



# Children & Community Health Center of McKinney

a member of Volunteers in Medicine

November 5, 2007

Mary Nelle Cummins  
President

Board of Directors

Dennis Baker  
Community Volunteer

Lance Black  
Technology Professional

Richard Boatman MD  
Physician

Gary Branch  
Community Volunteer

Todd Burran, MD  
Pediatrician

Nancy Huff  
Community Volunteer

Susan Kamuth, RN  
Nursing Professional

Pauleen Kocak  
Healthcare Administrator

Mollie McCune  
Community Volunteer

Mike Mixon, R.N.  
Nursing Professional

Dorrie O'Mara  
Community Volunteer

Betty Petkovsek RPh  
Pharmacist

Jerry Roberts  
Community Volunteer

Brooke Veale PA  
Healthcare Professional

To the Collin County Commissioners Court and the Collin County Health Care Foundation:

After much serious deliberation, the Board of Directors for the Children and Community Health Center of McKinney has decided that we must decline the county grant award of \$30,000. We believe that the rules and requirements that were attached to the contract and written after the grant proposals were written, accepted and awarded are unjust and not in the best interest of our patients.

The CCHC grant proposal was written following the rules set forth in the application and, as was required, using only numbers that included patients who are documented residents of northern Collin County. The numbers did, however, include well patient visits as well as sick visits. The Health Care Foundation is now saying that well patient visits may not be counted for reimbursement.

The county is now requesting name, address, age, Social Security number and diagnosis code for each patient. With the computer software that is used by CCHC, this information is easily obtained; however it is not clinic policy to require Social Security numbers. The board also feels that patient confidentiality is irreparably broken by your requirement that CCHC submit patient diagnosis codes.

I have contacted Michelle Patrick on two occasions with concerns that we have regarding the requirement of patient information that we consider to be private and have been told that there are no exceptions or changes from the county. We would be willing to release the required information in graph form that does not tie specific information to the patients, such as diagnosis codes, ages and zip codes.

Turning down this significant amount of money is a most difficult decision; however it is more important to the CCHC Board of Directors that we stay true to our mission and our clinic patients. We are not willing to change CCHC policy to meet the requirements that have been attached to this grant award, especially since they were added after the announcement of the county grant proposal awards.

Sincerely,

Mary Nelle Cummins  
President, Board of Directors  
Children and Community Health Center

120 S. Central Expressway · Suite 106 · PO Box 721 · McKinney, Texas 75070 · (972) 547-0606

The Children and Community Health Center of McKinney is a public charity and is exempt from Federal Income Tax under section 501(c)3 of the Internal Revenue Code. Contributions are deductible under section 170 of the Code.

## REPORTING INSTRUCTIONS

### Submission Instructions:

The spreadsheets provided must be submitted electronically to Michelle Patrick at [mpatrick@co.collin.tx.us](mailto:mpatrick@co.collin.tx.us)  
If you have any questions about completing the spreadsheet please contact Michelle Patrick at 972-548-5522 or [mpatrick@co.collin.tx.us](mailto:mpatrick@co.collin.tx.us)

### Due Dates:

- First Quarterly Report December 31, 2007
- Second Quarterly Report March 31, 2008
- Third Quarterly Report June 30, 2008
- Fourth Quarterly Report September 30, 2008

### Data Field Definitions - All data fields are required. Incomplete data may result in a reduced payment.

**Date of Service** - The date the client received service.

**SSN - XXXX** - Last 4 Digits of Social Security Number

**First Name, Last Name** - of patient/client seen

**Street Address** - Please provide full Street Address - Street, Avenue, etc. should be abbreviated i.e. (St., Ave., etc.); e.g. 123 Apple St. #310  
(*Note: P.O Boxes or incomplete addresses will not be reimbursed*)

**City** - Required

**State** - Required

**Zip Code** - Required

**M/F** - Male or Female

**DX Code** - Diagnosis Code (please record primary diagnosis code for visit)

Allergies - 692

Asthma - 493

Cardiac - 746

Diabetes - 250

Ear Ache -381

Gastroenteritis - 558

Hypertension - 401

Injury - 959

Muscle Weakness - 728

Pain - 307

Respiratory - 786

Sore Throat -34

Stroke - V17

**Amount** - Amount Requested for reimbursement (may not exceed amount in agreement)

**N/R - New or Returning Patient**

**Comments**- Any notes you may want to keep.





## **Collin County Health Care Foundation**

### **2007 Grant Application Guidelines and Instructions**

**Completed grant applications are due Friday, June 1, 2007 by 4:00 pm.**

The Collin County Health Care Foundation was established in 1983 to assist in providing health care to the citizens of Collin County, Texas. The Health Care Foundation is currently the primary funding source for many health care services provided by Collin County including; immunizations, communicable disease intervention, health education, travel medicine and indigent health care. Based on requests from numerous community groups seeking financial assistance for health-oriented activities, in 2003 the Collin County Commissioners established this grant program.

