



**DESERT HEALTHCARE DISTRICT
PROGRAM COMMITTEE
Program Committee Meeting
June 13, 2023
5:00 P.M.**

In lieu of attending the meeting in person, members of the public can participate by webinar using the following Zoom link:

<https://us02web.zoom.us/j/88994867070?pwd=aGMzRWZTDhRFRjJmT2hVQzhpRWl0Zz09>

Webinar ID: 889 9486 7070

Password: 295634

Members of the public can also participate by telephone, using the follow dial in information:

Dial in #:(669) 900-6833 or (833) 548-0276 To Listen and Address the Committee when called upon:

Webinar ID: 889 9486 7070

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<i>Page(s)</i>	AGENDA	<i>Item Type</i>
	I. Call to Order – President Evett PerezGil, Committee Chairperson	
1-2	II. Approval of Agenda	Action
	III. Meeting Minutes	
3-7	1. May 09, 2023	Action
	IV. 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.	
	V. Grant Funding Requests	Action
8-37	For review and determination: 1. Grant #1393 – DAP Health: <i>DAP Health Expands Access to Healthcare</i> - \$1,025,778 (Strategic Plan Goal #2 – Proactively expand community access to primary and specialty care services and Strategy 2.2 – Provide funding to support an increase in the number of clinics and needed programs in geographically-targeted markets and the days and hours that they operate.)	
38-51	2. Grant# 1398 Desert Healthcare Foundation: <i>General Operating Support</i> - \$750,000 (all Strategic Plan Goals and Strategies could apply)	



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- 52-53 VI. CEO Report**
 - 1. Board and Staff Demographic Matrix

- VII. Old Business**
 - 1. There is no old business at this time.

- 54-65 VIII. Program Updates**
 - 1. Progress and Final Reports Update
- 66-67**
 - 2. Grant Applications and RFP Proposals Submitted and Under Review
- 68-69**
 - 3. Grant Payment Schedule

- XI. Committee Member Comments**

- X. Adjournment**

Next Scheduled Meeting July 11, 2023

The undersigned certifies that a copy of this agenda was posted in the front entrance to the Desert Healthcare District offices located at 1140 North Indian Canyon Drive, Palm Springs, California, and the front entrance of the Desert Healthcare District office located at the Regional Access Project Foundation, 41550 Eclectic Street, Suite G 100, Palm Desert California at least 72 hours prior to the meeting.

If you have any disability which would require accommodation to enable you to participate in this meeting or translation services, please email Andrea S. Hayles, Special Assistant to the CEO and Board Relations Officer, at ahayles@dhcd.org or call (760) 567-0298 at least 72 hours prior to the meeting.

Andrea S. Hayles

Andrea S. Hayles, Board Relations Officer



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Directors Present via Video Conference	District Staff Present via Video Conference	Absent
President Evett PerezGil Vice-President Carmina Zavala, PsyD Director Leticia De Lara, MPA	Conrado E. Bárzaga, MD, Chief Executive Officer Chris Christensen, CAO Donna Craig, Chief Program Officer Alejandro Espinoza, Chief of Community Engagement Jana Trew, SPO, Senior Program Officer, Behavioral Health Meghan Kane, MPH, Senior Program Officer, Public Health Erica Huskey, Program and Administrative Assistant	Andrea S. Hayles, Board Relations Officer

AGENDA ITEMS	DISCUSSION	ACTION
I. Call to Order	The meeting was called to order at 5:04 p.m. by Chair PerezGil.	
II. Approval of Agenda	Chair PerezGil asked for a motion to approve the agenda.	Moved and seconded by Director De Lara and Vice-President Zavala and to approve the agenda. Motion passed unanimously.
III. Meeting Minutes 1. April 11, 2023	Chair PerezGil asked for a motion to approve the April 11, 2023, meeting minutes.	Moved and seconded by Director De Lara and Vice-President Zavala to approve the April 11, 2023, meeting minutes. Motion passed unanimously.
IV. Public Comment	There were no public comments.	
V. CEO Report 1. 75th Anniversary – History Book Release Launch – May 18	Conrado E. Bárzaga, MD, CEO, described the May 18 History Book Release Launch hosted at the El Mirador building on the campus of Desert Regional Medical Center with an anticipated 150 attendees.	

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<p>VI. Old Business</p>	<p>There is currently no old business.</p>	
<p>VII. Program Updates</p> <ol style="list-style-type: none"> 1. Progress and Final Reports Update 2. Grant Applications and RFP Proposals Submitted and Under Review 3. Grant Payment Schedule 	<p>Chair PerezGil inquired with the committee concerning any questions about the progress and final reports, grant applications and RFP proposals submitted and under review, and the grant payment schedule.</p> <p>There were no questions or comments.</p>	
<p>VIII. Grant Funding Requests</p> <ol style="list-style-type: none"> 1. Grant #1392 Galilee Center – Galilee Center Extended Shelter: \$268,342 one-year term – Goal #2 Access to Primary and Specialty Care; Strategy 2.7 Increase equitable access to primary and specialty services and resources in underserved communities in CV; Strategy 5.1 Reduce the negative impacts of social determinants of health on homelessness in CV. 	<p>Director De Lara disclosed at the advice of legal counsel that she sits on the advisory committee of the Galilee Center with no financial interest.</p> <p>Donna Craig, Chief Program Officer, described the Galilee Center’s \$268,342 grant request for funding extended shelter to individuals and families seeking asylum while awaiting transportation to their final destinations and providing wraparound support services as one of the only facilities in Riverside County providing refuge to asylum seekers.</p> <p>The committee inquired about the increase and impact of families with the end of Title 42 on May 11, families staying longer in the Coachella Valley, the financial strain, and the delivery of other services due to the tremendous need.</p>	<p>Moved and seconded by Director De Lara and Vice-President Zavala to approve Grant #1392 Galilee Center – Galilee Center Extended Shelter – \$268,342 one-year term and forward to the Board for approval. Motion passed unanimously.</p>

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<p>2. Grant #1391 Lift To Rise – Driving Regional Economic Stability Through Collective Impact - \$900,000 over a 3 year term. – Goal #5: Be responsive to and supportive of selected community initiatives that enhance the economic stability of the District residents (on a situational basis) – Strategies 5.1;5.2;5.3; and 5.4</p>	<p>Claudia Castorena, CFO and Founder, Galilee Center, described the anticipated increased capacity and preparations for 250-300 persons daily for 30-60 days, with a contingency plan for maximum capacity. Ms. Castorena provided an overview of the financial impact with partial support from the state and federal funding through Riverside County.</p> <p>Public Comments: Greg Rodriguez, deputy director of Housing and Workforce Solutions, Riverside County, described the support for the Galilee Center’s work and the ongoing partnership and funding not provided by FEMA in the Emergency Food and Shelter Program (EFSP).</p> <p>Donna Craig, Chief Program Officer, described the Lift to Rise \$900,000 grant request for operating support of the Housing Community Action Network (CAN) to continue the work of the 10,000 units by 2028 and reduce the rent burden of Coachella Valley residents.</p> <p>The committee inquired about the reduced costs for the consultant fees by the grants review staff, the financial review and funding for one year and reviewing the grant in year two and year three, including the</p>	<p>Moved and seconded by Director De Lara and Vice-President Zavala to approve Grant #1391 Lift To Rise – Driving Regional Economic Stability Through Collective Impact – \$900,000 over a 3 year term with modifications of the inclusion of deliverables and milestones achieved at the end of the first and second years. Motion passed unanimously.</p>
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	<p>role of prior awarded multi-year grants.</p> <p>The following individuals provided public comments supporting Lift to Rise’s grant request:</p> <p>Alejandro Aguilar, Coachella Valley Organizer Greg Rodriguez, deputy director of Housing and Workforce Solutions, Riverside County Annalisa Vargas, Lead Community Advisor, Communities for New California (CNC) Rick Saldivar, Outreach Pastor, Local Community Leader, Cathedral City Carla Rosas, Coachella Resident Aliana Chappa, Coachella Valley Resident Asilia Gomez, Community Advocate, Coachella Resident Dieter Crawford, Desert Highland Gateway Estates Community Action Association</p> <p>Heather Vaikona, Chief Executive Officer, Lift to Rise, thanked the committee for the opportunity and addressed the amount of the grant request over a 3-year period and seeking matching grants from national funders.</p> <p>Director De Lara motioned to forward the 3-year grant request to the Board with modifications of the inclusion of deliverables achieved at the end of the first and second years.</p>	
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IX. Committee Members Comments	There were no committee meeting comments.	
X. Adjournment	Chair PerezGil adjourned the meeting at 5:57 p.m.	Audio recording available on the website at http://dhcd.org/Agendas-and-Documents

ATTEST: _____
 Evett PerezGil, Chair/ President, Board of Directors
 Program Committee

Minutes respectfully submitted by Andrea S. Hayles, Board Relations Officer

DRAFT



Grant Application Scoring Rubric



Category	Meets expectations <i>(10-6 points)</i>	Does not meet expectations <i>(0-5 points)</i>
Programmatic Review		
Executive Summary of the Project (10 points)	The applicant includes and describes the project’s mission and vision, the target population the project will serve, the expected benefits to the community, the need for the project in the community with proposed evidence-based methods, interventions, and strategies that are realistic, attainable, effective, and outcome-oriented.	The applicant is unclear or does not include or describe the project’s mission and vision, the target population the project will serve, the expected benefits to the community, the need for the project in the community with proposed evidence-based methods, interventions, and strategies that are realistic, attainable, effective, and outcome-oriented.
Community Need for the Project & Strategic Plan Alignment (10 points)	The applicant identifies and defines a specific need(s) for the project within the identified community and effectively describes the alignment of that need to the Desert Healthcare District and Foundation 2021-2026 Strategic Plan goals and strategies by using one of more of the following: data, case studies, interviews, focus group results, media coverage, etc.	The applicant does not sufficiently identify or describe a need for the project and/or its alignment to one of the Desert Healthcare District and Foundation 2021-2026 Strategic Plan goals and strategies by using one or more of the following: data, case studies, interviews, focus group results, media coverage, etc.
Project Goals, Performance Measures, and Evaluation (10 points)	The applicant has provided SMART goals with an evaluation plan that is comprehensively developed. The SMART goals are specific, measurable, attainable, realistic, and time-bound , and the evaluation plan will accurately measure the project’s effectiveness and impact. Within each goal, the applicant identifies a related performance measure as outlined in the Desert Healthcare District and Foundation 2021-2026 Strategic Plan.	The applicant has provided very limited goals and evaluation plans. The goals are not specific, measurable, attainable, realistic, time-bound goals and will not measure the project’s effectiveness or impact. Applicant did not identify related performance measures as outlined in the Desert Healthcare District and Foundation 2021-2026 Strategic Plan.

<p>Project Evaluation Plan (10 points)</p>	<p>The applicant provides a detailed plan of action for evaluation that includes both qualitative and/or quantitative assessment(s). The plan includes well-defined data reporting mechanisms and/or a clear and transparent narrative.</p> <ul style="list-style-type: none"> • Evaluation measures and methods are clear; the applicant defines how they envision success. • Evaluation is in alignment with the SMART goals of the project. • Evaluation is in alignment with identified performance measure(s). • An explanation is provided on how the data collected from the project will be utilized for future programming, partnerships, and/or funding. 	<p>The applicant does not provide, or vaguely describes, a plan of action with limited qualitative and/or quantitative assessment(s). The plan includes poorly defined data reporting mechanisms and/or a narrative.</p> <ul style="list-style-type: none"> • Evaluation measures and methods are not clear; the applicant vaguely defines how they envision success. • Evaluation is not in alignment with the SMART goals of the project. • Evaluation is not in alignment with identified performance measure(s). • An explanation is not provided on how the data collected from the project will be utilized.
<p>Applicant Capacity and Infrastructure to Execute Proposal (10 points)</p>	<p>The applicant includes examples that demonstrate that the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The applicant demonstrates reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support)</p>	<p>The applicant does not include examples that demonstrate the human resource allocation to this project is appropriate (internal staff expertise, use of external consultants, advisory committee, etc.). The applicant is limited in its ability to demonstrate reliability for this kind of work (strength, a history or track record of achievements, related mission, and letters of support)</p>
<p>Organization Sustainability (10 Points)</p>	<p>The applicant demonstrates that it has a current Strategic Plan. The applicant demonstrates strong Board engagement, governance, and fundraising support.</p>	<p>The applicant does not sufficiently demonstrate that it has a current Strategic Plan. The proposed program is not identified in the current Strategic Plan and the applicant organization has limited Board engagement, governance, and fundraising support.</p>

<p>Budget (10 points)</p>	<p>The budget is specific and reasonable, and all items align with the described project. The proposed budget is accurate, cost-effective, and linked to activities and outcomes.</p> <ul style="list-style-type: none"> • There are no unexplained amounts. • The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are reasonable. • All line items are identified clearly in the budget narrative. • The budget shows committed, in-kind, or other funds that have been identified, secured, and in place to support the project. 	<p>The budget is not specific and/or reasonable, and the items are poorly aligned with the described project. The budget is included in the application but seems incomplete or not reflective of actual costs.</p> <ul style="list-style-type: none"> • There are unexplained amounts. • The overall significance of the project, including the relationship between benefits and/or participants to the programmatic costs are not reasonable. • Line items are not clearly defined in the budget narrative. • The budget does not show committed, in-kind, or other funds that have been identified, secured, and in place to support the project.
<p>Key Partners / Collaboration (10 points)</p>	<p>The proposal demonstrates a collaborative process that includes multiple community partners involved in planning and implementation, with contributions from collaborators articulated in detail via letters of support and/or memorandums of understanding.</p>	<p>The proposal does not demonstrate a collaborative process and it does not involve multiple community partners in planning and implementation. Potential for collaboration exists but is not articulated.</p>
<p>Fiscal Review</p>		
<p>Fiduciary Compliance (10 Points)</p>	<p>The applicant demonstrates a financial history that shows a continuous cycle of fiduciary responsibility of the Board through unmodified audited financial statements 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 financial statements regularly.</p>	<p>The applicant does not demonstrate a financial history that shows a continuous cycle of fiduciary responsibility of the Board through audited financial statements. Positive cash flow at the end of each fiscal year is not consistent. and the Board does not review financials regularly.</p>

<p>Financial Stability (10 Points)</p>	<p>Funding sources for operations and programs are from multiple sources and are driven by a strategic plan for stability for both short- and long-term growth. Fund development and/or business plan is in place to identify future sources of funding. The requested grant amount is reasonable in comparison to the overall organizational budget.</p>	<p>Source of funds for operations and programs are from limited sources and are not driven by a strategic plan. There is no plan for stability in place currently, including a fund development plan and/or business plan. The requested grant amount is unreasonable in comparison to the overall organizational operating budget.</p>
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Total Score: _____ / 100

Recommendation:

- Fully Fund
- Partially Fund – Possible restrictions/conditions
- No Funding



Date: June 13, 2023

To: Program Committee

Subject: Grant # 1393 Desert AIDS Project d/b/a/ DAP Health

Grant Request: DAP Health Expands Access to Healthcare

Amount Requested: \$1,025,778.00

Project Period: 7/1/2023 to 6/30/2024

DAP Health's mission is to enhance and promote the health and well-being of the community. They are a Federally Qualified Health Center that provides comprehensive, culturally competent, quality primary and preventative health care services including; primary medical care, HIV and Hepatitis specialty care, dentistry, behavioral health and social services all-under-one-roof. DAP continues to advance their organizational goal of addressing healthcare gaps among economically disadvantaged community members, ensuring health equity for every one of our desert neighbors.

