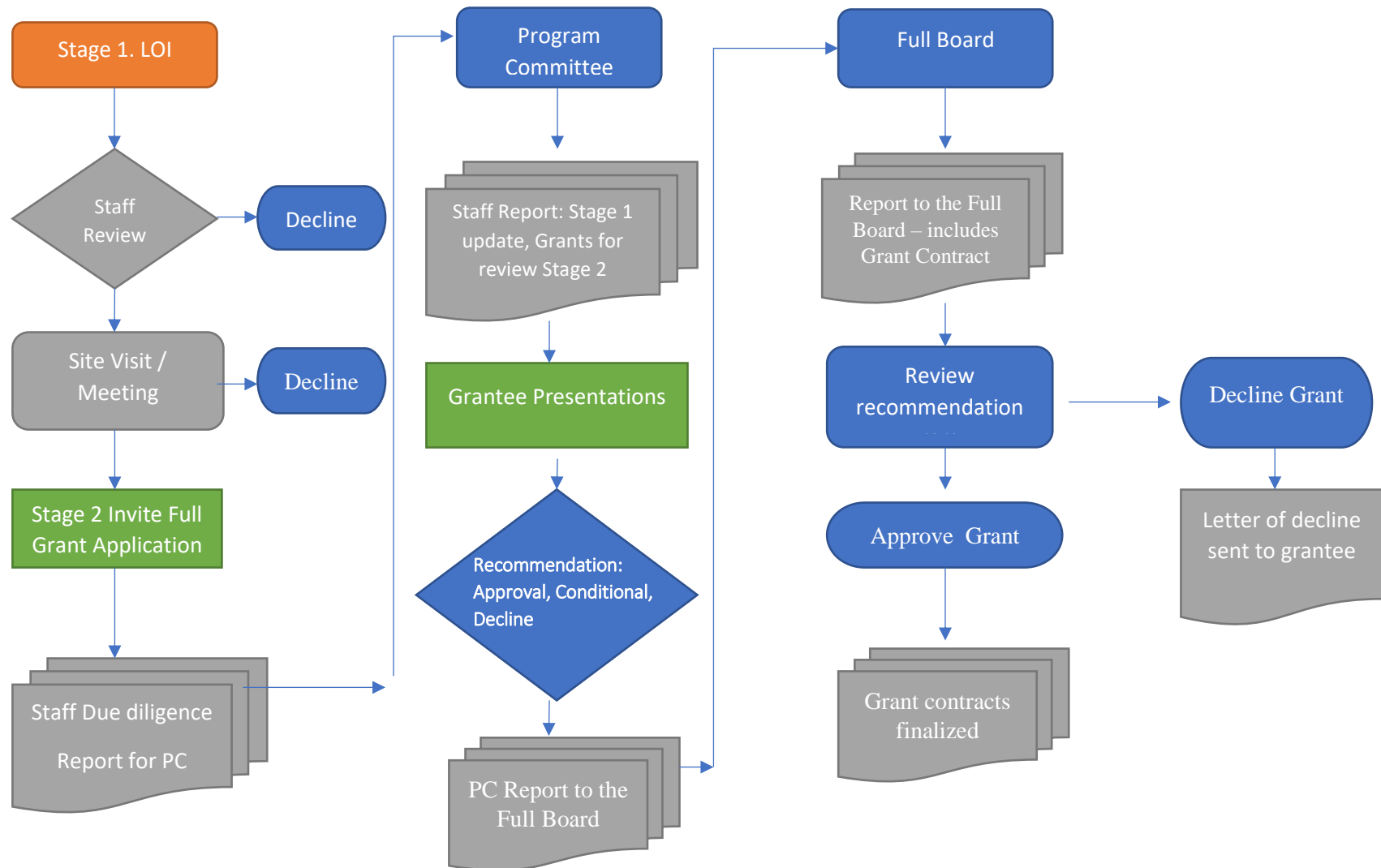
- From the March 15, 2017 Strategic Planning – Community Leaders and Partners Interview Summary Report developed by Pacific Health Consulting Group, participants acknowledged the following :
 - ◆ Grant funding is perceived as the largest current role of the District/Foundation
 - ◆ Reporting and evaluation included in each grant to promote accountability
 - ◆ Consistent, reliable funder
 - ◆ Flexible funder open to diverse projects
 - ◆ Increase focused funding strategy priorities
 - ◆ Expand grantee pool to improve impartiality
 - ◆ Transparency to allow community engagement and feedback
- From the August 24, 2017 Report on grant funding structure, process and procedures produced by consultant Mary Odell, the following were noted, with recommendations:
 - ◆ Leverage resources by partnering with other grantmaking organization to increase impact
 - ◆ Understand the needs, challenges and opportunities of communities in CV
 - ◆ Expand outreach efforts and actively solicit proposals from a greater number of nonprofit organizations in CV*
 - ◆ Focus on grant making as opposed to operating programs
 - ◆ Formulate outcome measures that assess the impact of funded programs/projects
 - ◆ Articulate and build the organization infrastructure to implement the new strategic plan and transform the role, reach and impact of the DHCD/F
- **Recommendations:**
 - Formalize the process and procedures
 - a. Grant evaluation

