

2020 Major Grant

Pacific Hospital Preservation & Development Authority

Project Name*

Character Limit: 250

Is this a new, expansion, or continuing program?*

Choices

- New
- Expansion
- Continuing

What is the focus of this program?*

Choices

- Service delivery
- Advocacy
- A combination of service delivery and advocacy

Funding Requested*

Character Limit: 20

Organization Mission Statement*

Character Limit: 500

Current Year Operating Budget*

Character Limit: 20

Previous Year Operating Budget*

Character Limit: 20

Number of Full Time Employees*

Character Limit: 20

Number of Part Time Employees*

Character Limit: 20

Project Start Date*

Character Limit: 10

Project End Date*

Character Limit: 10

Total Project Budget in the Project Period*

Character Limit: 20

Project Summary*

Character Limit: 250

Grant Narrative

Question 1: Organization Information*

A. Briefly summarize your organization's history, mission, goals, main program areas and the population(s) and communities you serve.

Character Limit: 6000

Question 2: Project Description*

A. Describe the specific healthcare access and/or outcome disparity that your project plans to address. Please include the data and/or information that helped you identify this issue.

B. Describe how you plan to use these funds and how these funds will help your program address the access and/or outcome disparities noted in Question 2A. Describe specific activities that will be taken in implementing the project, including who will perform the activities and any planned partnerships.

C. Describe 1) how this project demonstrates cultural and linguistic competency, and 2) how the population you intend to serve will be involved in program planning, delivery and feedback. 3) how program staff and organizational leadership are reflective of the population you intend to serve.

Where relevant, explain how you will address one or more of the the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care here.

Character Limit: 10000

Question 3: FOR SERVICE DELIVERY PROGRAMS - Project Outputs*

FOR ADVOCACY-ONLY PROJECTS, ENTER N/A HERE AND ANSWER THE ADVOCACY QUESTION 3 BELOW. IF YOUR PROJECT IS BOTH SERVICE DELIVERY AND ADVOCACY, ANSWER THE RELEVANT PARTS OF BOTH.

A. Include numeric information about the project's proposed outputs, (i.e., the specific services that you propose to deliver and the number of clients that will receive each service). Please include both quantitative and qualitative descriptions of your proposed outputs.

PLEASE NOTE: The numerical information you provide in this section will form the basis for your contracted reporting. Be specific about the outputs you intend to deliver (e.g., 100 mental health counseling sessions for 10 clients; 30 dental procedures for 15 new dental clients, etc.)

B. Provide the total number of unduplicated clients served by this project, across all project

services (i.e., if a client receives two or more services they would be counted more than once in your answer to Question 3A, but only once in your answer to Question 3B).

Character Limit: 6000

Question 3: FOR ADVOCACY PROGRAMS - Project Outputs*

FOR SERVICE DELIVERY-ONLY PROJECTS, ENTER N/A HERE AND ANSWER THE SERVICE DELIVERY QUESTION 3 ABOVE. IF YOUR PROJECT IS BOTH SERVICE DELIVERY AND ADVOCACY, ANSWER THE RELEVANT PARTS OF BOTH:

A. Provide information about the advocacy activities you propose that are directly related to the disparities described. (For example: the number of trainings to community groups; the number of patient information sessions; the number of educational materials created and distributed).

B. Provide information on the anticipated scope of your project. Provide projected numerical indicators, if possible. (For example: the number of people who may be affected by your advocacy efforts).

Character Limit: 6000

Question 4: Project Outcomes*

FOR SERVICE DELIVERY PROGRAMS:

A. Describe the anticipated outcomes for this project and how they align with the overall goals of the program. An outcome is the result that you would like to see happen based on the actual services that you provide to your clients (*e.g., the number of people with access to primary care in the target population increases by 15%; 50% of clients receiving counseling will show a decrease in substance use; 30% of all clients in the project report an increase in their ability to understand how to enroll in an insurance program*).