Beginning on July 1, 2023, Borrego Health patients will transition and become patients of DAP Health. To protect and maintain access to healthcare for 120,000 Borrego Health patients, DAP formed an alliance with Neighborhood Healthcare and Inncare ensuring patients who currently rely on Borrego for high-quality, culturally competent care will not experience an interruption in their service. Each organization has unique areas of expertise it brings to the alliance. This strong partnership allows for operational and clinical cooperation for the best possible outcomes for each unique site. Inncare has deep expertise in caring for migrant and farmworker populations as well as an established presence in many of the communities served by Borrego. Neighborhood Healthcare offers strength in primary and family health, with strong ties in the greater San Diego area. DAP's outstanding care for LGBTQ+ patients, and HIV/AIDS patients, as well as its best-practice approach to culturally responsive and relevant services, rounds out this outstanding team.

To ensure Borrego Health patients do not lose access to care, District funds would fill the expected gaps in operating revenue during the first year of the DAP acquisition. DAP expects the licensing and transfer of all clinics to DAP to take from three to six months before DAP can collect for services. In addition, DAP anticipates a loss of revenue due to time associated with transfer of pharmacy contracts, impacting 340B



income. The transfer of Borrego staff and clinicians to DAP will commence July 1, but it is expected to take approximately six months to achieve the necessary staffing levels.

Strategic Plan Alignment:

Goal 2: Proactively expand community access to primary and specialty care services

Strategy 2.2: Provide funding to support an increase in the number of clinics and needed programs (FQHCs, community clinics, multi-purpose community centers) in geographically-targeted markets and the days and hours that they operate (Priority: High)

Geographic Area(s) Served:

All District Areas

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 \$1,025,778.00 be approved.
- Recommendation with modifications
- Request for more information
- Deny



Grant Application Summary

Desert AIDS Project d/b/a/ DAP Health, Grant #1393

About the Organization

Desert AIDS Project d/b/a/ DAP Health
 1695 N. Sunrise Way
 Palm Springs, CA 92262-3702
 Tel: (760) 992-0432 Ext: 262
<http://www.daphealth.org>

Tax ID #: 330068583

Primary Contact:

David Brinkman
 Tel: (760) 323-2118
dbrinkman@daphealth.org

Organization History and Mission

DAP Health (DAP) envisions healthy individuals, families, and communities despite health inequities caused by racism and poverty, and is committed to achieving this goal through its mission to enhance and promote the health and well-being of our community. The organization was established in 1984 in Palm Springs, California by a group of volunteers in response to the HIV/AIDS epidemic. In 2012, DAP received Federally Qualified Health Center status to expand its capacity to serve at-risk people living at or below 200% of the Federal Poverty Line, regardless of HIV status. This designation aligns with DAP's goal of addressing healthcare gaps among economically disadvantaged community members, ensuring health equity for every one of our desert neighbors.

Organization Annual Budget: \$68,121,360.00

Historical (approved Requests)

Grant Year	Project Title	Grant Amount	Type	Disposition Date	Fund
1999		\$25,000	Grant	12/31/1999	
2000		\$75,000	Grant	12/31/2000	
2004	Behavioral assessment to determine optimal education design	\$10,000	Grant	9/1/2004	Grant budget

2008	Nutritional Services Program	\$2,500	Grant	12/5/2008	Grant budget
2008	D.A.P. Nutrition Services Program	\$2,500	Grant	4/28/2009	
2009	Desert AIDS Project's Nutrition Services Program	\$5,000	Food Assistance	8/5/2009	Grant budget
2009	Desert AIDS Project's Nutrition Services Program	\$5,000	Food Assistance	11/30/2009	Grant budget
2009	Desert AIDS Project's Nutrition Services Program	\$5,000	Food Assistance	1/12/2010	Grant budget
2009	Desert AIDS Project's Dental Clinic -- Dental Hygienist	\$48,100	Improving Lives	1/26/2010	Grant budget
2009	Desert AIDS Project's Nutrition Services Program	\$4,244	Food Assistance	5/14/2010	Grant budget
2010	Desert AIDS Project's Nutrition Services Program	\$5,000	Food Assistance	12/9/2010	Grant budget
2010	Desert AIDS Project Nutrition Services Program	\$5,000	Food Assistance	4/25/2011	Grant budget
2011	D.A.P. Electronic Health Record Acquisition for Clinical Quality Improvement	\$151,439	Achievement Building	7/26/2011	Grant budget
2011	Desert AIDS Project's Farmer's Market and Emergency Food Distribution Program	\$10,000	Food Assistance	10/5/2011	Grant budget
2012	Desert AIDS Project's Substance Abuse Services Program	\$55,884	Grant	6/25/2013	Grant budget
2014	Get Tested Coachella Valley: Early Intervention Services & Public Health Liaisons	\$498,625	Grant	11/19/2014	Grant budget
2014	Desert AIDS Project: Sexually Transmitted Infection Clinic	\$800,000	Grant	6/23/2015	Grant budget
2019	COVID-19 Response	\$150,000	Grant	4/1/2020	
2020	DAP Health Expands Access to Healthcare	\$100,000	Grant	5/26/2021	
2022	DAP Health Monkeypox Virus Response	\$586,727	Grant	9/8/2022	

Project Information

Project Title: DAP Health Expands Access to Healthcare

Start Date: 7/1/2023 **End Date:** 6/30/2024

Term: 12 months

Total Project Budget: \$1,431,793

Requested Amount: \$1,025,778

Executive Summary:

Need: The service area of DAP exhibits considerable socio-economic disparity among its neighborhoods and populations. While certain parts of the region are classified as prosperous, the proportion and count of impoverished individuals in the service area have remained mostly constant in recent years. Additionally, the ethnic mix of the service area and target population has changed very little. Income levels in the service area and target populations have remained stable or have declined.

All of these factors contribute to a situation demanding increased healthcare service availability within the region. The overall population of the greater Coachella Valley is relatively stable, and as such there are few to no new medical clinicians and/or clinics. Additionally, a number of the current practicing physicians are aging and nearing retirement age. Few physicians or physician group practices beyond the FQHCs and the University of California, Riverside (UCR) clinic are accepting new low-income patients.

Project Goals/Benefit to the Community: To protect and maintain access to healthcare for 120,000 Borrego Health (Borrego) patients as they transition and become patients of DAP Health, beginning on July 1, 2023. By forming an alliance with Neighborhood Healthcare and Inncare, DAP ensures patients who currently rely on Borrego for high-quality, culturally competent care will not experience an interruption in their service. Each organization has unique areas of expertise it brings to the alliance. This strong partnership allows for operational and clinical cooperation for the best possible outcomes for each unique site. Inncare has deep expertise in caring for migrant and farmworker populations as well as an established presence in many of the communities served by Borrego. Neighborhood Healthcare offers strength in primary and family health, with strong ties in the greater San Diego area. DAP's outstanding care for LGBTQ+ patients, and HIV/AIDS patients, as well as its best-practice approach to culturally responsive and relevant services, rounds out this outstanding team.

Evaluation: DAP will use Borrego's electronic health record system, Greenway Health, to monitor quantitative outcomes for former Borrego patients until the transition to DAP's EpicCare Ambulatory 2018 Certified EHR Suite (Epic) is complete. Patient contact information is included in the EHR records as part of their demographic data, which allows us to identify residents of the District.

Community Need for the Project:

Few places in the US experience a more acute shortage of primary care providers than the rural regions currently served by Inncare and Borrego. Inncare is acutely familiar with gaps in care in these areas. In four rural communities served by Inncare, there are no other sources for primary care available (Niland, Westshores, Winterhaven and Mecca) and others where care does not offer a sliding fee scale (Calexico, Brawley, and El Centro). There remains a very large unserved population in these areas despite the presence of Inncare and other FQHCs.

For more than 20 years, Neighborhood maintained a health center in the rural region of Pauma Valley. To provide patients with an array of needed care and support services, Neighborhood established and fostered relationships with other area providers as well

as social service agencies in this community. Two years ago, Neighborhood moved this site to Valley Center where it continues to serve the residents of Pauma Valley. Neighborhood draws on the relationships it fostered in the region to continue offering these patients access to a full spectrum of services, expanding these relationships to serve current Borrego patients in the region.

Like Neighborhood, DAP principally serves an urban population but is located adjacent to underserved rural areas. Increasingly, it is providing care to rural and migrant populations who live and work in the irrigated farm areas near our health center. The Eastern Coachella Valley is made up of four rural and unincorporated communities that are home to predominantly Latinx agricultural working families. The majority of these families are low-income and they form the local agricultural workforce which struggles with poverty, lack of access to clean water, wastewater issues, and occupational hazards.

Strategic Plan Alignment:

Goal 2: Proactively expand community access to primary and specialty care services

Strategy 2.2: Provide funding to support an increase in the number of clinics and needed programs (FQHCs, community clinics, multi-purpose community centers) in geographically-targeted markets and the days and hours that they operate
(Priority: High)

Project Description and Use of District funds:

Our proposed project is to protect access to healthcare for all of Borrego Health's patients, which includes patients of Borrego clinics within the Coachella Valley.

To ensure Borrego Health patients do not lose access to care, District funds would fill the expected gaps in operating revenue during the first year of the DAP acquisition. DAP expects the licensing and transfer of all clinics to DAP to take from three to six months before DAP can collect for services. In addition, DAP anticipates a loss of revenue due to time associated with transfer of pharmacy contracts, impacting 340B income. Transfer of Borrego staff and clinicians to DAP will commence July 1, but it is expected to take approximately six months to achieve the necessary staffing levels.

Description of the Target Population (s):

The target population is low-income Coachella Valley community members, including veterans, seniors, homeless, LGBTQ, uninsured/underinsured, and people of color.

Geographic Area(s) Served:

All District Areas

Age Group:

- (0-5) Infants
- (06-17) Children
- (18-24) Youth
- (25-64) Adults
- (65+) Seniors

Total Number of District Residents Served:

Direct: 39,485

Indirect: 39,485

Project Goals and Evaluation

<p>Goal #1: Protect and maintain access to healthcare for 120,000 Borrego patients as they transition and become patients of DAP Health, beginning on July 1, 2023.</p>	<p>Evaluation #1: DAP will use Borrego’s existing electronic health record (EHR) system, Greenway Health to track the former Borrego patients reassigned to DAP, including contact information as part of the patient’s demographic data, enabling us to identify District residents. In the future, DAP will transition these patients to DAP’s EHR system, Epic.</p>
<p>Goal #2: Ensure seamless patient care by both retaining existing Borrego staff and recruiting new personnel to meet the service demands of the 120,000 individuals who rely on us for healthcare.</p>	<p>Evaluation #2: DAP will transfer all licensed Borrego clinics to DAP ownership, which will include the reassignment of all Borrego staff to DAP. This process should take between three to six months. DAP will provide \$1.5M in retention bonuses divided evenly amongst Borrego’s staff. Within six months, DAP will hire additional clinicians to reach appropriate staffing levels. By the end of the grant year, the clinics should be operating at full clinician-patient caseload capacity under DAP ownership.</p> <p>DAP will transfer all licensed Borrego clinics to DAP ownership, which will include the reassignment of all Borrego staff to DAP. This process should take between three to six months. DAP will provide \$1.5M in retention bonuses divided evenly amongst Borrego’s staff. Within six months, DAP will hire additional clinicians to reach appropriate staffing levels. By the end of the grant year, the clinics should be operating at full clinician-patient caseload capacity under DAP ownership.</p> <p>Evaluation #2 additional DHCD Borrego Data (as of 05/25/2023): Retention of 104 current staff. Backfill of 23 vacant positions.</p> <p>138,000 patient visits projected over a 12 month period (72,000 within CC Centro Medico and Stonewall).</p>

	<p>Patients by Clinic:</p> <p>Desert Hot Springs: 11,710</p> <p>Cathedral City: 22,168</p> <p>Martha's Village 497</p> <p>Coachella Valley Health Center: 5,110</p> <p>Total = 39,485</p>
<p>Goal #3: Achieve sustainability through insurance billing reimbursement for the transferred Borrego clinicians under DAP clinician billable services contracts, by the end of the grant year in June 2024.</p>	<p>Evaluation #3: DAP will submit the professional qualifications to Inland Empire Health Plan (IEHP) and the State of California for credentialing. Billing for a full panel anticipating 6 months to reach capacity. Process can take from 4-6 months on average for full credentialing with the payors – IEHP typically takes 3 months – and DAP cannot bill until they are approved. DAP’s Department of Finance will use Sage Intacct®, a project-based accounting software in coordination with the EHR to track financial performance measures.</p>

Proposed Project Evaluation Plan

DAP intends to conduct a quantitative evaluation of the program using Borrego’s EHR system, Greenway Health. As demographic data of patients is recorded in their EHR, we can monitor the number of visits to each provider and track the agency clinicians' provision of healthcare to District residents.

