

Request for Public Funds, Community Grants & Sponsorships:

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, Areas of consideration, Social determinants of health and access to food, 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. Decision Tree will be used to guide the Committee in processing applications (Attachment # 2)
- b. 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.
- c. The Grants Committee will assess the grant applicant's ability to effectively administer the project being funded.
- d. The Grants Committee may make pre-award site visits to assess the appropriateness of grant requests. Visits may be unannounced.
- e. Those items marked as urgent need will have priority consideration when reviewing grant opportunities.
- f. 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.
- g. Completed grant requests shall be processed in accordance with the subsection below.
- h. 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.



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

**Policy# 23 – Attachment # 1
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: _____

Please Submit Project Budget: 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: _____



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Policy # 23 – Attachment # 2

Decision Tree			
For Requests for District Participation			
		Reviewer	
1. Is the project within the District Jurisdiction (County Borders)?	Yes, Go to Question 2	CEO	No, reject.
2. Is the project health care?	Yes, Go to Question 3	CEO	No, reject.
3. Is the project legal?	Yes, Go to Question 4	CEO	No, reject.
4. Does the District have capacity, infrastructure, funding to do the project?	Yes, Go to Question 5	CEO	No, refer to Grants committee
5. Is there liability to the District	No, Go to Question 6	CEO	Yes. Check with District carrier
6. REFER TO GRANTS COMMITTEE	Yes. Refer to Board	Chair	No, inform Board
Other Considerations: Is there history?			
Is it political?			
Is it a fundraiser? For what?			
Are there legal contracts, MOU's			
Is it within budget?			

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

This Institution is an Equal Opportunity Provider and Employer

Policy 23, Request-Public Funds Community Grants & Sponsorships (Att. 4 Agreement) (Resolution 2021-04 Approved by Board Aug. 25, 2021)

Policy# 23 - Attachment# 3			
MTHCD GRANT TIMELINE			
Timeline	Action	Responsibility	Approval/Oversite
June	Establish Budget	Executive Director Grants Committee	MTHCD Board
November-December	Previous Year's Recipients to present results to Board	Executive Assistant	Executive Director
January	Develop Advertising	Executive Director Administrative Assistant	Grants Committee
January February	Post on Website Post on Social Media	Executive Assistant	Executive Director
February	Advertise	Executive Assistant	Executive Director
March	Deadline for applications	Executive Assistant	Grants Committee
March	Review applications Consider on-site review	Grants Committee	Grants Committee
March-April	Final Selection	Grants Committee? Special workshop?	Board
April	All Applicants receive letters	Executive Assistant	Signature, Grant Committee Chair
May	Recognition Ceremony	Board Meeting?	
May-June	Recipients Sign Contracts	Executive Assistant	Executive Director
May-June	Previous year's recipients to provide final accounting	Executive Assistant	Executive Director
June	Maintain Database	Executive Assistant	Executive Director
June	Establish Next Budget	Executive Director Grants Committee	MTHCD Board
August-September	Consider Site Visits	Grants Committee	



MARK TWAIN HEALTH CARE DISTRICT

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

Attachment # 4

Today's Date: _____

Recipient Address

Attn: _____

Re: Letter of Agreement for [Recipient] for (Program) _____

Dear _____:

The Mark Twain Health Care District ("**MTHCD**") agrees to provide [Recipient] with funds to help support its (Program) _____ that will serve members of the community who live, work, or obtain an education within the boundaries of MTHCD ("**Program**"); specific details of which are incorporated into this funding agreement through the proposal submitted by [Recipient] and attached hereto as Exhibit A. MTHCD agrees to provide support with funds as follows:

1. MTHCD will provide _____ Dollars (\$ _____) to [Recipient] to use to support the Program ("**Funds**"). [Recipient] represents and warrants that Funds will be expended exclusively to support the Program, as set forth in Exhibit A attached hereto, and not for any other use or purpose. Any and all Funds not expended to support the Program must immediately be returned to MTHCD.

2. [Recipient] will comply with all recordkeeping and reporting requirement as outlined in Mark Twain Health Care District Recordkeeping & Reporting Requirements, attached hereto as Exhibit B, including reporting to MTHCD on the dates following six (6) months and twelve (12) months following the date of this letter.

3. MTHCD has the right to verify the proper use of the Funds and may, upon five (5) days written notice, audit and inspect all of the [Recipient]'s books, records, and documents of every kind related to the operation, administration, and expenditures of the Program.

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4. MTHCD funds shall be applied only for the benefit of program recipients living, working, or attending school within the district and shall only be used to fund the Program.

5. If the Program is terminated or substantially modified at any time during the grant period, MTHCD may withdraw any remaining Funds not yet paid.

6. [Recipient] shall indemnify, defend, and hold harmless, MTHCD, its directors, officers, staff and authorized representatives, from and against all costs, expenses, and attorney’s fees, arising directly or indirectly, out of, in connection with, or relating to the MTHCD’s participation in [Recipient]’s Program pursuant to this Agreement. This obligation shall not be qualified or eliminated by any allegation, finding, judgment, or verdict that any indemnitee is responsible for a passively negligent act or omission, except where such negligence was the principal cause.

The foregoing sets forth the terms and conditions of the agreement between MTHCD and [Recipient], and shall be effective immediately upon signing by both parties. By their signatures below, each of the following represent and warrant that they have authority to execute this agreement and to bind the party on whose behalf their execution is made.

Very Truly Yours,

Mark Twain Health Care District
Board of Directors

Dated: _____, 202__

By: _____

Randall Smart MD, Chief Executive Officer
P O Box 95, San Andreas CA 95249-0095

(Recipient)

Dated: _____, 202__

By: _____

_____, _____
(Print Name) (Title)

Address: _____

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