- b. Conflict of interest
 - c. Protocols for approving/declining
 - Develop capacity of the Foundation to become a hub of philanthropic activity
- September 25, 2018 –Grant Structure was approved by the Board to evaluate over the next six months.
- January 22, 2019 – Program Committee reinstituted
- March 19, 2019 Program Committee – items to review and consider by the Committee
 - ◆ Grant Flow Chart
 - ◆ Scoring Structure

Fiscal Impact:

N/A

Desert Healthcare District - Current Grant Process



Grant Application Scoring Rubric

Category	Exceeds expectations	Meets expectations	Does not meet expectations
Executive Summary (10 points)	<p>The applicant includes and effectively describes the project's mission and vision, the specific population the project will serve, the expected benefits to the community, the support for applicant's project in the community with evidence based proposed methods, approaches and strategies are realistic, reasonable, effective, outcome-oriented.</p> <p><i>(7-10 points)</i></p>	<p>The applicant includes and describes the project's mission and vision, the population the project will serve, the expected benefits to the community, the support for applicant's project in the community with evidence based proposed methods, approaches and strategies are realistic, reasonable, effective, outcome-oriented.</p> <p><i>(3-6 points)</i></p>	<p>The applicant is unclear or does not include or describe the project's mission and vision, the general population the project will serve, the expected benefits to the community, the support for applicant's project in the community with proposed methods, approaches and strategies are realistic, reasonable, effective, outcome-oriented.</p> <p><i>(0-2 points)</i></p>

Category	Exceeds expectations	Meets expectations	Does not meet expectations
Need & Alignment and Demonstrate (10 points)	<p>The applicant explicitly defines a specific need for the project within the identified community and effectively describes the alignment of that need to one of the Community Focus Areas of the District/Foundation's Strategic Plan by using data, case studies, interviews, focus group results, media attention, etc.</p> <p><i>(7-10 points)</i></p>	<p>The applicant identifies a need within the identified community for the project and describes the alignment of that need to one of the Community Focus Areas of the District/Foundation's Strategic Plan by using data, case studies, interviews, focus group results, media attention, etc.</p> <p><i>(3-6 points)</i></p>	<p>The applicant does not clearly describe a need for the project that its alignment to one of the Community Focus Areas of the District/Foundation's Strategic Plan by using data, and/or case studies, and/or interviews/focus group results, and/or media attention, etc.</p> <p><i>(0-2 points)</i></p>
Goals (10 points)	<p>The applicant has provided SMART goals with an evaluation plan that is fully developed. The SMART goals are specific, measurable, ambitious, realistic and time-bound, and the evaluation plan will accurately measure the project's effectiveness.</p> <p><i>(7-10 points)</i></p>	<p>The applicant has provided SMART goals with an evaluation plan. The SMART goals are mostly specific, measurable, ambitious, realistic, and time-bound, and the evaluation plan will measure the aspects of the project's effectiveness.</p> <p><i>(3-6 points)</i></p>	<p>The applicant has provided very limited goals and evaluation plan. The goals are not specific, measurable, timebound and will weakly measure the project's effectiveness.</p> <p><i>(0-2 points)</i></p>