To evaluate qualitative measures until the Borrego patients are transitioned to Epic, DAP will continue the practice established by Borrego by sending a text to patients after their visits to collect survey data. DAP provides satisfaction surveys to patients of our healthcare clinics. After a visit to one of DAP’s primary care clinics, all patients receive an email generated by our EHR system with a link to complete a satisfaction survey allowing them to provide feedback about their care. DAP collates results from the surveys addressing any issues identified as needed.

To ensure collection and integration of Borrego’s data with DAP’s, priorities include ensuring continuation of existing Borrego IT-related contracts, preparing agreements for transfer of IT-related services, and a current state assessment of the IT systems at both DAP Health and Borrego Health. Annually, DAP generates and submits a Uniform Data Systems (UDS) report to HRSA that contains standardized information about the performance and operation of our health center and how we deliver healthcare services to the underserved community in the Coachella Valley. The data for 2023, delivered in 2024, will include Borrego’s clinics and services, demonstrating continued access to healthcare for Borrego’s transitioning patients.

Data collection enables the evaluation and improvement of programs, as well as their inclusion in future funding opportunities aimed at promoting sustainability.

Organizational Capacity and Sustainability

Organizational Capacity

Founded in 1984, DAP was the first community-based clinic dedicated to serving low-income patients with HIV/AIDS. In 2012, DAP became a FQHC, and today serves the general community with a full complement of integrated and lifecycle appropriate care. Since its initial FQHC designation, DAP has maintained its good standing with HRSA making significant strides to expand its scope of services and meet the needs of a diversifying patient population.

DAP's evolving scope and services have grown out of the demonstrated community needs and now include behavioral health, substance use disorder services, preventative and restorative dental care, case management, housing assistance, nutrition programming, transportation assistance, STI testing, and STI prevention education.

Led by President and CEO David Brinkman, Brinkman has served the organization since 2006; Brinkman has guided DAP through a period of unprecedented expansion, increasing the number of people served, diversity and volume of services, number of volunteers and donors, and size of the budget by 500 percent. Under his leadership, DAP established a dental clinic, a permanent supportive housing community, three primary care clinics, a wellness center, a behavioral health clinic, a department of Community Health, and a vocational program as well as achieved FQHC status.

Organizational Sustainability:

For nearly four decades, DAP has successfully sustained service delivery with a diverse funding strategy, including earned income, public and private insurance reimbursement, fundraising from special events and projects, individual donations, and solicitation of public and private grants.

DAP's dual status as a Federally Qualified Health Center (FQHC) 330 Grantee and recipient of the Ryan White Part A Program grant enables the organization to participate in the federal 340B Drug Pricing Program, administered by the U.S. Department of Health and Human Services Administration Office of Pharmacy Affairs, which supports DAP's direct client services. DAP has received Ryan White Part A funding for almost 30 years and will oversee Borrego's pharmacies within the grant year, increasing DAP's 340B revenue.

DAP is in-network with Medicaid, Medicare, and other insurance plans most frequently accessed by clients, resulting in insurance reimbursement for clinical services. With the addition of Borrego's clinics and expanded patient population, DAP's HRSA portfolio will increase, opening capacity-building funding opportunities for DAP. The Borrego acquisition aligns with DAP's Vision Forward 2030, which includes expanding access to healthcare to our community's uninsured and underserved.

Diversity, Equity, and Inclusion

How does your organization address diversity, equity, and inclusion at the board and executive staff levels?

DAP expends ongoing effort to recruit Board Members and executive level staff who reflect key population sectors DAP Health serves, in particular the LGBTQ community, often overlooked as an underserved population in need of specialized primary and behavioral healthcare. As part of the transition, DAP Health will be expanding its Board of Directors by adding four members from Borrego's existing Board who reflect the geographic and cultural diversity of Borrego's patient population. Our staff recruitment processes adhere to ethical and legal recruitment and retention standards.

If your organization is not currently addressing diversity, equity, and inclusion at the board and executive staff levels, please explain the barriers, such as knowledge, financial investment, capacity, etc., that are preventing you from doing so.

Not applicable.

Partnerships:

Key Partners:

Our acquisition is being backed by two vital community partners, Innercare and Neighborhood Healthcare, who are also our Alliance partners. To make a competitive bid for the Borrego acquisition, DAP formed an alliance with these FQHC organizations. They have been serving communities that were historically served by Borrego and have a profound understanding of the patient populations in their respective geographic areas. DAP will provide fiscal oversight of all the clinics and provide operational oversight to clinics in our region. Furthermore, all employees of Borrego Health will become employees of DAP Health. At the direction of DAP Health, alliance members Innercare and Neighborhood will oversee program service delivery operations of the clinics within their geographic areas.

Line Item Budget

Operational Costs

Project

PROJECT OPERATIONS		Total Project Budget	Funds from Other Sources <i>Detail on sheet 3</i>	Amount Requested from DHCD
Total Staffing Costs <i>Detail on sheet 2</i>		\$ 11,202,645.61	\$ 10,270,120.61	\$ 932,525.00
Equipment (itemize)				
1	Electronic Medical Records (EMR) and Techno	\$ 526,741.00	\$ 526,741.00	\$ -
2	Equipment	\$ 69,879.00	\$ 69,879.00	\$ -
3	Communications	\$ 79,377.00	\$ 79,377.00	\$ -
4				\$ -
Supplies (itemize)				
1	Supplies	\$ 207,624.00	\$ 207,624.00	\$ -
2				\$ -
3				\$ -
4				\$ -
Printing / Duplication				
Mailing / Postage				
Travel / Mileage (use current Federal mileage rate)		\$ 29,811.00	\$ 29,811.00	\$ -
Education / Training				
* Items listed below are included for calculation of the total project budget only. For use of DHCD funds, these line items would be included in the allowable 10% indirect cost rate.				
Office / Rent / Mortgage*		\$ 1,492,567.00	\$ 1,492,567.00	\$ -
Telephone / Fax / Internet*			\$ -	\$ -
Utilities*			\$ -	\$ -
Insurance*		\$ 114,642.00	\$ 114,642.00	\$ -
Other direct project costs not described above (itemize)				
1	Marketing	\$ 45,857.00	\$ 45,857.00	\$ -
2	Other Expenses	\$ 6,410.00	\$ 6,410.00	\$ -
3	Bank Fees	\$ 21,067.00	\$ 21,067.00	\$ -
4			\$ -	\$ -
Indirect Cost Rate - Maximum of 10% Allowed				\$ 93,252.50
Total Project Budget (Rounded up to nearest dollar)		\$ 13,889,874	\$ 12,864,096	\$ 1,025,778
Budget Narrative	Fully describe items above in this cell. You may insert rows or create additional worksheets if more space is needed to fully describe your budget.: The DAP - Borrego acquisition is in development / transition status. Scheduled official contract deal closure, eta June 30, 2023. Transfer of Borrego assests, including budget line items, to occur at contract deal closure, eta June 30, 2023 / July 01, 2023. Per zoom dialog Thursday 5.11.23, description narrative of line item budget assests to be clouclated at time of contract deal closure, eta 06-30-2023.			

Line Item Budget Staffing Costs

Staff Salaries		Annual Salary	% of Time Allocated to Project	Total Project Salary	Amount Requested from DHCD
Employee Position/Title					
1	Reference supplemental sheet document: 1393 Initial_Grant_Budget_#27014_Budget_DAP-borrogo_Project_23-24_Staffing Cost - Excel	\$ 9,251,175.00	100%	9,251,175.00	\$ 770,682.00
2				-	
3				-	
4				-	
5				-	
6				-	
7				-	
8				-	
Total Employee Benefits / Employer Taxes - proportional fringe costs and/or employer taxes based on % of time allocated to project			21%	1,951,470.6	161,843.0
Enter this amount in Section 1; Staffing Costs			Total	\$ 11,202,645.61	\$ 932,525.00
Budget Narrative	Please describe in detail the scope of work and duties for each employee on this grant. DAP's Borrego health center program service delivery employee's payroll salaries and wages. Health center clinic personnel perform medical and dental primary and speciality care services to / for patients.				
Budget Narrative	Please describe in detail the employee benefits including the percentage and salary used for calculation. Includes workers' compensation insurance; social security taxes; other insurances and benefits (e.g., health dental; vision, life, disability insurances, etc.) @ 21.0943%.				
Professional Services / Consultants		Hourly Rate	Hours/Week	Total Project Fee	Amount Requested from DHCD
Company and Staff Title					
1					
2					
3					
4					
5					
Enter this amount in Section 1; Staffing Costs			Total	\$ -	\$ -
Budget Narrative	Please describe in detail the scope of work for each professional service/consultant on this grant.				

Line Item Budget Other Project Funds

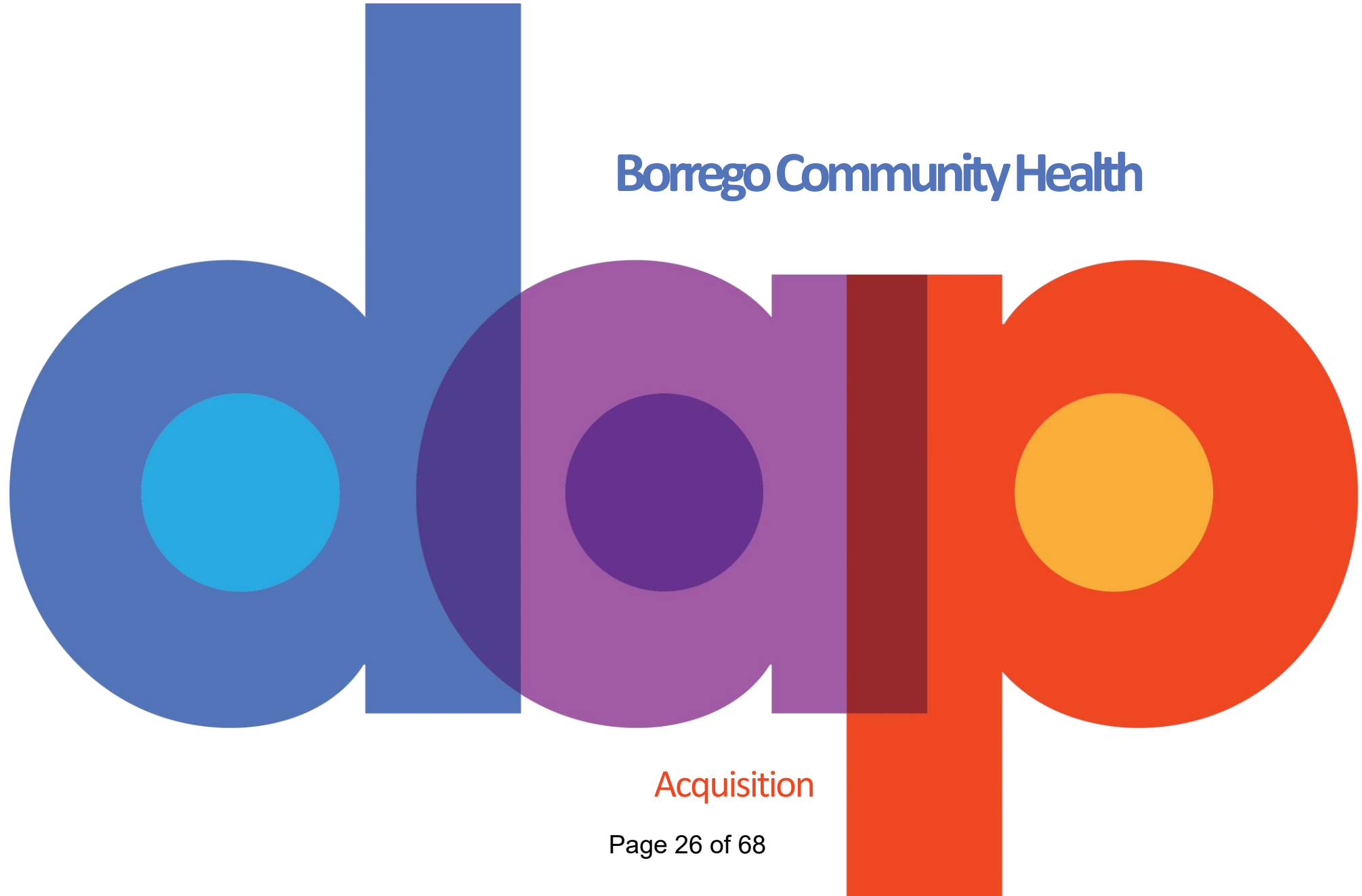
Other funding received (actual or projected) SPECIFIC to this project. "Total funding in addition to DHCD request" below should match or exceed value listed in Section 1 for "Funds from Other Sources".			Amount
Fees from Patient Services and Pharmacy			\$ 10,136,577.00
Donations			
Grants (List Organizations)			
1	HRSA FQHC and Local Health County Departments		\$ 2,687,519.00
2			
3			
4			
Fundraising (describe nature of fundraiser)			
1			
2			
Other Income, e.g., bequests, membership dues, in-kind services, investment income, fees from other agencies, etc. (Itemize)			
1			
2			
3			
4			
Total funding in addition to DHCD request			\$ 12,824,096.00
Budget Narrative	<p style="color: red; margin: 0;">Describe project income listed above. Note whether income is "projected" or actual.: Fees are associated with health center staffing personnel capacity of billable program service delivery (insurance, pharmacy, etc). Grants associated with health center's HRSA FQHC designation funding awards / contracts. Other Income associated with operational expenditures which will be subsidized within DAP general operational budget.</p>		

