



Collin County Health Care Foundation

2008 Services Agreement Guidelines and Instructions

Completed applications are due Thursday, July 24, 2008 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.

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;
- 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 \$300,000 may be allocated in the 2008 service agreement cycle (September 2008 – August 2009). 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 2007 the average service agreement was \$24,998.
- 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; 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 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 28, 2008 by 4:00 pm.**
- An electronic application packet can be requested by contacting Michelle Patrick at mpatrick@collincountytx.gov 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:**
 Collin County Health Care Foundation
 Attn: Michelle S. Patrick
 825 N. McDonald Street, Suite 120 (WIC Office)
 McKinney, TX 75069

- **Applications received after the deadline will not be considered.**
- Successful applicants will be notified in late August 2008.
- It is expected that Service Agreements will be entered into for the period September 1, 2008 – August 31, 2009.
 - In addition to execution of a Services Agreement, successful applicant will be required to complete a Case Information Release for each client served, 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.gov.

2008 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, 2007 – June 30, 2008. (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, 2007 – 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, 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 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, 2006.
- b) List sources and amounts of significant financial donations, fundraisers, grants and awards made to your organization since October 1st, 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. 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@collincountytx.gov.

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.`