Category	Exceeds expectations	Meets expectations	Does not meet expectations
Proposed Evaluation Plan (10 points)	<p>The applicant describes a specific detailed plan of action for evaluation, that includes both qualitative and quantitative assessment of the project that is well-defined with data reporting mechanisms and narrative that are clear and transparent. Evaluation is in alignment with Goals of the project.</p> <p><i>(7-10 points)</i></p>	<p>The applicant describes a plan of action for evaluation that includes both qualitative and/or quantitative assessment of the project that is well-defined with data reporting mechanisms and /or narrative that are clear and transparent. Evaluation is in alignment with the Goals of the project.</p> <p><i>(3-6 points)</i></p>	<p>The applicant does not describe, or vaguely describes a reasonable plan of action that can be completed during the grant period, involves some identified partners appropriately, and might make the project a reality.</p> <p><i>(0-2 points)</i></p>
Applicant Capacity and Infrastructure to Execute Proposal (10 points)	<p>The applicant includes concrete examples that strongly demonstrate that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.)</p> <p>The applicant strongly demonstrates credibility for this kind of work (strength, name recognition, a history or track record of achievements, related mission and letters of support)</p> <p><i>(7-10 points)</i></p>	<p>The applicant includes solid examples that demonstrate that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.).</p> <p>The applicant demonstrates credibility for this kind of work (strength, name recognition, a history or track record of achievements, related mission and letters of support)</p> <p><i>(3-6 points)</i></p>	<p>The applicant does not include examples that would demonstrate the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.).</p> <p>The applicant is limited in its ability to demonstrate credibility for this kind of work (strength, name recognition, a history or track record of achievements, related mission and letters of support)</p> <p><i>(0-2 points)</i></p>

Category	Exceeds expectations	Meets expectations	Does not meet expectations
Organizations Sustainability (10 Points)	<p>The applicant strongly demonstrates that it has a current strategic plan and/or business plan with measurable outcomes. Strong board engagement and governance. The proposed program is identified within the strategic plan.</p> <p>(7- 10 points)</p>	<p>The applicant demonstrates that it has a current strategic plan and/or business plan with measurable outcomes Shows Board engagement and governance. Applicant has clearly identified that the program is supported by the strategic plan</p> <p>(3-6 points)</p>	<p>The applicant does not demonstrate that it has a strategic plan and/or business plan. The program only reflects the applicant's mission.</p> <p>(0-2 points)</p>
Budget (10 points)	<p>The budget is specific and reasonable, and all items strongly align with the described project. The budget strongly demonstrates financial clarity/value and tells the same story as the proposal narrative. There are no unexplained amounts. The overall value of the project (the relationship of benefits and/or participants) to costs is effective. Additional leveraged funding sources and in-kind services are included. Staff FTE is identified clearly. Budget includes \$XXX amounts and how these ties to staff time.</p> <p>(7-10 points)</p>	<p>The budget is clear and reasonable, with the items aligned with the described project. There are no unexplained amounts. The overall value of the project (the relationship of benefits and/or participants to costs) is reasonable and/or some additional funding sources and/or in-kind services are included.</p> <p>(3-6 points)</p>	<p>The budget is not specific and/or reasonable, and the items are somewhat aligned with the described project. The budget somewhat demonstrates financial clarity. There are no unexplained amounts.</p> <p>(0-2 points)</p>

Category	Exceeds expectations	Meets expectations	Does not meet expectations
% of Funding Requested – Leveraging of Outside Funds (10 points)	0-50% Budget shows mostly committed funds, in-kind funds for professional services and balance is from proposed funds have been identified and in place (7-10 points)	51-70% Budget shows some committed funds, in-kind funds for professional services and proposed funds making up the majority, have been identified. (3-6 points)	71 - 100% Budget shows limited to no committed funds, balance is made up of mostly identified proposed funds (0-2 points)
Fiduciary Compliance (10 Points)	The applicant strongly demonstrates a financial history that shows a continuous cycle of fiduciary responsibility of the Board through unmodified audited financials produced in a timely fashion, positive cash flow at the end of each fiscal year, asset ratio meets required debt load, and the Board reviews financials on a regular basis. (7 – 10 points)	The applicant demonstrates a financial history that shows a continuous cycle of fiduciary responsibility of the Board through unmodified audited financials produced in a timely fashion, and the board reviews financials on a regular basis. (3-6 points)	The applicant demonstrates a financial history that shows a continuous cycle of fiduciary responsibility of the Board through audited financials produced. A positive cash flow at the end of each fiscal year is not consistent. and the Board does not review financials on a regular basis. (0-2 points)