Borrego Community Health Foundation
Cash Flow Forecast
DHCD only

	Projected July	Projected August	Projected September	Projected October	Projected November	Projected December	Projected January	Projected February	Projected March	Projected April	Projected May	Projected June	Projected Totals
Receipts													
Medicare	\$ -	\$ 7,745	\$ 15,490	\$ 23,235	\$ 38,726	\$ 42,598	\$ 46,471	\$ 61,961	\$ 69,706	\$ 77,451	\$ 77,451	\$ 77,451	\$ 538,287
MediCal	\$ -	\$ 59,478	\$ 118,957	\$ 178,435	\$ 237,914	\$ 327,131	\$ 356,870	\$ 475,827	\$ 535,306	\$ 594,784	\$ 594,784	\$ 594,784	\$ 4,074,271
Pharmacy	\$ 84,320	\$ 126,480	\$ 210,800	\$ 379,440	\$ 421,600	\$ 421,600	\$ 421,600	\$ 421,600	\$ 421,600	\$ 421,600	\$ 421,600	\$ 421,600	\$ 4,173,840
Grants	\$ 223,960	\$ 223,960	\$ 223,960	\$ 223,960	\$ 223,960	\$ 223,960	\$ 223,960	\$ 223,960	\$ 223,960	\$ 223,960	\$ 223,960	\$ 223,960	\$ 2,687,519
Capitation	\$ 60,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 720,000
Commercial	\$ -	\$ 8,301	\$ 16,602	\$ 24,903	\$ 41,505	\$ 45,656	\$ 49,806	\$ 66,408	\$ 74,709	\$ 83,011	\$ 83,011	\$ 83,011	\$ 576,923
Total Receipts	\$ 368,280	\$ 485,965	\$ 645,809	\$ 889,974	\$ 1,023,704	\$ 1,120,945	\$ 1,158,707	\$ 1,309,757	\$ 1,385,281	\$ 1,460,806	\$ 1,460,806	\$ 1,460,806	\$ 12,770,840
Disbursements													
<u>Operating Disbursements</u>													
Salaries, Wages & Benefits													
Payroll	\$ 587,257	\$ 645,983	\$ 658,903	\$ 672,081	\$ 688,883	\$ 709,549	\$ 780,504	\$ 839,042	\$ 864,214	\$ 907,424	\$ 934,647	\$ 962,686	\$ 9,251,175
Employee Benefits and PR Taxes	\$ 123,878	\$ 136,266	\$ 138,991	\$ 141,771	\$ 145,315	\$ 149,674	\$ 164,642	\$ 176,990	\$ 182,300	\$ 191,415	\$ 197,157	\$ 203,072	\$ 1,951,470
EMR and Technology	\$ 33,437	\$ 36,781	\$ 37,516	\$ 38,267	\$ 39,223	\$ 40,400	\$ 44,440	\$ 47,773	\$ 49,206	\$ 51,667	\$ 53,217	\$ 54,813	\$ 526,741
Supplies	\$ 13,180	\$ 14,498	\$ 14,788	\$ 15,084	\$ 15,461	\$ 15,924	\$ 17,517	\$ 18,831	\$ 19,396	\$ 20,365	\$ 20,976	\$ 21,606	\$ 207,624
Communications	\$ 5,039	\$ 5,543	\$ 5,654	\$ 5,767	\$ 5,911	\$ 6,088	\$ 6,697	\$ 7,199	\$ 7,415	\$ 7,786	\$ 8,019	\$ 8,260	\$ 79,377
Travel	\$ 1,892	\$ 2,082	\$ 2,123	\$ 2,166	\$ 2,220	\$ 2,286	\$ 2,515	\$ 2,704	\$ 2,785	\$ 2,924	\$ 3,012	\$ 3,102	\$ 29,811
Facilities	\$ 94,747	\$ 104,222	\$ 106,306	\$ 108,432	\$ 111,143	\$ 114,477	\$ 125,925	\$ 135,369	\$ 139,431	\$ 146,402	\$ 150,794	\$ 155,318	\$ 1,492,567
Equipment	\$ 4,436	\$ 4,879	\$ 4,977	\$ 5,077	\$ 5,203	\$ 5,360	\$ 5,896	\$ 6,338	\$ 6,528	\$ 6,854	\$ 7,060	\$ 7,272	\$ 69,879
Insurance	\$ 9,553	\$ 9,553	\$ 9,553	\$ 9,553	\$ 9,553	\$ 9,553	\$ 9,553	\$ 9,553	\$ 9,553	\$ 9,553	\$ 9,553	\$ 9,553	\$ 114,642
Marketing	\$ 3,821	\$ 3,821	\$ 3,821	\$ 3,821	\$ 3,821	\$ 3,821	\$ 3,821	\$ 3,821	\$ 3,821	\$ 3,821	\$ 3,821	\$ 3,821	\$ 45,857
Other Expense	\$ 534	\$ 534	\$ 534	\$ 534	\$ 534	\$ 534	\$ 534	\$ 534	\$ 534	\$ 534	\$ 534	\$ 534	\$ 6,410
Bank Fees	\$ 1,756	\$ 1,756	\$ 1,756	\$ 1,756	\$ 1,756	\$ 1,756	\$ 1,756	\$ 1,756	\$ 1,756	\$ 1,756	\$ 1,756	\$ 1,756	\$ 21,067
Total Disbursements	\$ 879,531	\$ 965,917	\$ 984,923	\$ 1,004,308	\$ 1,029,024	\$ 1,059,425	\$ 1,163,801	\$ 1,249,911	\$ 1,286,938	\$ 1,350,502	\$ 1,390,547	\$ 1,431,793	\$ 13,796,618
Cash from Operations	\$ (511,251)	\$ (479,953)	\$ (339,113)	\$ (114,334)	\$ (5,319)	\$ 61,521	\$ (5,093)	\$ 59,846	\$ 98,343	\$ 110,304	\$ 70,259	\$ 29,013	\$ (1,025,778)
Beginning Cash Balance is Zero	\$ -												
Ending Cash Balance	\$ (511,251)	\$ (991,204)	\$ (1,330,317)	\$ (1,444,651)	\$ (1,449,971)	\$ (1,388,450)	\$ (1,393,543)	\$ (1,333,697)	\$ (1,235,354)	\$ (1,125,050)	\$ (1,054,791)	\$ (1,025,778)	

DHCD Request

Borrego Community Health



Acquisition

ASSUMPTIONS

- Bankruptcy court sweeps all cash on hand on the day of close
- Bankruptcy courts holds all closing AR and will sweep cash received on account for all claims paid with a service date prior to date of close
- Licensing and transfer of all clinics to DAP Health can take 3 to 6 months before DAP can collect for services
- Vendor contracts to be evaluated, accepted or renegotiated
- All Pharmacy contracts to be transferred to DAP and added to OPAIS
- Re-staffing has begun however anticipating 6 months to reach appropriate staffing capacity



20% of the Borrego Health system is in the Coachella Valley

Payor Mix in Coachella Valley

- 92% Medi-Cal
- 3% Medicare
- 4% Commercial
- 1% Private Pay

Anticipating 11,500 visits each month



Cash Flow Forecast

Coachella Valley Only

	Projected July	Projected August	Projected September	Projected October	Projected November	Projected December	Projected January	Projected February	Projected March	Projected April	Projected May	Projected June
Receipts												
Medicare	\$ -	\$ 7,745	\$ 15,490	\$ 23,235	\$ 38,726	\$ 42,598	\$ 46,471	\$ 61,961	\$ 69,706	\$ 77,451	\$ 77,451	\$ 77,451
MediCal	\$ -	\$ 59,478	\$ 118,957	\$ 178,435	\$ 237,914	\$ 327,131	\$ 356,870	\$ 475,827	\$ 535,306	\$ 594,784	\$ 594,784	\$ 594,784
Pharmacy	\$ 84,320	\$ 126,480	\$ 210,800	\$ 379,440	\$ 421,600	\$ 421,600	\$ 421,600	\$ 421,600	\$ 421,600	\$ 421,600	\$ 421,600	\$ 421,600
Grants	\$ 223,960	\$ 223,960	\$ 223,960	\$ 223,960	\$ 223,960	\$ 223,960	\$ 223,960	\$ 223,960	\$ 223,960	\$ 223,960	\$ 223,960	\$ 223,960
Capitation	\$ 60,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 60,000	\$ 60,000
Commercial	\$ -	\$ 8,301	\$ 16,602	\$ 24,903	\$ 41,505	\$ 45,656	\$ 49,806	\$ 66,408	\$ 74,709	\$ 83,011	\$ 83,011	\$ 83,011
Total Receipts	\$ 368,280	\$ 485,965	\$ 645,809	\$ 889,974	\$ 1,023,704	\$ 1,120,945	\$ 1,158,707	\$ 1,309,757	\$ 1,385,281	\$ 1,460,806	\$ 1,460,806	\$ 1,460,806
Disbursements												
<u>Operating Disbursements</u>												
Salaries, Wages & Benefits												
Payroll	\$ 587,257	\$ 645,983	\$ 658,903	\$ 672,081	\$ 688,883	\$ 709,549	\$ 780,504	\$ 839,042	\$ 864,214	\$ 907,424	\$ 934,647	\$ 962,686
Employee Benefits and PR Taxes	\$ 123,878	\$ 136,266	\$ 138,991	\$ 141,771	\$ 145,315	\$ 149,674	\$ 164,642	\$ 176,990	\$ 182,300	\$ 191,415	\$ 197,157	\$ 203,072
EMR and Technology	\$ 33,437	\$ 36,781	\$ 37,516	\$ 38,267	\$ 39,223	\$ 40,400	\$ 44,440	\$ 47,773	\$ 49,206	\$ 51,667	\$ 53,217	\$ 54,813
Supplies	\$ 13,180	\$ 14,498	\$ 14,788	\$ 15,084	\$ 15,461	\$ 15,924	\$ 17,517	\$ 18,831	\$ 19,396	\$ 20,365	\$ 20,976	\$ 21,606
Communications	\$ 5,039	\$ 5,543	\$ 5,654	\$ 5,767	\$ 5,911	\$ 6,088	\$ 6,697	\$ 7,199	\$ 7,415	\$ 7,786	\$ 8,019	\$ 8,260
Travel	\$ 1,892	\$ 2,082	\$ 2,123	\$ 2,166	\$ 2,220	\$ 2,286	\$ 2,515	\$ 2,704	\$ 2,785	\$ 2,924	\$ 3,012	\$ 3,102
Facilities	\$ 94,747	\$ 104,222	\$ 106,306	\$ 108,432	\$ 111,143	\$ 114,477	\$ 125,925	\$ 135,369	\$ 139,431	\$ 146,402	\$ 150,794	\$ 155,318
Equipment	\$ 4,436	\$ 4,879	\$ 4,977	\$ 5,077	\$ 5,203	\$ 5,360	\$ 5,896	\$ 6,338	\$ 6,528	\$ 6,854	\$ 7,060	\$ 7,272
Insurance	\$ 9,553	\$ 9,553	\$ 9,553	\$ 9,553	\$ 9,553	\$ 9,553	\$ 9,553	\$ 9,553	\$ 9,553	\$ 9,553	\$ 9,553	\$ 9,553
Marketing	\$ 3,821	\$ 3,821	\$ 3,821	\$ 3,821	\$ 3,821	\$ 3,821	\$ 3,821	\$ 3,821	\$ 3,821	\$ 3,821	\$ 3,821	\$ 3,821
Other Expense	\$ 534	\$ 534	\$ 534	\$ 534	\$ 534	\$ 534	\$ 534	\$ 534	\$ 534	\$ 534	\$ 534	\$ 534
Bank Fees	\$ 1,756	\$ 1,756	\$ 1,756	\$ 1,756	\$ 1,756	\$ 1,756	\$ 1,756	\$ 1,756	\$ 1,756	\$ 1,756	\$ 1,756	\$ 1,756
Total Disbursements	\$ 879,531	\$ 965,917	\$ 984,923	\$ 1,004,308	\$ 1,029,024	\$ 1,059,425	\$ 1,163,801	\$ 1,249,911	\$ 1,286,938	\$ 1,350,502	\$ 1,390,547	\$ 1,431,793
Cash from Operations	\$ (511,251)	\$ (479,953)	\$ (339,113)	\$ (114,334)	\$ (5,319)	\$ 61,521	\$ (5,093)	\$ 59,846	\$ 98,343	\$ 110,304	\$ 70,259	\$ 29,013
Beginning Cash Balance is Zero	\$ -											
Ending Cash Balance	\$ (511,251)	\$ (991,204)	\$ (1,330,317)	\$ (1,444,651)	\$ (1,449,970)	\$ (1,388,450)	\$ (1,393,543)	\$ (1,333,697)	\$ (1,235,354)	\$ (1,125,050)	\$ (1,054,791)	\$ (1,025,778)

Cash Flow Shortage

July	(511,251)
August	(479,953)
September	(339,113)
October	(114,334)
November	(5,310)
December	61,521
January	(5,319)
February	59,846
March	98,343
April	110,304
May	70,259
June	29,013
Total	(\$1,025,778)

Grant Scoring Review

Grant Staff Review # 1 of 4

Executive Summary: 9

Community Need and Alignment: 9

Goals: 8

Proposed Evaluation Plan: 8

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 9

Budget: 9

Key Partners/Collaborations: 9

Total Score: 70.00

Reviewer Comments:

DAP Health has been preparing for the transfer of the day-to-day operations of the Borrego Health clinics here in the Coachella Valley. Due to the transition, DAP Health will be facing financial challenges to keep providing medical care to 24,000 District residents and ensuring 104 medical personnel are retained with another 23 vacant positions filled. DHCD grant funds will ensure DAP Health has the financial support to continue to maintain operations at all of the new acquired Borrego Health clinics without causing a disruption or destabilizing the medical safety net many District rely upon for dental and medical services.

