



COLLIN COUNTY

Collin County Health Care Services
825 N. McDonald St. Suite 130
McKinney, Texas 75069
www.collincountytx.gov

Date: May 7, 2009
To: Collin County Health Care Board of Trustees
From: Candy Blair,
Manager, Health Care Services
Subject: Approval of FY'10 Application for Non-Profit Service Agreements

On April 16, 2009, the Collin County Health Care Advisory Board met and reviewed the FY'09 Health Care Service Agreement Application and consequently made the following assumptions and recommendations regarding the FY '10 Health Care Agreement Application process. Nine of the ten board members were present.

- **Assumptions/Considerations:**

- The Advisory Board assumed level funding (\$200,000) for the FY'10 funding period.
- Continue only funding services for clients who are U.S. citizens and legal residents of Collin County.
- No significant changes be made to the FY '09 application process except for those listed below.

- **Issue: Should low income or indigent be defined in the application?**

Recommendation: By an 8-1 vote, the Board recommended that low income individuals be defined as 100% of the federal poverty level and that funding for services will be only be reimbursed for clients whose income is under 100% of the Federal Poverty Level. The applicant will be responsible for determining eligibility.

- **Issue: Should any changes be made to the application format, guidelines, or instructions?**

Recommendation: By a 9-0, the Board recommended that every thing remain the same as in FY'09 process except that instead of 11 copies of the attachments listed in Section 5 of the Application Instructions, only 1 copy must be provided.

Based on the thoughtful discussion and recommendations of the Advisory Board, the following documents were developed for the Board of Trustees consideration.

History of Collin County Health Care Foundation Grants Requested and Funded

	FY'03 Funded	FY'04 Request	FY'04 Funded	FY'05 Request	FY'05 Funded	FY'06 Request	FY'06 Funded	FY'07 Request	FY'07 Funded	FY'07 Spent	FY '09 Request	FY '09 Funded	Spent thru May 2009
Children & Comm. Health		\$25,000	\$25,000	\$25,000	\$25,000	\$50,000	\$25,000	\$41,250	\$30,000	\$10,000	\$0		
Journey Home		n/a	n/a	\$25,000	\$17,500	\$30,000	\$20,000	\$30,000	\$24,750	\$0	closed		
Geriatric Wellness Center		n/a	n/a	\$30,585	\$10,000	\$40,058	\$30,000	\$45,414	\$38,025	\$38,025	\$64,750	\$29,750	\$14,128
Assistance Center of CC		\$18,500	\$18,500	\$21,500	\$21,500	\$25,000	\$25,000	\$27,000	\$27,000	\$18,374	\$9,946	\$7,899	\$3,853
Collin Co. Adult Clinic	\$50,000	\$25,000	\$25,000	\$44,128	\$20,000	\$70,000	\$20,000	\$32,400	\$31,980	\$31,980	\$40,005	\$40,005	\$24,220
Frisco Cares Children's Clinic		n/a	n/a	\$25,000	\$25,000	\$27,000	\$15,000	\$19,500	\$11,000	\$5,166	\$22,900	\$0	\$0
Collin Co. Committee on Aging		\$28,925	\$28,925	\$35,072	\$25,000	\$39,421	\$35,000	\$44,692	\$40,000	\$35,553	\$45,001	\$45,001	\$36,121
Journey of Hope Grief Support		n/a	n/a	\$15,000	\$0	\$0	\$0	\$5,000	\$0	\$0	\$4,499	\$0	\$0
Plano Children's Medical Clinic	\$50,000	\$50,000	\$25,000	\$25,000	\$25,000	\$48,000	\$45,000	\$75,000	\$50,000	\$37,917	\$75,000	\$21,000	\$13,860
Community Lifeline of McK											\$5,000	\$3,700	\$0
Tapestry Healthcare		\$25,000	\$25,000	\$25,000	\$25,000	Closed							
Bridge Breast Network								\$78,720	\$47,233	\$47,233	\$75,000	\$37,500	\$26,864
Allen Community Outreach											\$14,050	\$11,400	\$5,710
Frisco Family Services											\$4,500	\$3,700	\$2,475
Boys & Girls Clubs of Collin Co.								\$10,000	\$0				
Infant and Toddler Program								\$15,000	\$0				
Children's Medical Center								\$15,000	\$0		\$20,000	0	0
American Red Cross								\$22,989	\$0				
Guardian Wings of Care, Inc								\$16,641	\$0				
	\$100,000	\$242,425	\$147,425	\$321,285	\$194,000	\$354,479	\$215,000	\$478,606	\$299,988	\$224,248	\$380,651	\$199,954	\$72,324.00

**Collin County Health Care Foundation Advisory Board
Timeline for FY'10 Collin County Health Care Agreements
Approved by Advisory Board
April 16, 2009**

April 16, 2009 - Discussion with Advisory Board Regarding Application Guidelines

May 5, 2009 - Complete Application Packet

May 11 or 25, 2009 - Present Application Packet to Health Care Board of Trustees for Approval

June 2009 – Notify Public of Availability of Application Packet

Late July 2009 – Applications Due and Sent to Health Care Advisory Board

Mid August - Health Care Advisory Boards Meets to Review Applications

Late August – Present recommended proposals to Health Care Board of Trustees

Early September – Send out Service and Business Associate Agreements for Signature

October 1, 2009 – September 30, 2010 – Contract Period



Collin County Health Care Foundation

FY 2010 Services Agreement Guidelines and Instructions

Completed applications are due Thursday, July 23, 2009 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 Health Care Board of Trustees established this program. Since 2003, over \$1,156,000 has been awarded.