#### **Priorities:**

The Collin County Health Care Foundation encourages health oriented projects/programs that are developed in consultation with other agencies and planning groups; increase coordination and cooperation among agencies; and address a need in the community/county. Preferences will be given to proposals that:

- Addresses the health and well-being of Collin County residents, who are United States citizens or legal residents;
- Promotes volunteer participation and citizen involvement in the project;
- Targets at-risk, underserved or vulnerable populations;
- Demonstrates new approaches and techniques in the solution of community problems;
- Matching funds (cash or in-kind) have or are being actively secured;
- Services proposed are provided in a cost effective manner; and
- Applicant has a sound business plan for project/program sustainability.

#### **Funding:**

- A total of \$270,000 may be awarded in the 2007 grant cycle (September 2007 – August 2008). The final amount awarded by the Health Care Foundation will be determined by the Collin County Health Care Foundation Advisory Board and/or Trustees. In 2006, the average grant awarded was \$26,875.
- Due to the expected volume of proposals, not all proposals may be funded by the Collin County Health Care Foundation. An unsuccessful application does not reflect the worthiness of a particular project.

#### **Eligibility:**

- Grants will only be made to non-profit agencies that have a federal 501(c)(3) tax-exempt status determined by the Internal Revenue Service.

- If your agency is not currently recognized by the Internal Revenue Service as a 501(c)(3) tax exempt non-profit, you may identify a 501(c)(3) sponsor to act as your agency's fiscal agent. Successful applicants are encouraged to apply for their own 501(c)(3) status.
- Only proposed projects that have a physical presence in the county and serve Collin County residents will be considered for funding.
- At time of application, the agency must have been in operation and providing continuous services to their targeted population for at least six months.
- Applicant agrees not to discriminate based on race, color, religion, creed, gender, national origin, age, disabilities, marital or veteran status.
- It is recommended that requested funding does not exceed 33% of the agency's prior year budget.
- The immediate prior year Financial Statement/Certification accepted and approved by the agency's board must be submitted with the application.

**Exclusions:** The Collin County Health Care Foundation will not provide grant funds for the following;

- Annual fund drives or fund raising events;
- Religious, political or direct lobbying purposes;
- Grants to individuals;
- Operating deficits;
- Indirect costs;
- Renovations;
- Items/services for which third-party reimbursement is available (e.g. SCHIP or Medicaid);
- Attorney and legal fees; and
- Medical or academic research;

#### **Review and Approval Process:**

The Collin County Health Care Advisory Board appointed by the County Commissioners will review and rank applications submitted prior to the announced funding selection deadline. The applications with the highest rankings will be forwarded to the Collin County Health Care Foundation trustees to make the final determination and appropriation of funding. Upon the formal approval of funding by the trustees, an interlocal agreement will be executed between the successful applicant and the Collin County Health Care Foundation. The Collin County Health Care Foundation reserves that right to negotiate a disbursement schedule with each successful applicant. In general, payment will be after the fact, unless requested by the applicant in writing and approved by the Advisory Board. Applicants are reminded that if awarded a grant, all reports are due by the deadlines outlined in their agreement.

#### **Deadlines, Timeframes and Instructions:**

- **Completed grant applications are due Friday, June 1, 2007 by 4:00 pm.**
- An electronic application packet can be requested by contacting Michelle Patrick at [mpatrick@collincountytx.us](mailto:mpatrick@collincountytx.us) or on the Collin County homepage under Health Care Grants [www.collincountytx.gov](http://www.collincountytx.gov)
- The application can be filled out electronically in Word. Please follow the format provided.
- **Mail or hand deliver one (1) original and eleven (11) copies of the completed application to:**  
Collin County Health Care Foundation  
Attn: Michelle S. Patrick, Grant Development Officer  
1800 N. Graves Street  
Suite 159  
McKinney, TX 75069
- **Grant applications received after the deadline will not be considered.**
- To assist in the review of the application, please e-mail Michelle Patrick 5 digital photographs that best reflect the services of your agency.

- Grant recipients will be notified in July 2007. Grant funds must be used by August 31, 2008.
- General questions regarding the application guidelines can be directed to Michelle S. Patrick, Grant Development Officer at 972-548-4714 or [mpatrick@collincountytx.us](mailto:mpatrick@collincountytx.us).