Response Notes:

Average Review Score:

Grant Program Staff Review Stage: 72.75 (4 of 4)

Fiscal Staff Review Stage: 18 (2 of 2)

Sum of all Reviews:

Grant Program Staff Review Stage: 291 (4 of 4)

Fiscal Staff Review Stage: 36 (2 of 2)

Total average proposal score: 91/100

Grant Scoring Review

Grant Staff Review # 2 of 4

Executive Summary: 10

Community Need and Alignment: 10

Goals: 10

Proposed Evaluation Plan: 10

Applicant Capacity and Infrastructure: 10

Organizational Sustainability: 10

Budget: 10

Key Partners/Collaborations: 10

Total Score: 80.00

Reviewer Comments:

This project as presented by DAP Health, proposes to create a seamless transition for current Borrego Health patients which includes the Borrego Health clinics patients they serve (39,485) within the District region in the Coachella Valley. This plan also includes the transition of current Borrego Health team members to aid in the prevention of service gaps for the communities served by Borrego Health. The patient composition includes low-income Coachella Valley community members which includes older adults, LGBTQ, homeless members, veterans and BIPOC community members.

There are three goals associated for the project related to the Borrego Health transition to become DAP Health which includes; 1) Protect and maintain access to healthcare for Borrego Health patients, 2) Retain and recruit staff to ensure patient care levels, and 3) establishing the capacity for insurance reimbursement through completion of the necessary requirements by the end of June 2024.

DAP Health as a service provider since 1984, is a highly respected and recognized provider of quality health care services. DAP Health's willingness to take the necessary steps to insure that these services are able to continue throughout the transition process will fulfill an important need for this community. If DAP Health had not taken these steps, the healthcare services of over 120,000 (39,485 in Coachella Valley) patients would be in jeopardy and potentially lost. Support for this step by step process is needed to insure there is no gap in service provision for these community members.

Grant Scoring Review

Response Notes:

Average Review Score:

Grant Program Staff Review Stage: 72.75 (4 of 4)

Fiscal Staff Review Stage: 18 (2 of 2)

Sum of all Reviews:

Grant Program Staff Review Stage: 291 (4 of 4)

Fiscal Staff Review Stage: 36 (2 of 2)

Total average proposal score: 91/100

Grant Scoring Review

Grant Staff Review # 3 of 4

Executive Summary: 9

Community Need and Alignment: 8

Goals: 7

Proposed Evaluation Plan: 8

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 9

Budget: 9

Key Partners/Collaborations: 9

Total Score: 68.00

Reviewer Comments:

DAP Health, in alliance with Neighborhood Healthcare and Innercare, fought to ensure many Coachella Valley residents would not experience an interruption in their healthcare services by taking over Borrego Health's staff, locations, and patients. As DAP transitions into taking over clinical operations, there is an expected gap in operating revenue for which this grant seeks to fill. Filling the financial gap helps to minimize the transitional impacts on Borrego Health patients.

Response Notes:

Average Review Score:

Grant Program Staff Review Stage: 72.75 (4 of 4)

Fiscal Staff Review Stage: 18 (2 of 2)

Sum of all Reviews:

Grant Program Staff Review Stage: 291 (4 of 4)

Fiscal Staff Review Stage: 36 (2 of 2)

Total average proposal score: 91/100

Grant Scoring Review

Grant Staff Review # 4 of 4

Executive Summary: 9

Community Need and Alignment: 10

Goals: 9

Proposed Evaluation Plan: 9

Applicant Capacity and Infrastructure: 9

Organizational Sustainability: 8

Budget: 9

Key Partners/Collaborations: 10

Total Score: 73.00

Reviewer Comments:

This request for gap funding will be specifically utilized towards the retention of Borrego staff at the existing bricks and mortar sites within the Desert Healthcare District's boundaries. Unfortunately, due to the terms of the acquisition, DAP Health had to agree to go into debt for \$6 million before the closing. DAP Health was on the hook for this amount which is draining the cash on hand. Our funds would leverage and provide a safety net for 24,000 existing patients of Borrego. People's lives are at risk and District's funding will ease the pressure.

Response Notes:

Average Review Score:

Grant Program Staff Review Stage: 72.75 (4 of 4)

Fiscal Staff Review Stage: 18 (2 of 2)

Sum of all Reviews:

Grant Program Staff Review Stage: 291 (4 of 4)

Fiscal Staff Review Stage: 36 (2 of 2)

Total average proposal score: 91/100

Grant Scoring Review

Fiscal Staff Review # 1 of 2

Fiduciary Compliance: 9

Financial Stability: 9

Total Score: 18.00

Reviewer Comments:

Fiduciary Compliance

The FY 06/30/22 audit report is unmodified. The Board of Directors accepted the audit report.

Audit report Current Ratio is strong (6:1), which represents the grantee's ability to pay its short-term liabilities.

The Net Assets increased by \$5.6M as of 6/30/22, with Total Net Assets of \$54M. Internal financial statements, as of 3/31/23, shows an increase of \$204k. The Balance Sheet is in good order.

Financial Stability

Grantee demonstrates a moderately sound financial position. Grantee presents a comprehensive strategic plan.

Grantee has diversified resources for this project of \$1.4M. The District's grant of \$1M is well supported by other resources.

Response Notes:

Average Review Score:

Grant Program Staff Review Stage: 72.75 (4 of 4)

Fiscal Staff Review Stage: 18 (2 of 2)

Sum of all Reviews:

Grant Program Staff Review Stage: 291 (4 of 4)

Fiscal Staff Review Stage: 36 (2 of 2)

Total average proposal score: 91/100

Grant Scoring Review

Fiscal Staff Review # 2 of 2

Fiduciary Compliance: 9

Financial Stability: 9

Total Score: 18.00

Reviewer Comments:

Audited financial statements presented to and approved by the Board of Directors. Organizational assets noted are sufficient to address liabilities. Positive cash flow noted for 2022, which exceeds the negative cash flow noted for 2021. The organizational budget includes multiple funding sources. The grant budget is reasonable in comparison to the overall organizational budget. Strategic plan in place which identifies areas of long term growth such as facility expansion but does not detail plan on how those funds will be obtained. The financials and organizational budget do not currently include the acquisition of Borrego Health, which will occur after the end of the current fiscal year. Based on feedback from the applicant, the grant funds will be utilized during the acquisition process to ensure access to care is not interrupted as the assets and liabilities are transferred.

Response Notes:

Average Review Score:

Grant Program Staff Review Stage: 72.75 (4 of 4)

Fiscal Staff Review Stage: 18 (2 of 2)

Sum of all Reviews:

Grant Program Staff Review Stage: 291 (4 of 4)

Fiscal Staff Review Stage: 36 (2 of 2)

Total average proposal score: 91/100



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: June 13, 2023
To: Program Committee
Subject: Grant #1398 Desert Healthcare Foundation - \$750,000

Staff Recommendation:

Consideration to approve a core operating support grant to the Desert Healthcare Foundation in the amount of \$750,000.

Background:

- Over the years, the important work related to grants and programs of the Foundation has increased.
- As part of this work, staff and other administrative expenses have been incurred by the Foundation without corresponding revenue.
- The Foundation has been supporting these expenses from the investment resources of the Foundation.
- Staff is requesting approval of a core operating support grant of \$750,000 from the District to the Foundation.

Fiscal Impact:

\$750,000 grant expense supported by the FY22-23 annual budget.



DESERT HEALTHCARE DISTRICT GRANT AGREEMENT

This agreement is entered into by the Desert Healthcare District (“DISTRICT”), a California health care district organized and operating pursuant to Health and Safety Code section 32000 et seq., and Desert Healthcare Foundation (“RECIPIENT”) and is effective upon execution by both parties.

1. **Grant**

Purpose and Use of Grant: Core Operating Support

Amount: \$ 750,000.

2. **Term of Agreement**

The term of this agreement is from July 1, 2023 through June 30, 2024, subject, however, to earlier termination as provided in this agreement.

3. **Legal Responsibility/Liability**

In authorizing execution of this agreement, the governing body of RECIPIENT accepts legal responsibility to ensure that the funds provided by DISTRICT are allocated solely for the purpose for which the grant was intended. RECIPIENT agrees to be knowledgeable of the requirements of this agreement and to be responsible for compliance with its terms. In no event shall DISTRICT be legally responsible or liable for RECIPIENT's performance or failure to perform under the terms of the grant or this agreement.

RECIPIENT agrees that DISTRICT may review, audit, and/or inspect DISTRICT-funded program operated by RECIPIENT under this agreement for compliance with the terms of this agreement.

4. **Reduction/Reimbursement of Awarded Funds**

DISTRICT may reduce, suspend, or terminate the payment or amount of the grant if the District determines in its sole discretion that RECIPIENT is not using the grant for the intended purposes or meeting the objectives of the grant. RECIPIENT hereby expressly waives any and all claims against DISTRICT for damages that may arise from the termination, suspension, or reduction of the grant funds provided by DISTRICT.

DISTRICT _____ RECIPIENT _____

RECIPIENT further agrees to reimburse any funds received from DISTRICT, where the DISTRICT determines that grant funds have not been utilized by RECIPIENT for their intended purpose.

5. **Other Funding Sources**

If requested by DISTRICT, RECIPIENT shall make information available regarding other funding sources or collaborating agencies for the programs or services provided by RECIPIENT.

6. **Attribution Policy**

RECIPIENT agrees to comply with the DISTRICT'S attribution policy, which is attached to this agreement as Exhibit "A."

7. **Payment Schedule**

Unless RECIPIENT and DISTRICT agree upon alternative arrangements, grant funds shall be allocated and paid according to the schedule and requirements described on Exhibit "B." In the event RECIPIENT fails to provide report(s) and/or appropriate supporting documentation in a timely manner, RECIPIENT may be subject to a delay or discontinuance of funding, at DISTRICT'S sole discretion.

8. **Program Budget**

RECIPIENT shall also submit, prior to the DISTRICT entering into this agreement, a program budget, which shall be subject to review and approval of DISTRICT. A copy of RECIPIENT'S program budget shall be attached to this agreement as Exhibit "C."

9. **Scope of Services/Recipient Activities**

Prior to the DISTRICT entering into this agreement, RECIPIENT shall include in its application, subject to review and approval by the DISTRICT, details of the RECIPIENT'S scope of service(s), activities or program(s) proposed for funding.

10. **Evaluation/Outcomes Reporting**

Prior to the District entering into this agreement, RECIPIENT shall include in its application, subject to review and approval of the DISTRICT, details of its plan for evaluation and reporting.

DISTRICT _____ RECIPIENT _____

RECIPIENT shall cooperate in efforts undertaken by DISTRICT to evaluate RECIPIENT'S effectiveness and use of the grant funds. RECIPIENT shall participate in and comply with all on-site evaluation and grant monitoring procedures including interviews with RECIPIENT'S staff by DISTRICT. RECIPIENT, at the request of the DISTRICT, shall also provide progress reports to DISTRICT according to the schedule contained on Exhibit "B" in a format to be provided by DISTRICT.

11. **Use of Subcontractors**

RECIPIENT may not subcontract any portion of the duties and obligations required by this agreement without the written consent of the DISTRICT. A copy of the proposed subcontract between RECIPIENT and the subcontractor shall be provided to DISTRICT for review. In the event DISTRICT consents to subcontract, the subcontractor shall be required to execute an agreement assuming all rights and obligations of this agreement, including the DISTRICT'S right to inspect the subcontractor's books and records and the right to monitor and evaluate the effectiveness of the use of the grant funds. Notwithstanding the forgoing, RECIPIENT shall remain primarily responsible for compliance with all terms and conditions of this agreement.

12. **Use of Funds**

The funds received pursuant to this agreement may not be used by RECIPIENT for general operating expenses or any other programs or services provided by RECIPIENT without the written consent of DISTRICT.

Upon request, RECIPIENT shall make available for the DISTRICT and members of the public, a detailed description of the program(s) and/or service(s) funded by DISTRICT. This program description may be a separate document or may be incorporated into the overall program materials developed by the RECIPIENT.

13. **Prevailing Wages**

If the funds received are used to pay for any portion of an applicable "public works" or "maintenance" project, as defined by the Prevailing Wage Laws (Labor Code sections 1720 et seq. and 1770 et seq.), and if the project cost is \$1,000 or more, RECIPIENT agrees to fully comply with such Prevailing Wage Laws, if applicable. RECIPIENT shall require any contractor or subcontractor performing work on an applicable "public works" or "maintenance" project to fully comply with all Prevailing Wage Laws, including but not limited to the payment of prevailing wages, registration with DIR, and maintenance of certified payroll records."

DISTRICT _____ RECIPIENT _____

14. **Independent Contractor Status**

The relationship between DISTRICT and RECIPIENT, and the agents, employees, and subcontractors of RECIPIENT in the performance of this agreement, shall be one of independent contractors, and no agent, employee, or subcontractor of RECIPIENT shall be deemed to be an officer, employee, or agent of DISTRICT.

