

January 31, 2012

Dear Community Agency Representative:

Tri-City Healthcare District (TCHD) is committed to working collaboratively to improve the health and well being in our community.

Each year the Board of Directors of the Tri-City Healthcare District allocates funds for healthcare projects of non-profit agencies located in and serving the citizens of the cities of Carlsbad, Oceanside, and Vista. Last year, Tri-City Healthcare District awarded grants totaling \$300,000 in support of 22 community healthcare programs. This year, we are pleased to announce that \$300,000 is again available to be distributed in a competitive grant making process. Excluded from consideration are other hospitals, hospital districts, and government agencies.

Tri-City Healthcare District will consider projects that address priority issues as identified by the Community Healthcare Alliance Committee, a committee of the Tri-City Healthcare Board of Directors. Priorities are listed in the enclosed guidelines. \$100,000 of the total \$300,000 will be available to be awarded to one or more projects that collaborate with Tri-City Medical Center. These projects are to encourage innovative programs or new approaches that promote a sense of ownership and connection between the Tri-City Healthcare District and the community and that leverage existing networks and resources in creative ways.

If, after reviewing the guidelines, you believe your organization meets our requirements and your project matches our priorities, you are invited to submit an application by March 30, 2012.

Sincerely,



Charlene Anderson, Director
Tri-City Healthcare District Board of Directors
Chair, Community Healthcare Alliance Committee



**Tri-City Healthcare District
Board of Directors
Community Healthcare Alliance Committee
FY 2012 Grant Guidelines**

Eligibility

- The requesting organization must be a not-for-profit organization.
- The request must be for a project directly benefiting the *health and well being* of citizens in the Tri-City Healthcare District.
- The requesting organization must serve residents who live within the Tri-City Healthcare District boundaries.
- Excluded from consideration are other hospitals, hospital districts, and government entities.
- If you were awarded a grant in 2011, a six-month progress report on outcomes from that grant must be submitted in order to be considered for a 2012 grant. If a 2011 grant recipient is awarded a grant in 2012, the 12-month progress report must have been received and reviewed by TCHD before the 2012 grant is funded.

Mission and Priorities

All requests must support the TCHD Mission and one or more of the following priorities:

Mission:

To advance the health and wellness of those we serve.

Priorities:

- Access to health care
- Health conditions related to lifestyle:
 - Obesity & overweight
 - Physical activity & exercise
 - Diabetes
 - Heart disease
- Mental health

Collaborative Projects

- **Any collaborative project must include Tri-City Medical Center (TCMC) as one of the partners and must include a letter from a TCMC leadership team member acknowledging the role the grantee plays with TCMC.**
- Up to \$100,000 will be available to one or more community collaborative programs.
- Applicants are encouraged to be innovative and initiate programs or new approaches that promote a sense of ownership and connection between the Tri-City Healthcare District and the community, leveraging existing networks and resources in creative ways.
- A collaborative program will be comprised of at least 2 organizations (in conjunction with Tri-City Medical Center), with one serving as the lead and fiscal agent, responsible for the distribution of funds to any funded collaborative partners. There could also be collaborative partners that are unfunded.
- Strong preference will be given to a community organization being the lead/fiscal agent for the collaborative project.
- Any organization seeking funding for a collaborative project may also apply for an individual grant, as long as it is different than the collaborative project.

Application Process

Complete ALL items in the following application. You may use this document or reproduce it using the same format. **Incomplete applications will not be considered. Judges will only review and consider documents conforming to items I. through VI. below. As such, please do not submit other documents, other than those listed below.**

I. Grant Cover Page *(included)* Use only this cover page. DO NOT include any other cover sheet, cover letter or narrative description.

II. Proposal Narrative: *(included)* Complete all items, using an 11-point font.

III. Budget Narrative *(included)* See attached Instructions for completing the budget narrative.

IV. Project Budget *(included)* Complete attached budget form.

V. Organization's annual operating budget *(attach a one- page summary)*

VI. Verification of tax exempt or non-profit status *(attach IRS letter or other documentation))*

Send one copy of the completed application and required attachments postmarked or emailed no later than **5:00 pm on Friday, March 30, 2012** to **CHAC@tcmc.com** or:

**Tri-City Medical Center
TCHD Community Healthcare Alliance Committee
Public Affairs and Marketing Department
ATTN: Susan Paparella
2095 W. Vista Way
Suite 214
Vista, CA 92083**

NOTE: Applications submitted after the deadline will not be considered.