Category	Exceeds expectations	Meets expectations	Does not meet expectations
Financial Stability (10 Points)	Funding sources for operations and programs are coming from multiple sources and is driven by a strategic plan for stability for both short- and long-term growth. (7-10 Points)	Source of funds for operations and programs are coming from multiple sources. There is a limited plan in place for stability for short term only. (3-6 Points)	Source of funds for operations and programs are coming from limited sources. There is no plan for stability in place currently. (0-2 Points)
Category	Exceeds expectations	Meets expectations	Does not meet expectations
Key Partners / Collaboration (10 points)	The applicant strongly demonstrates solid partnerships and collaborative approach with letters of commitment or an MOU that includes a scope of work. (7 – 10 points)	The applicant demonstrates partnerships and collaborative approach with letters of commitment. (3-6 points)	The applicant demonstrates limited or no partnerships and has not included any letters of commitment. (0-2 points)

Comments/Notes:

Total Score: ____/ 110 = ____%

Exceeds expectations: 77% or Higher

Fully Funded

Meets expectations: 50%- 76%

Full to Partial – Possible restrictions/conditions

Does not meet expectations: 49% or Lower

No funding to Partial funding with restrictions/conditions

Past Grant Experience/Compliance:

All reports received per the contract:

1. All reports received per the contract
2. Reporting received within 30 days of required reporting date
3. Consistently late in submitting reports – Past 30 days

Met majority of goals and Challenges identified with potential solutions:

1. Met majority of Goals, challenges identified with potential solutions described
2. Most goals met, challenges identified with limited solutions offered.
3. Did not meet the goals of the grant and challenges were not well defined

Fiscal reporting:

1. Solid financial reporting including all copies of expenditures
2. Fiscal financial reporting limited with some copies provided
3. Poor/limited financial reporting.



Date: March 19, 2019
To: Program Committee
Subject: Expanded Area Grant Funding - \$300,000

Staff Recommendation: Information and Discussion.

Background:

- Assembly Bill 2414, authored by Assembly member Eduardo Garcia, was signed by the Governor in September 2016, that required the Desert Healthcare District to file an application to expand its service area in the Eastern Coachella Valley.
- The District submitted an annexation application to the Riverside County Local Agency Formation Commission (LAFCO) in January 2017.
- LAFCO advised that a *specific funding source* would be required to complete the application process.
- For almost two years, the District had been at the forefront of the community-wide discussion on how to finance the potential annexation/expansion of the Eastern Coachella Valley into the current District.
- At the February 19, 2018 Board meeting, the Board approved and committed a minimum of \$300,000 per year for 20 years designated from current non-property tax funds and non-hospital replacement funds (unrestricted).
- The Desert Healthcare Foundation budget was approved in June 2018 and the sources for the expansion funding were as such:

	FY 2019	Source
Foundation Investment Accounts:	\$100,000	Foundation balance sheet
Avery Trust Investment:	50,000	Foundation balance sheet
Bequests-Frederick Loewe	85,000	Foundation Profit & Loss
Investment Interest	<u>65,000</u>	Foundation Profit & Loss
	\$300,000	

- Measure BB passed voter approval on November 6, 2018 and the District boundaries were expanded up to and including the North Shore.

Desert Healthcare District Grant Program:

- The Desert Healthcare District's Grant Program invests, through the receipt of Ad Valorem property taxes, in non-profits and public agencies whose activities and programs improve the health and well-being of District residents.

- Organizations must directly serve residents of the Desert Healthcare District. Agencies physically located outside District boundaries may be eligible for funds upon demonstration that the residents of the District will be proportionately served.
 - For example, the District provides funding support (utilizing the Ad Valorem property tax funds) to various organizations located in the Eastern Coachella Valley (e.g. Find Food Bank, Volunteers in Medicine, Coachella Valley Rescue Mission) for the District residents the organization serves.

Discussion - Ideas On How to Structure the Funding Allocation of \$300,000:

Staff is requesting ideas on how to structure the mechanism of allocating the approved \$300,000 specific to Eastern Coachella Valley organizations serving the inclusion of those residents now part of an expanded territory, such as:

Does an organization such as the Coachella Valley Rescue Mission, located in Indio and who in the past has received funds (Ad Valorem property tax funds) to serve those homeless individuals and families who had lived in cities within the original boundaries of the District (west of Cook Street) can now apply for a separate grant from the \$300,000 fund to serve the new Districts (east of Cook Street)?

Does an organization, such as the LGBT Center, located in Palm Springs, and serves clients both from west and east of Cook Street, be eligible to tap into the \$300,000 to cover the services for clients residing in the newly expanded area?