15. **Use of Funds for Lobbying or Political Purposes**

RECIPIENT is prohibited from using funds provided by DISTRICT herein for any political campaign or to support attempts to influence legislation by any governmental body.

16. **Compliance with Applicable Law and Regulations**

RECIPIENT shall comply with all federal, state, and local laws and regulations, including but not limited to labor laws, occupational and general safety laws, and licensing laws. All licenses, permits, notices, and certificates as are required to be maintained by RECIPIENT shall be in effect throughout the term of this agreement.

Where medical records, and/or client records are generated under this agreement, RECIPIENT shall safeguard the confidentiality of the records in accordance with all state and federal laws, including the provisions of the Health Insurance Accountability and Portability Act of 1996 (HIPAA), and the laws and regulations promulgated subsequent thereto.

RECIPIENT shall notify DISTRICT in writing within 5 (five) days if any required licenses or permits are canceled, suspended, or otherwise terminated, or if RECIPIENT becomes a party to any litigation or investigation by a regulatory agency that may interfere with the ability of RECIPIENT to perform its duties under this agreement.

17. **Changes or Modifications to the Use of DISTRICT Grant Funds**

RECIPIENT shall submit to DISTRICT, in writing, any requests for proposed changes in the use of DISTRICT grant funds. DISTRICT must receive such requests at least thirty (30) days prior to the date the proposed changes are to be implemented and the proposed changes shall be subject to DISTRICT Board approval.

Notwithstanding the foregoing, requests for transfers between budget categories or line items less than ten percent (10%) of the total grant amount that do not change the total grant amount or generate additional line items may be directed to the DISTRICT's Program Department for consideration.

DISTRICT _____ RECIPIENT _____

18. **No-Cost Grant Extensions**

Any request by the RECIPIENT to extend a grant's project period without additional funding from the DISTRICT will be processed pursuant to the DISTRICT's No-Cost Grant Extension Policy. Any no-cost grant extension request shall be subject to DISTRICT Board approval.

19. **Conflict of Interest/Self Dealing**

RECIPIENT and RECIPIENT'S officers and employees shall not have a financial interest or acquire any financial interest, direct or indirect, in any business entity or source of income that could be financially affected by, or otherwise conflict in any manner or degree with, the performance of programs or services required under this agreement.

20. **Indemnity and Hold Harmless**

RECIPIENT agrees to indemnify, defend, and hold harmless DISTRICT and its officers, agents, employees, volunteers, and servants from any and all claims and losses accruing or resulting to any and all employees, contractors, subcontractors, laborers, volunteers, and any other person, firm, or corporation furnishing or supplying work, services, materials, or supplies in connection with the performance of this agreement and from any and all claims and losses of any kind accruing or resulting to any person, firm, or corporation arising out of, or in any way connected with or as a result of, the performance or execution of this agreement, the consummation of the transactions contemplated hereby, or in the expenditure of grant funds provided by DISTRICT.

21. **Fiscal/Accounting Principles**

RECIPIENT shall maintain an accounting system that accurately reflects and documents all fiscal transactions for which grant funds are used. The accounting system must conform to generally accepted accounting principles and upon request, DISTRICT shall have the right to review, inspect and copy all books and records related to the accounting system.

22. **Documentation of Revenues and Expenses**

RECIPIENT shall maintain full and complete documentation of all revenue and expenses (including subcontracted, overhead, and indirect expenses) associated with use of the grant funds covered by this agreement. During the term of this agreement and thereafter, DISTRICT or its authorized representative(s) shall have the right to review all RECIPIENT financial records including records related to the use or disbursement of the grant funds, upon request by DISTRICT. DISTRICT shall also have the right to audit, if necessary, RECIPIENT'S use of grant funds and any and all programs or services that were provided through the use of the DISTRICT funds. In the event of an audit or financial review, RECIPIENT agrees to provide DISTRICT access to all of RECIPIENT'S books and records.

DISTRICT _____ RECIPIENT _____

23. **Records Retention**

All records of RECIPIENT pertaining to the use of grant funds shall be maintained at RECIPIENT'S main local office for at least five (5) years following the year in which grant funds were first provided by DISTRICT.

24. **Governing Law**

This agreement shall be governed by and construed in accordance with the laws of the State of California.

25. **Assignment or Transfer**

RECIPIENT may not assign or transfer any interest in this agreement or entitlement to grant funds without the written consent of District.

26. **Entire Agreement, Amendment**

This agreement contains the entire understanding and agreement of the parties with respect to the subject matter hereof and supersedes all prior and contemporaneous agreements not contained herein. This agreement may only be amended or modified by a writing signed by both parties.

27. **Notices**

Any notice required or permitted pursuant to this agreement may be given by a party to the other party at the address set forth in the signature block of this agreement. Either party may change its address for purposes of notice by complying with the requirements of this section.

28. **Signatories**

The persons executing this agreement on behalf of the RECIPIENT have been designated by the governing body or fiscal agent of the RECIPIENT as the official signatories of this agreement and all related documents. At least one of these persons is a member of the RECIPIENT'S governing board, and both persons have the authority to execute this agreement on behalf of RECIPIENT.

DISTRICT _____ RECIPIENT _____

RECIPIENT:

Desert Healthcare Foundation
1140 N. Indian Canyon Drive
Palm Springs, CA 92262

Name: President/Chair of RECIPIENT
Governing Body

Name: Executive Director/CEO

PLEASE PRINT

PLEASE PRINT

SIGNATURE

SIGNATURE

DATE

DATE

Authorized Signatory for Desert Healthcare District:

Name: Conrado Bárzaga, MD
Title: Chief Executive Officer

SIGNATURE

DATE

Desert Healthcare District
1140 N. Indian Canyon Dr.
Palm Springs, CA 92262

EXHIBIT A

DESERT HEALTHCARE DISTRICT ATTRIBUTION POLICY

1. **Attribution Wording**

Attribution for District-funded programs shall be as follows:

“Made possible by funding from Desert Healthcare District” / “Hecho posible gracias al financiamiento de Desert Healthcare District” or “Funded by Desert Healthcare District” / “Financiado por Desert Healthcare District”

2. **Educational Materials**

Educational materials are items such as brochures, workbooks, posters, videos, curricula, or games. Materials (in print or electronic formats) produced and distributed for Desert Healthcare District-funded programs shall include the approved wording.

3. **Promotional Materials**

District attribution shall be included on promotional items such as flyers, banners and other types of signage. However, acknowledgement may be omitted when space limitation is an issue (e.g., buttons, pencils, pens, etc.)

4. **Media Materials and Activities**

Attribution to the District shall be included in any information distributed to the media for the purpose of publicizing a District-funded program. This information may include news releases and advisories, public service announcements (PSAs), television and radio advertisements, and calendar/event listings.

Media and publicity activities, such as news conferences, story pitching, press interviews, editorial board meetings and promotional events shall include reference to the District’s program support. As a courtesy, the District would appreciate notification of these activities at least two (2) weeks in advance, whenever possible. Please send to the District copies of any press coverage of District-funded programs.

5. **Logo Usage**

Use of the Desert Healthcare District logo is permitted and encouraged. Logos can be provided in print and electronic formats. Logos will be provided by DISTRICT upon initial grant funding and at RECIPIENT’s request thereafter. Graphic standards for logos shall be adhered to as provided by DISTRICT. Requests for logo should be directed to the Program Department of Desert Healthcare District.

6. **Photograph Consent**

RECIPIENT shall permit photographs of District-funded program to be taken by District-designated photographer at District expense, and consents to usage of such photographs on District Web site and other materials designed to inform and educate the public about District.

DISTRICT _____ RECIPIENT _____

EXHIBIT B

PAYMENT SCHEDULE, REQUIREMENTS & DELIVERABLES

<u>Project Title</u>	<u>Start/End</u>
General Operating Support	7/01/2023 6/30/2024

PAYMENTS:

(1) Payments: \$750,000.00

Total request amount: \$750,000.00

GRANT AND PAYMENT SCHEDULE REQUIREMENTS:

Scheduled Date	Grant Requirements for Payment	Payment
07/01/2023	Signed Agreement submitted & accepted	Advance of \$750,000.00 for time period 07/01/2023 - 06/30/2024

TOTAL GRANT AMOUNT: \$750,000.00

DISTRICT _____ RECIPIENT _____

EXHIBIT C

PROGRAM BUDGET ATTACHED AS SUPPLEMENTAL PAGE(S)

Line Item Budget Operational Costs

PROGRAM OPERATIONS	Total Program/Project Budget	Funds from Other Sources Detail on sheet 3	Amount Requested from DHCD
Total Staffing Costs Detail on sheet 2	602,623.00	-	602,623.00
Total Professional Services/Consultants Detail on sheet 2	-	-	-
Equipment (itemize)			
1	N/A		-
2			-
3			-
4			-
Supplies (itemize)			
1	Office Expense (supplies, phone, internet)	29,877.00	-
2			-
3			-
4			-
Pickup rental	25,000.00	-	25,000.00
Marketing	35,000.00	-	35,000.00
Travel/Mileage	7,500.00	-	7,500.00
Collaborators Recognition Event	50,000.00	-	50,000.00
Office/Rent/Mortgage		-	-
Telephone/Fax/Internet		-	-
Utilities		-	-
Insurance		-	-
Other facility costs not described above (itemize)			
1			-
2			-
3			-
4			-
Other program costs not described above (itemize)			
1			-
2			-
Total Program Budget	750,000.00	-	750,000.00
Budget Narrative			

**Line Item Budget
Staffing Costs**

Staff Salaries		Salary During Grant Period	% of Time Allocated to Program	Actual Program Salary	Amount of Salary Paid by DHCD Grant
Employee Position/Title					
1	Administrative Labor from District	267,253.00	100%	267,253.00	267,253.00
2	CVEC Labor from District	204,848.00	100%	204,848.00	204,848.00
3	Behavioral Health from District	130,522.00	100%	130,522.00	130,522.00
Total Employee Benefits					
Enter this amount in Section 1;Staffing Costs				Total >	602,623.00
Budget Narrative	Administrative	Administrative labor for District employees allocated to the Foundation for Foundation related work.			
	CV Equity Collaborative	CVEC labor for District employees allocated to the Foundation for CVEC related work.			
	Behavioral Health	Behavioral Health labor for District employee allocated to the Foundation for BH related work.			
Budget Narrative	Annual salary includes cost of employer payroll taxes and benefits. Benefits include a 457(b) retirement plan, health/dental/vision insurance, life and disability insurance.				
Professional Services / Consultants		Hourly Rate	Hours/Week	Fee for Grant Period	Fees Paid by DHCD Grant
Company and Staff Title					
					-
					-
					-
					-
Enter this amount in Section 1;Staffing Costs				Total >	-
Budget Narrative					



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Date: June 13, 2023

To: PROGRAM COMMITTEE

Subject: Board and Staff Demographic Matrix

Staff Recommendation: Information only

For Discussion: District staff would like to collect board and staff tenure and demographic information from grantees to better inform the District and Foundation's policies and programs.

Please see attached DRAFT Board and Staff Demographic Matrix for your review.

Fiscal Impact: none



DESERT HEALTHCARE
DISTRICT & FOUNDATION

Board and Staff Demographic Matrix

Organization Name:

Instructions: complete the below tenure and demographic composition matrix for your organization's staff and board members. If needed, add additional rows to each section.

	Board Members	Staff Members
Number of Individuals		
<i>Years at Organization</i>		
0-5 years served		
6-10 years served		
11-15 years served		
16-20 years served		
21+ years served		
Demographic Background		
<i>Gender Identity (voluntary)</i>		
Male		
Female		
Non-Binary		
LGBTQ+		
Other		
Choose not to disclose		
<i>Race (voluntary)</i>		
American Indian and Alaska Native		
Asian		
Black or African American		
Native Hawaiian and other Pacific Islander		
White		
Some other race		
Choose not to disclose		
<i>Ethnicity (voluntary)</i>		
Hispanic/Latino (of any race)		
Not Hispanic or Latino (of any race)		
Choose not to disclose		



Date: June 13, 2023

To: Program Committee – District

Subject: Progress and Final Grant Reports 5/1/2023 – 5/31/2023

The following progress and final grant reports are included in this staff report:

Vision To Learn # 1302

Grant term: 2/1/2022 – 1/31/2023

Original Approved Amount: \$50,000

Final Report covering the time period from: 2/1/2022 – 1/31/2023

CareForce CA # 1375

Grant term: 2/1/2023 – 4/30/2023

Original Approved Amount: \$10,000

Final Report covering the time period from: 2/1/2023 – 4/30/2023

Desert AIDS Project dba DAP Health # 1361

Grant term: 7/1/2022 – 6/30/2023

Original Approved Amount: up to \$586,727

Monthly Progress Report covering the time period from: 4/1/2022 – 4/30/2022

Vision To Learn, Grant#: 1302

Vision To Learn - Palm Springs, Desert Sands and Coachella Valley Unified School Districts

Strategic Area: Healthcare Infrastructure and Services

Reporting Period: 2/1/22 to 1/31/23

Nora MacLellan
Tel: (310) 489-0160
Nora@VisionToLearn.org

Grant Information

Grant Amount: \$50,000

Paid to date: \$45,000

Balance: \$5,000

Proposed Goals and Evaluation

Evaluation Plan: At the end of the grant period (and during the grant as requested), Vision To Learn will report to DHCD the number of eye exams and glasses provided to students in the three school districts, by school and district. This information is stored in real time and readily accessible through our EMR.

Goal #1: By February 2023, a total of 880 students attending Coachella, Palm Springs and/or Desert Sands school districts would have received a eye exam, following a failed vision screening.

VTL estimates the number of students to be served by the most current elementary student population numbers (5,500). In the past we have estimated those numbers to be about 20% (1,100) will fail and 80% (880) of those will require glasses.