Grant requests are reviewed by the Community Healthcare Alliance Committee's Grant Review Panel and the Board of Directors of the Tri-City Healthcare District. Grants will be awarded by June 28, 2012.

I. Grant Cover Page

**Tri-City Healthcare District
Community Healthcare Alliance Committee**

Name of (Lead) Organization _____

Address _____ City _____ Zip _____

Telephone _____ FAX _____ Email _____

Primary Contact and Title: _____

Telephone/Address (if different from above): _____

Project Title: _____

Total Project Budget: \$ _____

Total Amount Requested: \$ _____

Priority Area: _____
(See Priorities on Page 1)

Geographic Area Served: ___ Carlsbad ___ Oceanside ___ Vista
(Check all that apply)

Is this a collaborative project? _____

If yes, list names of any potentially funded partner organizations:

Project Summary (250 words or less)

II. Proposal Narrative

1. Provide a brief background and description of your organization's purpose, size and constituents. Include your Mission Statement. (250 words or less)

2. Describe the need or problem to be addressed and its relevance to the TCHD Mission and Priorities, as listed on Page 1. (250 words or less)

3. Describe your target population, including ethnicity, age, financial status, how many will be served and where the program will take place. (150 words or less)

4. Describe your project or program to be funded, including the use of requested funds. (250 words or less)

5. List the program goals and objectives. (provide list or table)

6. List the activities and timeline for implementation. (provide list or table)

7. Describe the unique aspects of your program or unique approach to addressing the identified need. (150 words or less)

8. Describe your plan to measure success of meeting objectives/outcomes. (250 words or less)

9. If awarded a grant, how do you plan to sustain this program in future years? (150 words or less)

10. If a collaborative project, list partners and briefly describe their roles, including the role of Tri-City Medical Center. Attach Memorandum of Agreement (MOA) for any partner funded under the grant and letters of support for other (unfunded) partners. Attach a letter from a Tri-City Medical Center manager confirming the collaboration and relationship of the partners. (provide list or table)

III. Budget Narrative

The definitions listed below will help you decide what expenses should be included in the budget and what level of detail is required for the budget form and budget narrative. Please note that this is not an exhaustive list.

Instructions for Completing the Budget Narrative

A detailed *Budget Narrative* of project expenses must accompany the budget form. You may use the attached document or reproduce it following the same format. For each line item in the *Budget*, please provide a brief description of how the requested funds will be used. For example, registration fees for 6 volunteers and staff to attend Diabetes Care Management conference in Year 2 @ \$500 per person.

Definitions for Information on Line-Item Budget

Personnel

Salary line items: Include all staff salaries allocated to the project. Identify each position, salary and percentage of time allocated to the project (i.e., 1.0 FTE, 0.5 FTE). Independent contractor/ consultant's salaries should be listed under the Other Costs category. Other partners should be listed under the Other Costs category as a subcontracting organization (one line item total per subcontractor). (See below.) The lead organization, as the fiscal agent, will be responsible for implementation of all subcontractor activities and accounting of expenses.

Benefits: Include a total percentage of all related benefits and taxes for listed personnel (e.g. 20%).

Non-Personnel

Rent: Include line items for any space costs incurred by the project.

Office Supplies: Include cost of all office supplies related to the project.

Communications: Include separate line items for such items as: printing, publications, and telephone, postage, advertising, and web site costs.

Travel: Include the total for travel accommodations (e.g. air/rail fares, mileage, hotel, etc).

Conferences/Meetings: Include conference fees, and fees for facility, lodging and related expenses. Identify purpose for the conference/meeting in the *Budget Narrative*.

Training: Include costs of on-site or off-site classes, lectures and materials. Identify purpose and attendees in the *Budget Narrative*.

Other: Include the costs of all non-office supplies and any other items not listed above. Other project partners should each be listed as a subcontracting organization (one line item total per subcontractor). A more detailed explanation of subcontractor expenses should be included in the budget narrative. The lead organization, as the fiscal agent, will be responsible for implementation of all subcontractor activities and accounting of expenses.

Indirect Costs: Include general and *administrative* costs allocated to the project including insurance and janitorial. **Note that indirect costs funded by The Tri-City Healthcare District may not exceed 10% of direct costs.**