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 applications that:

- Addresses the health and well-being of the U.S. citizens and legal residents of Collin County;
- Promotes volunteer participation and citizen involvement in the project;
- Targets at-risk, underserved or vulnerable populations under 100% of the Federal Poverty Level;
- Demonstrates new approaches and techniques in the solution of community problems;
- Matching funds (cash or in-kind) have or are being actively secured;
- Services are provided on a fee-for-service basis;
- Services proposed are provided in a cost effective manner; and
- Applicant has a sound business plan for project/program sustainability.

Funding:

- Up to \$200,000 may be allocated in the 2010 service agreement cycle (October 1, 2009 – September 30, 2010). The final amount allocated by the Health Care Foundation will be determined by the Collin County Health Care Foundation Advisory Board and/or Trustees. In 2009 the average service agreement was \$22,217.
- 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:

- Service agreements will only be entered into with 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 reimbursement for the following:

- Annual fund drives or fund raising events;
- Religious, political or direct lobbying purposes;
- Rent or lease payments;
- Grants to individuals;
- Operating deficits;
- Indirect costs;
- Renovations;
- Items/services for which third-party reimbursement is available (e.g. SCHIP, Medicaid or private insurance);
- Attorney and legal fees;
- Medical or academic research;
- Services to those individuals who are not U.S. Citizens and legal residents;
- Services to those individuals whose family income exceeds 100% of the Federal Poverty Level; and
- Services to those individuals that are not domiciled in Collin County, Texas.

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 Board of Trustees to make the final determination and appropriation of funding. Upon the formal approval of funding by the trustees, a service agreement will be executed between the successful applicant and the Collin County Health Care Foundation. Reimbursement for services will be made on an after-the-fact basis and on a fee-for-service basis.

Deadlines, Timeframes and Instructions:

- **Completed service agreement applications are due Thursday, July 23, 2009 by 4:00 pm.**
- An electronic application packet can be requested by contacting Michelle Patrick at

mpatrick@collincountytx.us or on the Collin County homepage under Health Care Service Agreements at 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: (Note: Only one (1) copy of the items described in Section 5 Attachments must be provided).**

- Collin County Health Care Foundation
Attn: Michelle S. Patrick, MPA
825 N. McDonald Street, Suite 120 (WIC Office)
McKinney, TX 75069

- **Applications received after the date and time deadline will not be considered.**
- Successful applicants are expected to be notified in late August 2009.
- It is expected that Service Agreements will be entered into for the period October 1, 2009 – September 30, 2010..
 - In addition to execution of a Services Agreement, successful applicant will be required to complete a Case Information Release for each client served, certification of eligibility (client under 100% Federal Poverty Level) and enter into a Business Associate Contract.

General questions regarding the application guidelines can be directed to Michelle S. Patrick, at 972-548-5522 or mpatrick@collincountytx.us.

FY 2010 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 July 1, 2008 – June 30, 2009. (If you have any questions, don't hesitate to ask).
3. **Budget:** a. Amount of 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 6 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 July 1, 2008 – include characteristics such as how many, gender, ages, race, ethnicity, location, etc.
 - d) If you received Collin County Health Care Foundation 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, etc.
 - 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 how many will be served, hours/days operated, how many clinic sessions will be held, screening tests completed, client donations collected, prescriptions filled, etc.
 - d) 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.
- 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 1st, 2008.
 - b) List sources and amounts of significant financial donations, fundraisers, grants and awards made to your organization since October 1st, 2008.

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. For example, if you are requesting reimbursement for a clinic visit, please describe how \$X amount per visit was determined.

If matching funds have been secured, identify the amount and the source of the matching funds.

SECTION 4: BUDGET

Fee-For-Service Budget. Reimbursement for services will only be made on a fee-for-service 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. If you need assistance with developing a fee-for-service budget, don't hesitate to contact Michelle Patrick at mpatrick@co.collin.tx.us.

SECTION 5: ATTACHMENTS - NOTE: ONLY ONE (1) COPY OF THE FOLLOWING ATTACHMENTS SHOULD BE SUBMITTED.

- 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.

SECTION 2: PROJECT NARRATIVE (Insert Here)

SECTION 3: BUDGET NARRATIVE (Insert Here)

**SECTION 4B: FEE-FOR-SERVICE BUDGET
Collin County Health Care Foundation
Proposed Service Period: October 1, 2009 – September 30, 2010**

Service	Unit(s) Proposed	Cost/Unit	Cost
e.g. Clinic Visit – Est. Patient	50	\$35.00	\$1,750
		Total Cost	\$

SECTION 5: ATTACHMENTS (Insert Here)