Evaluation of goal #1: - Vision To Learn will garner MOUs with the three school districts

- Vision To Learn staff and/or Rotary volunteers will screen students' vision and refer those who fail an eye chart exam to VTL's mobile clinic.

- Provide free eye exams for 880 referred students

- All eye exams will be recorded in Vision To Learn's electronic medical records (EMR) database

Goal #2: By February 2023, an estimated 704 students (~80% of those examined) attending Coachella, Palm Springs and/or Desert Sands school districts would have been prescribed glasses, and provided a new pair of glasses with frames they picked out themselves.

Evaluation of goal #2: - Prescribe, provide and fit with glasses all children with diagnosed need.

- All prescriptions and glasses are recorded in Vision To Learn's EMR.

Goal #3: For up to one year following students' Vision To Learn eye exam, any lost, stolen or broken glasses would be replaced free of charge.

Evaluation of goal #3: - Vision To Learn will communicate this opportunity to school nurses and parents verbally and via hand-outs with contact information.

- Vision To Learn will replace any pair of lost, stolen or broken glasses via a reorder from our vendor, Warby Parker.

- All glasses replacements will be recorded in VTL's EMR

- Currently, about 10% of those children who receive glasses have been provided replacement glasses.

Goal #4: Follow-up/Referrals of Students to Specialists

Vision To Learn tracks exam results for every student in our Electronic Medical Record (EMR) system. Program-wide our doctors refer 10% of students for more comprehensive care with local optometrists and ophthalmologists.

Evaluation of goal #4: -Vision To Learn optometrists attempt to call the parent or guardian of every child (up to 2-3 times) that has been referred to encourage the family to schedule an appointment with a local eyecare professional. We provide the family a list of local doctors who accept Medi-Cal and also have Spanish-speaking staff available to assist with these calls. We are unable to track whether or not the family actually seeks the care (HIPAA laws make this difficult) but we do find that families frequently return to have the glasses prescription filled by Vision To Learn that has been prescribed by the local doctor.

- we can track referral numbers from our EMR system by school, district and region and are happy to share with Desert Healthcare District and Foundation.

Proposed number of District residents to be served:

Total: 880

Proposed geographic area(s) served:

Coachella
Indio
La Quinta
Mecca
North Shore
Oasis
Palm Desert
Thermal
Bermuda Dunes

Final Progress:

Final Outcomes on Goals and Evaluation

Program/project final accomplishment(s) in comparison to the proposed goal(s) and evaluation plan.

Detailed plan of action for evaluation that monitors and tracks the progress of Goal#1

- Vision To Learn will garner MOUs with the three school districts

DONE

- Vision To Learn staff and/or Rotary volunteers will screen students' vision and refer those who fail an eye chart exam to VTL's mobile clinic.

Rotary Volunteers have and will continue to screen students.

- Provide free eye exams for 880 referred students

As of January 31 2023 946 students have been provided eye fee eye exams and 791 have been provided free prescription eye glasses.

DONE

- All eye exams will be recorded in Vision To Learn's electronic medical records(EMR) database

DONE - also VTL has built a new database with additional recording and reporting capabilities to facilitate electronic Medi-Cal reimbursement

Goal #1:

Detailed plan of action for evaluation that monitors and tracks the progress of Goal#1

- Vision To Learn will garner MOUs with the three school districts

DONE

- Vision To Learn staff and/or Rotary volunteers will screen students' vision and refer those who fail an eye chart exam to VTL's mobile clinic.

Rotary Volunteers have and will continue to screen students.

- Provide free eye exams for 880 referred students

As of January 31 2023 946 students have been provided eye fee eye exams and 791 have been provided free prescription eye glasses.

DONE

- All eye exams will be recorded in Vision To Learn's electronic medical records(EMR) database

DONE - also VTL has built a new database with additional recording and reporting capabilities to facilitate electronic Medi-Cal reimbursement

Evaluation of goal #1:

All goals were accomplished.

Goal #2:

By February 2023, an estimated 704 students (~80% of those examined) attending Coachella, Palm Springs and/or Desert Sands school districts would have been prescribed glasses, and provided a new pair of glasses with frames they picked out themselves.

- FINAL students prescribed and provided glasses was 791

Evaluation of goal #2:

Goal surpassed.

Goal #3:

For up to one year following students' Vision To Learn eye exam, any lost, stolen or broken glasses would be replaced free of charge.

Final number of District residents served:

Total: 946

Final geographic area(s) served:

Coachella

Palm Springs

Please answer the following questions

1. Please describe any specific issues/barriers in meeting the proposed program/project goals:

Recruiting clinical staff to serve this region has proven extremely difficult. Much of the work provided utilized optometrists and opticians from the Riverside area who traveled to provide eye exams. However we are pleased to announce that a new doctor from Fontana who is willing to travel to work in the desert region 2-3 times weekly. This will allow us to increase service to the region going forward.

2. Please describe any unexpected successes other than those originally planned

Vision To Learn has partnered with Rotary members in the community to provide vision screenings, which has resulted in some cost savings for this project.

3. After the initial investment by the DHCD how will the program/project be financially sustained?

Vision To Learn has additional private funding raised in the desert region, from an anonymous donor. Additionally we are contracting each of our doctors with the Inland Empire Health Plan, to enable Medi-Cal reimbursement when students' coverage is available.

4. List five things to be done differently if this project/program were to be implemented again

1) Take into account weather forecasts when planning exam days. (We had a clinic battery die in 100+ degree heat on one occasion.)

2) Continue to seek a desert-region optometrist to contract for the project.

3) In our next project, we will have a better opportunity to pre-contract doctors with Inland Empire Health Plan

4) Plan a glasses dispensing event in the region to invite additional funders to observe

5) We are seeking additional public funding through a state Health Services Initiative that would reimburse exams for uninsured students.

Erica Huskey

From: Damian Carroll <damian@visiontolearn.org>
Sent: Monday, May 8, 2023 3:43 PM
To: Erica Huskey
Cc: Donna Craig
Subject: Re: [EXTERNAL] Vision To Learn # 1302 Final Report

Hello Erica, my apologies for the delay, here is the information you requested from Vision To Learn:

1. Evaluation Plan

- a. Will you please email us your report (*that was mentioned in VTL's grant application*) of the number of eye exams and glasses provided to students by school and school district? Is it possible to also provide the total number of students who were screened by school and district in this report?

2. [Here is the breakdown, including number of students referred for follow-up care:](#)

District/School	Total Screened	Exams Provided	Glasses Provided	Referrals
Coachella Valley Unified School District	1864	645	552	10
Cesar Chavez Elementary	658	289	246	2
Oasis Elementary	501	30	22	1
Peter Pendleton Elementary	398	179	154	3
Westside Elementary	307	147	130	4
Desert Sands Unified School District	725	333	266	14
Herbert Hoover Elementary	336	153	118	12
John F. Kennedy Elementary	389	180	148	2
Palm Springs Unified School District	295	102	77	0
Rancho Mirage Elementary	295	102	77	0
Grand Total	2884	1080	895	24

2. Goal 3

The number of replacement glasses was mentioned in your progress report, but not in the final report.

- a. Will you please provide the number of replacement glasses that were needed and provided to students in the final report?

Coachella Valley Unified School District

- Cesar Chavez Elementary 0 replacements
- Oais Elementary 0 Replacements
- Peter Pendleton Elementary 4 replacements
- Westside Elementary 4 replacements

Desert Sands Unified School District

- Herbert Hoover Elementary 4 replacements

- John F. Kennedy Elementary 0 replacements

Palm Springs Unified School District

- Rancho Mirage Elementary 0 replacements

3. Goal 4

- a. How many and/or what percentage of students were referred to more comprehensive care with a local optometrist or ophthalmologist? - [See table above.](#)
- b. From which schools and/or school districts? - [See table above.](#)

Best regards,

Damian Carroll

National Director and Chief of Staff | Vision To Learn | Tel:

310.893.2336 | damian@visiontolearn.org

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From: Erica Huskey <ehuskey@dhcd.org>

Sent: Friday, April 14, 2023 2:49 PM

To: Nora MacLellan <nora@visiontolearn.org>; Damian Carroll <damian@visiontolearn.org>

Cc: Donna Craig <dcraig@dhcd.org>

Subject: [EXTERNAL] Vision To Learn # 1302 Final Report

Hi Nora and Damian,

Thank you for submitting the second progress and final reports.

After reviewing the final narrative report:

1. Evaluation Plan

- a. Will you please email us your report (*that was mentioned in VTL's grant application*) of the number of eye exams and glasses provided to students by school and school district? Is it possible to also provide the total number of students who were screened by school and district in this report?

2. Goal 3

The number of replacement glasses was mentioned in your progress report, but not in the final report.

- a. Will you please provide the number of replacement glasses that were needed and provided to students in the final report?

3. Goal 4

- a. How many and/or what percentage of students were referred to more comprehensive care with a local optometrist or ophthalmologist?
- b. From which schools and/or school districts?

I am republishing/sending back the final report to your account in our grant portal so that you are able to make revisions to the narrative on Goal 3 and Goal 4 of the final report. An email link to the republished report form will be sent to Nora's email address.

Please do not hesitate to reach out if you have any questions.

Thank you!



May 17, 2023

Donna Craig
Chief Program Officer
Desert Healthcare District & Foundation
1140 N. Indian Canyon Drive
Palm Springs, CA 92262

Dear Ms. Craig,

On behalf of California CareForce’s staff, volunteers, and donors, we would like to thank Desert Healthcare District & Foundation once again for providing a mini-grant for our annual Coachella Valley FREE Healthcare Clinic at the Empire Polo Grounds.

Your support enabled us to provide free critical medical, dental, and vision care worth \$401,313 (average value received per patient was \$579.93) to 692 uninsured and underinsured individuals in the Coachella Valley. These numbers don’t tell the whole story though. A staggering total of 1,113 separate procedures were completed with the help of 535 licensed professionals and community volunteers that dedicated 4,205 hours of services. These services included:

<u>DENTAL SERVICES</u>	<u>MEDICAL SERVICES</u>
195 fillings	234 medical examinations
62 cleanings	73 COVID019 vaccinations
233 extractions	12 acupuncture services
11 partial dentures made on-site	30 HIV tests
	54 mammograms
<u>VISION SERVICES</u>	846 glucose tests
102 pairs of custom eyeglasses made on-site	112 medical labs
58 specialty eyeglasses ordered	101 referrals made to affordable providers

According to our patient data, 7% (51) were children; 13% (85) were ages 19-29; 65% (430) were ages 30-64; and 15% (99) were ages 65 or older. Twenty-five percent reported annual household income below \$20,000 while a further 20% reported annual household incomes below \$30,000. Twenty-six percent of patients refused to disclose their annual household income. Half of the patients reported household with 6 or more members.

Receiving these services at absolutely no cost enables our patients to avoid choosing between their health and other necessities. We could not spread so much healing, happiness, and hope in the Coachella Valley without Desert Healthcare District & Foundation’s mini-grant. We look forward to hosting the Coachella Clinic again in 2024.

With gratitude,

Cyndi Ankiewicz
Executive Director

2023 COACHELLA CLINIC

\$401,313 WORTH OF BASIC HEALTHCARE SERVICES

426 Dental Patients Served...

Restorative: **195** fillings
Oral surgery: **233** extractions
Hygiene: **62** cleanings
(3 root planing, 37 scaling, 60 gross debridement)
X-rays: **1593**
Partials: **11** stay plates
Oral Education: **74**



292 Vision Patients Served...

Comprehensive eye exams: **274**
Single vision glasses made on-site: **207**
Bifocals made on-site: **62**
Second pair of glasses: **40**

395 Medical Patients Served...

Medical exams: **234**
COVID-19 Vaccinations: **73**
COVID-19 Tests: **21**
Flu Shot Vaccinations: **25**
Acupuncture services: **12**
HIV Testing: **30**
Mammograms: **54**



4,205 HOURS SERVED BY **535** VOLUNTEERS

Community Resources...

- **UC Riverside School of Medicine (UCR)** and **Unidas Por Salud** helped coordinate community outreach efforts and **UCR Promotoras** provided general volunteer support at the clinic.
- The **Desert Healthcare District & Foundation** provided COVID-19 and Flu vaccines. Promotoras from the **Coachella Valley Health Equity Collaborative** also helped provide general volunteer support and interpreting services during the event.
- **Central Neighborhood Health Foundation (CNHF)** accepted warm transfers from our dental and medical patients. CNHF also offered free STD & HIV screenings from their mobile van.
- **Borrego Health** accepted warm transfers from our medical patients.
- **The Pink Journey** offered free, on-site mammography services from their mobile van.
- In partnership with **Glidewell Laboratories**, stay plates were offered to our dental patients.
- **La Botica Pharmacy** provided pharmacy supplies for the dental pharmacy and patient triage sections of the clinic.
- The **Braille Institute of Coachella Valley** provided free low visions services and resources.
- **The Urban Conservation Corps of the Inland Empire (UCCIE)** provided set-up and tear-down crews before and after the clinic. Members of UCCIE also offered on-site recycling collection and recycling education resources for our clinic attendees.
- Other community resources in attendance: **Coachella Valley Mosquito & Vector Control District, Coachella Valley Volunteers In Medicine, Desert Aids Project, FIND Food Bank, Inland Empire Health Plan, Jewish Family Service of the Desert, Tranquility Sands Hospice, and Visión y Compromiso.**
- Other local community sponsors who supported the event: **The City of Indio, Morales & Galindo Marketing Group, Inc. and Califried Foundation.**

Our Sponsors...

A big shout out to this year's presenting sponsor, **Goldenvoice**, for their generous contribution to the 2023 Coachella Clinic.