## 2007 APPLICATION INSTRUCTIONS

### SECTION 1: APPLICANT AND PROPOSAL INFORMATION

1. **Applicant Information:** This section requests general information about the Applicant. In order to be considered for funding assistance, an applicant must be a 501(c)(3) non-profit organization. If your agency is not currently recognized by the Internal Revenue Service as a 501(c)(3) tax exempt non-profit, you may identify a 501(c)(3) sponsor to act as your agency's fiscal agent. Applicants are encouraged to apply for their own 501(c)(3) status.
2. **Proposal Information:** Provide a project title and a brief, concise description of the project you are proposing. Identify the population that will be served (e.g., adults with diabetes who have no health insurance). Geographic area served (e.g. northern portion of Collin County). If you are requesting funding for an existing project/activity, provide an **unduplicated number of clients** served for the period 7/1/06 – 4/30/07. (If you have any questions, don't hesitate to ask).
3. **Budget:** a. Amount of grant funds requested. b. Total annual agency budget (for your current fiscal year). c. Amount requested is what percent of the agency's total budget. Applicants are discouraged from requesting funding in excess of 33% of their budget.
4. **Authorization:** This section requires the signature of the applicant. The signatory must have contract signing authority for the applicant. If your agency is currently not a 501(c)(3), the sponsoring agency, acting as your fiscal agent must also sign the application.

### SECTION 2: PROJECT NARRATIVE (maximum of 8 pages, single spaced and 11 pt. font). To facilitate review, please follow this outline.

- 1) **Introduction and Background of Your Agency.**
  - a) Describe your agency's mission, history and major accomplishments.
  - b) Describe your agency's programs and activities.
  - c) Describe the constituency served by your agency since October 1, 2006 – include characteristics such as how many, gender, ages, race, ethnicity, location, etc.
  - d) If you received Collin County Health Care Foundation grant funds in the past, describe how previous funding was used i.e., purchased X number of prescriptions, delivered x number of meals, conducted x number of clinics, purchased equipment x.
  - e) Describe any collaborations/partnerships with local groups and use of volunteers.
- 2) **Problem/Need Statement for Your Proposed Project.**
  - a) Describe why the project is needed or the situation that exists that you are trying to improve.
  - b) Is the proposed project new or on-going part of your agency?
  - c) Describe how the project will work. (Include items appropriate to your project such as to how many will be served, hours/days operated, how many clinic sessions will be held, screening tests completed, client donations collected, prescriptions filled, how you will assure grant funds will only be used for Collin County residents who are US citizens or legal residents, etc.)
  - d) What are the specific goals, objectives, action steps, responsible parties, timelines, etc. for the project?
  - e) Identify the benefits to the participants, the community, the county and others of your project.
- 3) **Project Management/Administration.**

- a) Describe how your agency works. What is the management structure?
- b) What are the responsibilities of the board, staff, and volunteers?
- c) Who will be involved in carrying out the plans in the proposal?
- d) Names and qualifications of staff/volunteers involved with the project.

**4) Evaluation.**

- a) Describe your plan for evaluating the success of the project or your agency's work.
- b) Who will be involved in the evaluation – staff, board, volunteers, consultants, clients, etc.?
- c) What targets are you trying to achieve?
- d) What data or information will you collect or measure to learn if the project is successful.

**5) Sustainability.**

- a) Describe your long term success strategies for continuing the project after the funding cycle ends. Do you have a business plan in place? What other groups have you requested funding from since October 1<sup>st</sup>, 2006.
- b) List sources and amounts of significant financial donations, fundraisers, grants and awards made to your organization since October 1<sup>st</sup>, 2006.

**SECTION 3: BUDGET NARRATIVE**

The budget narrative should describe how the funds requested for each line item will be spent and how that amount was determined. If matching funds have been secured, identify the source of the matching funds.

**SECTION 4: BUDGET**

There are two budget formats provided. Complete the format that best fits your request.

**Budget 4A is a Line Item Budget.** Use the Line Item Budget if you are requesting specific items such as diabetes test stripes, blood pressure cuff, case worker, etc. If you are requesting to purchase equipment with a cost of over \$5,000, please provide a description and specification of the item.

**Budget 4B is a Fee-For-Service Budget.** Use the Fee-For- Service Budget if you are requesting reimbursement on a per unit basis. Examples include: X number of days of hospice care at X amount per day; X amount for X number of patient visits or screenings; X amount for each meal provided; etc.

**SECTION 5: ATTACHMENTS**

- 1) List of Current Trustees, Directors and/or Corporate Officers (include occupations and or community affiliations and board meeting schedule).
- 2) Organizational chart (Staff and Board)
- 3). Agency by-laws
- 4.) A copy of the IRS Letter of Determination showing 501(c)(3) status.
- 5.) A copy of agency's current operating budget and year-to-date financial statement.
- 6). The most recent certified audit or financial statement by a certified public accountant (if you are a new agency, send the last fiscal year's statements and the last IRS Form 990 filed). Please include board minutes which show acceptance of the audit by the Board.

7) Interim financial statements, including a balance sheet and income and expenses compared to budget from time of last audit to present. Proof/documentation of matching funds (e.g. letter of commitment, calculations of in-kind goods and services, etc.)

8.) Most recent annual report, if available.