PROPOSALS UNDER DEVELOPMENT

Information only – status update of new and existing grants since last Board report of February 26, 2019

Letters of Inquiry		
Agency	Staff Notes	Status
Health to Hope Clinics	<u>Emailed</u> LOI requesting \$288,000 over a three-year period so that the organization's mobile medical units can serve more of the homeless individuals within the District's current service area and/or throughout eastern Coachella Valley (the passage of Measure BB).	Site visit of mobile medical unit serving clients at Acadia Healthcare/Desert Comprehensive Treatment Center completed March 12, 2019. Stage 1 LOI will be generated and submitted for one year of funding, rather than the original request of 3 years. CEO states 40 MOUs are in place throughout the Coachella Valley and other areas, including UCR School of Medicine and Tenet Health Systems.
OneFuture Coachella Valley	<u>Emailed</u> LOI requesting either \$700,000 for 2 years or \$350,000 for one year for ongoing Behavioral Health Workforce pipeline development.	Stage 1: LOI generated. A draft outline of the concept has been received and staff has requested the grant goals be costed out in a line item budget. It is anticipated that the application can be ready for review at the April 16 th Program Committee meeting.
Desert AIDS Project	<u>Emailed</u> LOI requesting \$459,006 for Get Tested Coachella Valley 2.0	Scheduled meeting and site visit at DAP Tuesday, April 2, 2019.

Applications		
Grantee	Staff Notes	Status
Ronald McDonald House Inland Empire	Stage 1 LOI: Requested \$200,005 to support programs and services specific to Coachella Valley families (approximately 20%) that are referred by JFK Hospital, DRMC and Eisenhower Health for intensive and specialized medical treatments at the Children's Hospital.	Stage 2: Application in process. Expect to be reviewed at the April 16, 2019 Program Committee meeting.
Pegasus Riding Academy	Stage 1 LOI: Requested \$110,975 to provide equine therapy to 115 clients residing in the Desert Healthcare District (original boundaries)	Stage 2: Application in process. Expect to be reviewed at the April 16, 2019 Program Committee meeting.
Progress Reports		
Applicant	Staff Notes	Status
Final Grant Reports		
Applicant	Staff Notes	5 things to be done differently



Date: March 19, 2019

To: Program Committee

Subject: Grant # 985 Coachella Valley Volunteers In Medicine

Grant Request: Improving community health through affordable and accessible healthcare services.

Amount Requested: \$121,500.00

Project Period: 4/1/2019 to 3/31/2020

Project Description: CVVIM will schedule a minimum of 900 visits and other contacts with approximately 300 District residents living west of Cook Street in Palm Desert. These individual encounters will include medical and dental visits, diabetes and other education opportunities for healthy eating and active living, as well as care coordination to assure medical follow-up, reinforce nutrition and lifestyle changes, provide health navigator services and community/social service referrals to positively affect social determinants of health that are weak. Additional services such as vision, hearing, and flu vaccination clinics may also be provided. All services are available at no-charge to any Coachella Valley resident who has income at 200% or more of Federal Poverty Guidelines and is uninsured or underinsured.

Use of Funds: District funds will cover per average patient cost of \$135/visit for each District resident served by CVVIM during the grant period. The average per patient cost represents the cost of budgeted expenses to provide services and anticipate 900 individual contacts with approximately 300 District residents. (300 residents x average 3 visits/resident = 900 total visits x \$135/per visit = \$121,500)

Financial Review: The District's Chief Financial Officer has reviewed the financial statements and determined that the 2018 unaudited financial statements shows a net loss of approximately \$70,000. The cash balance is strong with a Quick Ratio (Cash/Current Liabilities) of 2.0.

Action by Program Committee: (Please select one)

- Full recommendation and forward to the Board for consideration with the Committee's recommendation that a grant amount of \$121,500.00 be approved.
- Recommendation with modifications
- Deny

2019 Grant Request Summary

Coachella Valley Volunteers In Medicine, Grant #985

Tel: 760 342 4414 Ext: 103
PO Box 10090
82-915 Avenue 48
Indio, CA 92202
<http://cvvim.org>

Contact:

Marie J. Brunner
Tel: (760) 625-0763
Fax: (760) 837-9065
marie.brunner@cvvim.org

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
2011	Capacity Building 2012	\$103,857	Achievement Building	5/22/2012	Grant budget
2012	Core Operating Support	\$125,224	Grant	6/25/2013	Grant budget
2014	CVVIM's Evolution in the Era of Affordable Care Act	\$112,924	Grant	9/23/2014	Grant budget
2015	Providing continued access to healthcare post implementation of the Affordable Care Act.	\$120,798	Grant	5/24/2016	Grant budget
2017	Primary healthcare and support services to District residents	\$121,500	Grant	9/26/2017	Grant budget

About the Organization

Organization Type:

501(c)(3) \Medical

Proposal

Project Title: Improving community health through affordable and accessible healthcare services.