B. Describe your method for collecting, analyzing, and reporting outcome data for this project.

FOR ADVOCACY PROGRAMS:

A. Describe the anticipated outcomes related to changes in knowledge, attitudes, opinions, activities, or behaviors that result from your outputs.

B. Describe your method for collecting, analyzing, and reporting outcome data for this project.

Character Limit: 8000

Question 5: Personnel, Project Budgets, and Budget Narrative*

A. Personnel Budget narrative: For each line item listed with a dollar figure (except totals) in the "Funded by this request" describe how the staff position is related to implementation of the project and briefly reference the staff member's background, experience (including cultural and linguistic competencies), and licensure, if appropriate.

B. Direct Project Budget narrative: For each line item listed with a dollar figure (except totals) in "Funded by this request" column on the direct and subcontractor pages, provide a brief

narrative detailing how the item relates to the proposed project, and the methodology used to determine the specific cost.

C. Administrative Project Budget narrative: For each line item listed with a dollar figure (except totals) in "Funded by this request" explain the nature of the administrative cost and how you arrived at this cost or rates.

D. Explain why your organization needs Pacific Hospital PDA funding for this program at this time.

Character Limit: 8000

PHPDA Major Grant Budget Form Upload*

Complete and upload the 2019 PHPDA Major Grant Budget Form. Please make sure to read the instructions on the first tab of the spreadsheet.

File Size Limit: 4 MB

Federally Negotiated Indirect Cost Rate letter (if applicable)

If you use a Federally Negotiated Indirect Cost Rate in your application project budget, upload your FNIR letter.

File Size Limit: 4 MB

Proprietary Information

If an applicant considers any portion of his/her application to be protected under the law, the applicant shall clearly identify the start and end of the proprietary information by writing "CONFIDENTIAL," "PROPRIETARY" or "BUSINESS SECRET" at the start of the text and writing "CONFIDENTIAL END," "PROPRIETARY END" OR "BUSINESS SECRET END" to note the end of the proprietary information.

The Applicant shall also use the following text box to identify any material to be considered as confidential, including any uploaded documents. Please include:

1. The type of exemption (Confidential, Proprietary, or Business Secret)
2. The location of the text (i.e. the question number or the uploaded document name)

Character Limit: 10000

If a request is made for disclosure of such portion, Pacific Hospital PDA's legal counsel will review the material in an attempt to determine whether it may be eligible for exemption from disclosure under the law. If the material is not exempt from public disclosure law, or if Pacific Hospital PDA is unable to make a determination of such an exemption, Pacific Hospital PDA will notify the applicant of the request and allow the applicant ten (10) days to take whatever action it deems necessary to protect its interests. If the Applicant fails or neglects to take such action within said period, Pacific Hospital PDA will release the portion of the application deemed subject to disclosure. By submitting an application, the applicant assents to the procedure outlined in this section and shall have no claim against Pacific Hospital PDA on account of actions taken under such procedure.

Required Attachments

Current year's organizational budget, including income and expenses*

File Size Limit: 3 MB

Current year-to-date financial statements, including actual income and expenses AND balance sheet*

File Size Limit: 3 MB

Current year project budget (if applicable)

For all existing and continuation projects, please provide a current year project budget, with actual revenue and expense information to date.

File Size Limit: 3 MB

Most recent audited or reviewed financial statements, including any Management Letter(s)*

If your organization does not have an audit or review for the most recently completed fiscal year, include final board-approved financial statements, including income and expenses and balance sheet, from that year.

File Size Limit: 3 MB

Most recent OMB Circular A-133 single audit (if applicable)

Please upload your most recent OMB Circular A-133 single audit, if your organization was required to have such an audit within the last two years.

File Size Limit: 4 MB

Federally Negotiated Indirect Rate letter

If you are using a Federally Negotiated Indirect Rate to calculate your line item admin costs, please upload your FNIR letter.

File Size Limit: 2 MB

Memoranda of Understanding or Agreement from partner organizations (if applicable)

File Size Limit: 4 MB

Timeline of proposed activities related to project implementation*

File Size Limit: 2 MB