Supporting The Force 

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DAP Health MPX Testing, Treatment, and Vaccination Project -Desert Health Care District Monthly Report for April 2023:

Goal 1: Numbers of individuals tested; treated; vaccinated for MPX: In April 2023, DAP administered 1MPX test (0 positive); no individuals received treatment with TPOXX; administered 89 vaccines, and 0 hotel stays for an individual recovering from MPX. There were 0 vaccination clinics provided in April 2023. During April 2023, DAP met with representatives from Riverside University Health System and the Centers for Disease Control for a collaboration to provide MPX testing and vaccinations at the Palm Springs White Party event to be held at the Palm Springs Hilton Hotel, from May 12 – May 14, 2023.

Goal 2: Numbers of community members provided with MPX information about access to testing; treatment and vaccines through DAP's MPX hotline. In April 2023, the MPX hotline responded to 0 phone calls and 0 emails.

Goal 3: Social media metrics for DAP Health's digital/social media public health campaign to raise awareness of MPX exposure risk, symptoms and access to testing and care. During April 2023, DAP's radio public service announcements were aired 1,416 times, resulting in 16,960 visits to DAP Health's landing page with more information about MPX; digital ads providing MPX information about access to testing, treatment and vaccinations received 1,292,280 impressions resulting in 3,129 visits to DAP Health's landing page with more information on MPX. 2 posts on Facebook, Instagram and Twitter resulted in 570 impressions and 0 post clicks to DAP Health's MPX landing page.



**DESERT HEALTHCARE
DISTRICT & FOUNDATION**

Date: June 13, 2023
To: Program Committee
Subject: Grant Applications, RFPs, and MOUs Submitted and Under Review

Staff Recommendation: Information only.

Grant Applications: The following grant applications have been submitted and under review by the grants team and are pending either proposal conferences and or a site visit or have been approved by the board of directors. Recommendations/suggested decisions will be brought forward to the Program Committee for possible action:

1. #1389 Step Up On Second Street, Inc. \$50,000 *Step Up's ECM/ILOS Programs in the Coachella Valley* – application and financials reviewed by staff and have requested more current financial documentation before initiating a proposal conference.
 - a. Status: still waiting for the requested additional financial documentation before proceeding with a proposal conference
2. #1387 (mini grant) Well In The Desert - \$10,000 *Hot Meals program*
 - a. Status: Site visit was conducted on April 4, 2023 at United Methodist Church where a hot meals program was in progress. Staff has requested revisions to the mini grant proposal for more information. *A revised application has finally been received; however, staff will reach out to Well In The Desert for confirmation on conflicting numbers and strategies.*
3. #1393 DAP Health \$1,025,778 *DAP Health Expands Access to Healthcare* - assist with operating support gap in acquiring Borrego Health's assets to ensure smooth transition and uninterrupted healthcare services for clients of Borrego.
 - a. Status: *Application on 6/13/23 Program Committee meeting agenda*
4. #1394 CSUSB PD campus \$73,422 *Nursing Street Medicine Program*
 - a. Status: Proposal conference scheduled for 6/16/23 @ 12:00 with a site visit to see nursing students in action at Our Lady of Guadalupe church in Palm Springs

Recently Board-approved grants:

1. #1391 Lift To Rise - \$900,000 over 3 years (\$300K/year) for operating expenses for the Housing CAN.
 - a. Status – *Application and request was approved at 5/23/23 Board of Directors meeting.*
2. #1392 Galilee Center - \$268,342 – *Galilee Center Extended Shelter*
 - a. Status: *Application and request was approved at 5/23/23 Board of Directors meeting*

Recently Staff-approved Mini Grants:

1. #1390 (mini grant) PS Test \$7,669 requested for free clinic relocation expenses; however, after a site visit at their space, staff offered \$10,000 (a full mini grant amount) to assist with operating expenses.
 - a. *Status: Mini grant for \$10,000 for operating support was approved by staff.*
2. #1395 Rotary Club of Palm Desert - \$10,000 for matching healthcare scholarships to students at Palm Desert High School. Staff concluded proposal conference
 - a. *Status: Mini grant approved by staff.*

Recently declined grants:

There have been no declinations.

DESERT HEALTHCARE DISTRICT							
OUTSTANDING GRANTS AND GRANT PAYMENT SCHEDULE							
May 31, 2023							
TWELVE MONTHS ENDING JUNE 30, 2023							
Grant ID Nos.	Name	Approved Grants - Prior Yrs	6/30/2022 Bal Fwd	Current Yr 2022-2023	Total Paid Prior Yrs July-June	Total Paid Current Yr July-June	Open BALANCE
2014-MOU-BOD-11/21/13	Memo of Understanding CVAG CV Link Support	\$ 10,000,000	\$ 4,990,000		\$ -		\$ 4,990,000
2021-1136-BOD-01-26-21	Ronald McDonald House Charities - Temporary Housing & Family Support Services - 1 Yr.	\$ 119,432	\$ 11,944		\$ 11,944		\$ -
2021-1171-BOD-03-23-21	Blood Bank of San Bernardino/Riverside Counties - Bloodmobiles for Coachella Valley - 18 Months	\$ 150,000	\$ 15,000		\$ 15,000		\$ -
2021-1266-BOD-04-27-21	Galilee Center - Our Lady of Guadalupe Shelter - 1 Yr.	\$ 150,000	\$ 15,000		\$ 15,000		\$ -
2021-1277-BOD-04-27-21	Lift To Rise - United Lift Rental Assistance 2021 - 8 Months	\$ 300,000	\$ 30,000		\$ 30,000		\$ -
2021-1280-BOD-05-25-21	Desert AIDS Project - DAP Health Expands Access to Healthcare - 1Yr.	\$ 100,000	\$ 10,000		\$ 10,000		\$ -
2021-1296-BOD-11-23-21	Coachella Valley Volunteers In Medicine - Improving Access to Healthcare Services - 1 Yr.	\$ 154,094	\$ 84,752		\$ 69,342		\$ 15,410
2021-1289-BOD-12-21-21	Desert Cancer Foundation - Patient Assistance Program - 1 Yr.	\$ 150,000	\$ 82,500		\$ 82,500		\$ -
2022-1301-BOD-01-25-22	UCR Regents - Community Based Interventions to Mitigate Psychological Trauma - 1 Yr.	\$ 113,514	\$ 62,433		\$ 51,081		\$ 11,352
2022-1302-BOD-01-25-22	Vision To Learn - Palm Springs, Desert Sands, and Coachella Valley School Districts 1 Yr.	\$ 50,000	\$ 27,500		\$ 27,500		\$ -
2022-1303-BOD-01-25-22	CSU San Bernardino Palm Desert Campus Street Medicine Program - 1 Yr.	\$ 54,056	\$ 29,731		\$ 29,731		\$ -
2022-1306-BOD-02-22-22	Olive Crest Treatment Center - General Support for Mental Health Services - 1 Yr.	\$ 123,451	\$ 67,898		\$ 67,898		\$ -
2022-1311-BOD-04-26-22	Desert Arc - Healthcare for Adults with Disabilities Project Employment of Nurses - 1 Yr.	\$ 102,741	\$ 56,508		\$ 46,233		\$ 10,275
2022-1313-BOD-04-26-22	Angel View - Improving Access to Primary and Specialty Care Services for Children With Disabilities 1 Yr.	\$ 76,790	\$ 42,235		\$ 34,555		\$ 7,680
2022-1314-BOD-05-24-22	Voices for Children - Court Appointed Special Advocate Program - 1 Yr.	\$ 60,000	\$ 60,000		\$ 54,000		\$ 6,000
2022-1325-BOD-06-28-22	Vision Y Compromiso - CVEC Unrestricted Grant Funds - 2 Yrs.	\$ 150,000	\$ 150,000		\$ 67,500		\$ 82,500
2022-1327-BOD-06-28-22	Youth Leadership Institute - Youth Voice in Mental Health - 2 Yrs.	\$ 50,000	\$ 50,000		\$ 22,500		\$ 27,500
2022-1328-BOD-06-28-22	El Sol - Expanding Access to Educational Resources for Promotoras - 2 Yrs.	\$ 150,000	\$ 150,000		\$ 67,500		\$ 82,500
2022-1331-BOD-06-28-22	Pueblo Unido - Improving Access to Behavioral Health Education and Prevention Services - 2 Yrs.	\$ 50,000	\$ 50,000		\$ 22,500		\$ 27,500
2022-0965-BOD-06-28-22	Desert Healthcare Foundation - Behavioral Health Initiative Expansion - 3 Yrs.	\$ 2,000,000	\$ 2,000,000		\$ 2,000,000		\$ -
2022-22-15-BOD-06-28-22	Carry over of remaining Fiscal Year 2021/2022 Funds*	\$ 2,566,566	\$ 2,566,566		\$ 2,566,566		\$ -
2022-1323-Mini-07-21-22	Alianza Nacional De Campesinas, Inc - Mini Grant			\$ 5,000		\$ 5,000	\$ -
2022-1321-Mini-07-25-22	Theresa A. Mike Scholarship Foundation - Mini Grant			\$ 5,000		\$ 5,000	\$ -
2022-1324-BOD-07-26-22	Galilee Center - Our Lady of Guadalupe Shelter - 2 Yr.		\$ 100,000		\$ 45,000		\$ 55,000
2022-1332-BOD-07-26-22	Alianza CV - Expanding and Advancing Outreach Through Increasing Capacity Development - 2 Yrs.			\$ 100,000		\$ 22,500	\$ 77,500
2022-1322-Mini-08-13-22	Hanson House Foundation, Inc. - Mini Grant			\$ 5,000		\$ 5,000	\$ -
2022-1329-BOD-09-27-22	DPMG - Mobile Medical Unit - 3 Yrs.			\$ 500,000		\$ 50,000	\$ 450,000
2022-1350-BOD-09-27-22	JFK Memorial Foundation - Behavioral Health Awareness and Education Program - 1 Yr.			\$ 57,541		\$ 25,893	\$ 31,648
2022-1355-BOD-09-27-22	Joslyn Center - The Joslyn Wellness Center - 1 Yr.			\$ 85,000		\$ 38,250	\$ 46,750
2022-1361-BOD-09-27-22	DAP Health - DAP Health Monkeypox Virus Response - 1 Yr.			\$ 586,727		\$ 234,285	\$ 352,442
2022-1364-Mini-10-25-22	Al Horton Memorial Rotary Foundation - Mini Grant			\$ 5,000		\$ 5,000	\$ -
2022-1356-BOD-10-25-22	Blood Bank of San Bernardino/Riverside Counties - Coachella Valley Therapeutic Apheresis Program - 1 Yr.			\$ 140,000		\$ 63,000	\$ 77,000
2022-1358-BOD-10-25-22	Foundation for Palm Springs Unified School District - School-Based Wellness Center Project - 1 Yr.			\$ 110,000		\$ 49,500	\$ 60,500
2022-1362-BOD-10-25-22	Jewish Family Service of the Desert - Mental Health Counseling Services for Underserved - 2 Yrs.			\$ 160,000		\$ 36,000	\$ 124,000
2022-1326-BOD-12-20-22	TODEC - TODEC's Equity Program - 2 Yrs.			\$ 100,000		\$ 22,500	\$ 77,500
2022-1330-BOD-12-20-22	OneFuture Coachella Valley - Building a Healthcare Workforce Pipeline - 2 Yrs.			\$ 605,000		\$ 68,063	\$ 536,937
2022-1369-BOD-12-20-22	ABC Recovery Center - Cost of Caring Fund Project - 1 Yr.			\$ 332,561		\$ 74,826	\$ 257,735
2023-1357-Mini-01-09-23	Desert Recreation Foundation - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1333-BOD-01-24-23	Organizacion en California de Lideres Campesinas - Healthcare Equity for ECV Farmworker Women - 2 Yrs.			\$ 150,000		\$ 33,750	\$ 116,250
2023-1363-BOD-01-24-23	Pegasus Riding Academy - Pegasus Equine Assisted Therapy - 1 Yr.			\$ 60,092		\$ 27,040	\$ 33,052
2023-1375-Mini-01-30-23	California CareForce - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1374-Mini-02-10-23	Alianza Nacional De Campesinas, Inc - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1373-Mini-02-14-23	Palms To Pines Parasports - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1370-Mini-02-15-23	HIV+ Aging Research Project-Palm Springs - Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1372-BOD-02-28-23	Reynaldo J. Carreon MD Foundation - Dr. Carreon Scholarship Program - 1 Yr.			\$ 50,000		\$ 22,500	\$ 27,500
2023-1390-Mini-05-17-23	PS Test, Inc. - Testing & Treating the Growing Health Crisis-Mini Grant			\$ 10,000		\$ 10,000	\$ -
2023-1391-BOD-05-23-23	Lift To Rise - Driving Regional Economic Stability Through Collective Impact - 3 Yrs.			\$ 900,000		\$ 67,500	\$ 832,500
2023-1392-BOD-05-23-23	Galilee Center - Galilee Center Extended Shelter - 1 Yr.			\$ 268,342		\$ 60,377	\$ 207,965
TOTAL GRANTS		\$ 16,670,644	\$ 10,552,067	\$ 4,385,264	\$ 5,291,350	\$ 1,020,984	\$ 8,624,997
Amounts available/remaining for Grant/Programs - FY 2022-23:							
Amount budgeted 2022-2023			\$ 4,000,000			G/L Balance:	5/31/2023
Amount granted through May 31, 2023:			\$ (4,385,264)				
Financial Audits of Non-Profits; Organizational Assessments			\$ -			2131	\$ 5,104,996
Net adj - Grants not used: FY 21-22 Funds			\$ 2,566,566			2281	\$ 3,520,000
Matching external grant contributions			\$ -				
			\$ -			Total	\$ 8,624,997
Balance available for Grants/Programs			\$ 2,181,302				\$ 0
* Value listed in Total Paid column reflects funds granted from carryover funds. Actual grant payments will be reflected under the respective grant.							