

POLICY NO. 23

REQUESTS FOR PUBLIC FUNDS, COMMUNITY GRANTS AND SPONSORSHIPS

- A. Under the law, the District may provide assistance to health care programs, services and activities at any location within the District for the benefit of the District and the people served by the District and to non-profit provider groups and clinics functioning in Calaveras County in order to provide adequate health services to people in communities served by the District. (Calaveras Health and Safety Code Sections 32121(j) and 32126.5)
- B. The community's health needs are served not only by traditional acute care hospitals, but also by a broad array of other health-related programs and initiatives. These include local health and wellness programs, community-based clinics, health provider educational programs, and other programs and organizations that promote physical, emotional and psychological well-being. Areas of consideration may include, but are not limited to, Behavioral Health, Dental, Rehabilitation, Women's Issues, Children's needs, Student Scholarships in human health care related studies, Senior programs, Telehealth technology and Community Services.
- C. **POLICY:** The District shall have a Golden Health Community Grants and Sponsorship program, as finances allow, to address identified community health care needs as envisioned by the Mission Statement and the Strategic Plan. In conjunction with setting the District's annual budget each year, the District shall determine the amount to be budgeted to help fund these grant and sponsorship needs. It is the District's policy not to sponsor fundraising events. The District shall advertise a Call for Grant and Sponsorship Requests. Information regarding the availability of Community Grant funding and the application process will be posted on the District's website and publicized appropriately so that eligible applicants may make timely applications. The final decision regarding grant and sponsorship recipients shall be made by the District Board.
- D. **GRANT and SPONSORSHIP REQUESTS:**
1. **Requirements:**
 - a. All Grant and Sponsorship requests must be submitted in writing on the MTHCD Golden Health Community Grant and Sponsorship Form and must be filled out in accordance with instructions provided. Completed Golden Health Community Grant and Sponsorship Request Forms shall be returned to the District Grants Committee by mail or email within the specified time frame.
 - b. Requests for Grant and Sponsorship applications will go out in February. Grant and Sponsorship applications will be reviewed and recipients will be selected in March. All applicants will receive notification letters of grant awards or denials in April. Recipients will receive grant awards in April and press releases will follow.
 - c. When requesting Grant funding for health care related equipment, requestors should consider service contract pricing, warranty pricing, supplemental equipment pricing, training, and related expenses, etc. to arrive at the total estimated price. Copies of price quotes should be attached to the request form
 - d. When requesting Sponsorship funding for health fairs, health education and training projects, etc. requestors should provide complete information about the event/project and how it relates directly to providing health-related services to people in this District.

- e. The District shall have the option to sponsor student scholarships in human health-related fields of higher learning, health education classes or other community services, at its own discretion, outside of the above sponsorship process, as deemed appropriate.

2. Processing Grant and Sponsorship Requests

- a. Once Grant requests are received, they will be reviewed by the District Grants Committee and recommendations will be made to the MTHCD Board for approval.
- b. The Grants Committee will assess the grant applicant's ability to effectively administer the project being funded.
- c. The Grants Committee may make pre-award site visits to assess the appropriateness of grant requests. Visits may be unannounced.
- d. Those items marked as urgent need will have priority consideration when reviewing grant opportunities.
- e. Requests for emergency or interim funding that fall outside the normal grants application cycle may be presented to the Board for Approval after review and recommendation by the Board President and Executive Director, or the Grants Committee.
- f. Completed grant requests shall be processed in accordance with the subsection below.
- g. Grant and Sponsorship notification letters for awards and denials shall be provided to all applicants. This information will be tracked and recorded in a database by the District Administrative Assistant or Executive Director.

3. Approved Grants and Sponsorship Requests

- a. The Grants Committee shall notify the applicant and the District Finance Committee of the grant or sponsorship award.
- b. Grants and Sponsorships shall be awarded for a period not to exceed one year.
- c. The Grant or Sponsorship recipient, Grants Committee and the District Executive Director will work together to develop and distribute a press release.

E. ACCOUNTABILITY:

1. The Grants Committee may make post-award site visits to assess the appropriate use of the grant award. Visits may be unannounced.
2. Grant recipients will be asked to make a brief 5-minute presentation to the Board, approximately 6 months after receiving the grant award, to account for the appropriate intended use of the grant.
3. Grant recipients shall provide the Board with a final accounting of grant awards at the end of each fiscal year.

4. Grant recipients who do not effectively administer their grant funding as intended, may be asked to return unused grant money and may become ineligible to apply for future grants for a period of up to 2 years.

Policy No. 23 Revised and Board Approved on: June 21, 2017



P.O. Box 95
San Andreas, CA 95249
(209) 754-4468 Telephone
(209) 754-2537 Fax

GOLDEN HEALTH COMMUNITY GRANTS APPLICATION

Name of Group or Individual: _____

Address: _____

Provide your 501 (c) 3 Number: _____

Contact Person: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____ Website: _____

Description of Project, Including Purpose, Date and Target Population:

Amount Requested: _____ Total Cost of Project: _____

Other Sources of Funding: _____

Please describe how this grant will impact the health of the community within the scope of the MTHCD health priorities. _____

Please send your completed application to: MTHCD Golden Health Community Grants, P O Box 95, San Andreas, CA 95249 or email to pstout@methcd.org

Below is for District Use:

Received by: _____ Date: _____

Reviewed Date: _____

Denied Date: _____

Date Board Approved: _____