Collin County Health Care Foundation

FY 2012 Services Agreement Guidelines and Instructions

Completed applications are due October 20, 2011 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 and treatment, and indigent health care.

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. Funding will be considered for applications that:

- Addresses the health and well-being of the U.S. citizens and Resident Aliens with more than 40 working quarters of U.S. residency.
- Targets at-risk, underserved or vulnerable populations with household incomes at or below 100% of the Federal Poverty Level;
- Services are provided on a fee-for-service basis;
- Promotes volunteer participation and citizen involvement in the project;
- Demonstrates new approaches and techniques in the solution of community problems; and
- Matching funds (cash or in-kind) have or are being actively secured.

Types of Services

The following types of health care services will be considered for funding:

- Sick medical visit (provided by a licensed health care provider)
- Laboratory and X-ray services
- Prescription drugs (generic when available)
- Outpatient medical services (provided by a licensed health care provider)

Funding:

- Up to $200,000 may be allocated in the FY'12 service agreement cycle (January 1, 2012 – December 30, 2012). The final amount allocated by the Health Care Foundation will be determined by the Collin County Health Care Foundation Advisory Board and/or Trustees.
- An applicant may request up to $50,000 in funding.
- 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.

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;
- Office equipment e.g. computers, faxes, copiers, etc.
- Operating deficits;
- Indirect costs;
- Renovations;
- Items/services for which third-party reimbursement is available (e.g. SCHIP, Medicaid, Medicare or private insurance);
- Attorney and legal fees;
- Medical or academic research;
- Mental health services;
- Vision services;
- Dental services;
- Medical supplies and equipment;
- Case management services;
- Services to those individuals who are not U.S. Citizens and Resident Aliens with less than 40 working quarters of U.S. residency;
- 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 Collin County Health Care Foundation Board of Trustees, 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 October 20, 2011 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 may 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 that will be recommended for funding are expected to be notified in November 2011.

- It is expected that Service Agreements will be entered into for the period January 1, 2012 – December 31, 2012.
    - 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's household income at or below 100% Federal Poverty Level and U.S. Citizenship and Resident Aliens with more than 40 working quarters of U.S. residency) 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 2012 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 January 1, 2010 – December 30, 2010. (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 January 1, 2010 – 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, conducted x number of clinics visits, 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, medical visits completed, client donations/co-pay 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 January 1st, 2010.

   b) List sources and amounts of significant donations, fundraisers, grants and awards made to your organization since January 1st, 2010.

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 sick medical visits at $$ amount; $$ amount for each laboratory test or X-ray 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.

Collin County Health Care Foundation
FY 2012 Service Agreement Application

SECTION 1: APPLICANT AND PROPOSAL INFORMATION

1. APPLICANT INFORMATION		
Name of Organization:		
Legal Name, if different:		
Service Delivery Address:		
City:	State: TX	ZIP Code:
Phone:	Fax:	Web site:
Mailing Address, if different:		
City:	State: TX	ZIP Code:
Name of top paid staff:		
Title:	Phone:	E-mail:
Contact Person regarding this application:		
Title:	Phone:	E-mail:
Is your organization an IRS 501(c)(3) non-profit? ☐ YES ☐ NO If NO, date applied to IRS for 501(c)(3) non-profit status.		
Employer or Federal Identification Number (EIN or FIN):		

2. PROPOSAL INFORMATION
Project Title:
Brief Description of Request:
Population proposed being served with funds:
Geographic area served with funds:
How many unduplicated clients did your agency assist between 1/1/10 – 12/31/10
How many unduplicated clients do you anticipate serving between 1/1/12-12/31/12?

3. BUDGET	
a. Dollar Amount Requested: $	b. Total annual agency budget: $
c. Request is ____ % of annual budget (a/b=c)_	

4. AUTHORIZATION: Applicant agrees not to discriminate based on race, color, religion, creed, gender, national origin, age, disabilities, marital or veteran status. (Signatory must have contract signing authority.)	
Name:	Title:
Signature:	Date:

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, 2010 – September 30, 2011

Service	Unit(s) Proposed	Cost/Unit	Cost
e.g. Sick Medical Visit	50	$40.00	$2,000
		Total Cost	$

SECTION 5: ATTACHMENTS (Insert Here)