Total Project Budget: \$1,063,000
Requested Amount: \$121,500
Length of Project: 12 months
Start Date: 4/1/2019

Background:**Background**

CVVIM was incorporated as a nonprofit organization in 2008 (service delivery began in 2010) to provide no-charge healthcare services to Coachella Valley low-income (200% or greater of Federal Poverty Levels), Valley residents who are uninsured or unable to access their insurance because of costly copayments or deductibles.

The only no-charge healthcare clinic in the Coachella Valley, CVVIM utilizes volunteer medical and dental providers to treat patients, as well as other clinical and clerical support volunteers. Since service delivery began, we have provided more than 31,000 patient visits to our target population.

Community Need:

CVVIM will provide a minimum of 900 individual contacts to District residents for medical/dental appointments, patient visits, and other contacts for education, case management, specialty clinics and referrals. These will be tracked on a monthly basis and reported per grant requirements at a cost of \$135 per instance.

Additionally, we will monitor two issues which have the potential to impact availability of affordable and accessible healthcare in the Coachella Valley: First, the removal of the individual mandate from the Affordable Care Act which may realize a decrease in individual enrollment under Covered Ca plans for low-income individuals, possibly resulting in an increase in patients seen. Second, a proposed change in the "public charge" rule that may prevent eligible individuals from applying for healthcare benefits as they fear being denied legal permanent status due to having received public services. Both of these issues may cause an increase in the numbers of low-income residents applying for services at CVVIM. We will report our findings on both of these issues at the time of our final grant report.

The 2016 Community Health Survey (HARC, 2017) estimated 30,000 adults were uninsured in the Coachella Valley, leaving them without access to affordable healthcare. CVVIM provides no-charge access to primary medical and dental care for patients without insurance or who are underinsured, aligning the clinic directly with the District's Strategic Plan, Priority #3, to improve community health in the Coachella Valley. Further, CVVIM offers diabetes education and care coordination to its pre-diabetic and diabetic patients, aligning with one identified Focus Areas under Priority #3 for healthy eating and active living. Further, we provide medical outreach services to homeless individuals, also aligning us with another identified Focus Area.

The numbers of uninsured residents may be affected by two trends we already have anecdotal evidence to support. First, fear of immigration arrests and deportation is affecting some of our patients from scheduling and/or keeping appointments, potentially creating a negative result in individual and community health. Also, because of the removal of the individual mandate previously required under the ACA for individuals to obtain health insurance, potentially thousands of residents may forego obtaining health insurance leaving them without access to affordable healthcare for routine primary care and without follow-up care if a trauma or emergency occurs. These two issues need to be monitored more fully to determine their ongoing affect on the numbers of uninsured Coachella Valley residents.

Project Description:

CVVIM will schedule a minimum of 900 visits and other contacts with approximately 300 District residents living west of Cook Street in Palm Desert. These individual encounters will include medical and

dental visits, diabetes and other education opportunities for healthy eating and active living, as well as care coordination to assure medical follow-up, reinforce nutrition and lifestyle changes, provide health navigator services and community/social service referrals to positively affect social determinants of health that are weak. Additional services such as vision, hearing, and flu vaccination clinics may also be provided. All services are available at no-charge to any Coachella Valley resident who has income at 200% or more of Federal Poverty Guidelines and is uninsured or underinsured.

Goals

1) 900 scheduled appointments and other contacts will be provided to District residents (living west of Cook Street in Palm Desert) for medical and dental visits, education, care coordination, specialty clinics, health navigator services, and community/social service referrals. These contacts will be arranged over a twelve month period coinciding with any grant award. 2) CVVIM will collect information and prepare a White Paper on the incidences of perceived threat from ICE officials to enforce immigration policy, and on the numbers of new patients seen at the clinic who previously would have had an insurance but chose not to purchase it because of the removal of the individual mandate. The White Paper will be presented with the final grant report.

Evaluation Plan

Goal #1: Patient contacts will be collected monthly and monitored throughout the grant period, reported on at six and twelve month intervals, per the grant agreement. Any deficit in projected service numbers will be identified and an action plan will be developed to attempt to correct the deficiency to meet the projected service numbers.

Goal #2: CVVIM will develop and collect personal information from willing patients on perceived threat from ICE as well as collect information on all new patients whether or not they do not have health insurance because the individual mandate was removed.

Organizational Capacity

CVVIM utilizes a volunteer provider model for medical and dental clinicians, as well as clerical and support volunteers. Currently, more than 200 volunteers give in excess of 12,000 hours each year to meet our mission. A regular staff of 3 full-time and 3 part-time employees provide management, direct patient interactions, patient coordination and administrative support to ensure quality care in a culturally competent environment.

Organizational Sustainability:

This program of direct patient care and supportive services follows our mission directly to provide healthcare services to low-income, adult residents of the Coachella Valley. Understanding the medical and social needs of our patients and issues affecting their personal safety and security are inherent within our mission to provide competent, strategic and quality care.

Community Health Focus Area

Primary Care and Behavioral Health Access

Program Area

Direct Services\Medical\Dental ;Direct Services\Homeless Services

Geographical Area Served

Cathedral City;Desert Hot Springs;Indio;Palm Desert;Palm Springs;Rancho Mirage;Sky Valley;Thousand Palms

Participants:

Population Served

Adults (25-64 years old)

Age Group

(18-24) Youth

(25-64) Adults

(65+) Seniors

Number Served Per Age Group

0-5: 0

6-17: 0

18-24: 20

25-64: 250

65 or more: 30

Total: 300

Participant Community

Coachella Valley residents who reside west of Cook Street in Palm Desert, 18 years and older, who are uninsured or underinsured (unable to access their health insurance because of costly copayments or deductibles) and are at 200% of Federal Poverty Guidelines or greater.

Partnerships

Key Partners:

In addition to the 200+ volunteers who provide an average of 12,000 hours each year with an associated value of nearly \$400,000, CVVIM receives grants from numerous local and regional foundations and philanthropic gifts from many individuals and community organizations. Additionally, we partner with several community organizations and other nonprofit organizations who provide in-kind services for direct patient care services, patient referral and other services not offered at CVVIM. Finally, annual financial support is provided in the form of sponsorship or a general donation from all three local hospitals (Desert Regional Medical Center, Eisenhower Medical Center and JFK Memorial Hospital).

Line Item Budget - Sheet 1 Operational Costs

Approved budgets are the basis for reporting all grant expenditures. Line items may not be added or changed without grant amendment. Prior authorization is required for transferring funds (<10%) between existing line items. Describe budget narrative in cell B38. You may insert rows or create additional worksheets if more space is needed to fully describe your budget.

PROGRAM OPERATIONS		Total Program Budget	Funds from Other Sources Detail on sheet 3	Amount Requested from DHCD
Total Labor Costs	Detail on sheet 2	722,310		0
Equipment (itemize)				
1	IT hardware, software	12,900		
2	Repair and maintenance	500		
3				
Supplies (itemize)				
1	Clinical	18,800		
2	Office	7,094		
3	Care delivery costs	69,960		
Printing/Duplication		11,200		
Mailing/Postage/Delivery		4,050		
Travel		7,250		
Education/Training		2,000		
Facilities (Detail)				
	Office/Rent/Mortgage	94,200		
	Meeting Room Rental/Expenses	625		
	Telephone/Fax/Internet	3,918		
	Utilities	20,228		
	Insurance	7,672		
	Maintenance/Janitorial/	21,750		
	Other Facility costs (itemize)			
1	Security/Alarm monitoring	516		
2		0		
Other Program Costs not described above (itemize)				
1	Meals, entertainment, membership, dues	3,475		
2	Licenses and fees	5,825		
3	Volunteer program and support	7,300		
4	Fundraising direct costs	32,800		
5	Promotion/Marketing	5,000		
6	Other incidental expenses	3,525		
7	Direct District patient reimbursement	0		121,500
Total Program Budget		1,062,098	940,598	121,500

Line Item Budget - Sheet 1 Operational Costs

Budget Narrative	<p>Per average patient cost of \$135 for each District resident served by CVVIM during the grant period. The average per patient cost represents the cost of budgeted expenses to provide services and we anticipate 900 individual contacts with District residents.</p>
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