



Tri-City Medical Center

We're Always Here for *You*.

January 8, 2010

Dear Community Agency Representative:

Tri-City Healthcare District (TCHD) is committed to working collaboratively to improve 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 19 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 Mission and Community Outreach Committee, a committee of the Tri-City Healthcare Board of Directors. Priorities are listed in the enclosed guidelines. For the third year, approximately \$100,000 of the total \$300,000 will be available to be awarded to one or more collaborative projects to encourage innovative programs or new approaches that promote a sense of ownership and connection between the Tri-City Hospital 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 Friday, March 5, 2010.

Sincerely,

A handwritten signature in black ink that reads "Madeline Rodriguez, MD".

Dr. Madeline Rodriguez, Director
Chair, Tri-City Healthcare District Board of Directors
Chair, Mission and Community Outreach Committee

Please note: Agencies who received a TCHD grant last year must submit a 6 month progress report (attached) by January 31, 2010. If this report is not received, the agency will be ineligible to be considered for future funding.

**Tri-City Healthcare District
Board of Directors
Mission and Community Outreach Committee
FY 2010 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 be based within the Tri-City Healthcare District.
- Excluded from consideration are other hospitals, hospital districts, and government entities.
- Evaluation reports on outcomes of previous Tri-City Healthcare District grants must be submitted in order to be considered for a future grant.

Priorities: All requests must fall into one of these categories

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

NEW for FY 2010 Requirements – Please Note

- As in past years, grantees are required to submit 6-month progress (due January 31) and final reports (due June 30) for each grant. Each grantee may also be asked to give a summary presentation on the funded program to the Mission and Community Outreach Committee during the grant year.
- Grantee program materials should acknowledge grant support by the Tri-City Healthcare District: “supported by” or “supported in part by” the Tri-City Healthcare District.” Where possible, the Tri-City Healthcare District logo should be included.
- Where possible, the District/Medical Center and grantees should “co-promote” each other in materials and at community events, and are encouraged to attend each other’s events. For example, Tri-City Medical Center’s first annual “Diversity Health and Wellness Fair” will be held on May 15th, 2010 on the hospital campus and organizations are encouraged to sponsor a booth, offer a service or activity and enjoy the event!

Collaborative Projects

- Approximately \$100,000 will be available to one or more community 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 Hospital District and the community, leveraging existing networks and resources in creative ways.
- A collaborative program will be comprised of at least 3 organizations, with one serving as the lead and fiscal agent, responsible for the distribution of funds to any funded collaborative partners. There most likely will also be participating collaborative partners that are unfunded.
- Any collaborative project will include Tri-City Medical Center as a partner with a clearly identified role.
- Strong preference will be given to a community organization being the lead/fiscal agent for the collaborative project.

- Organizations that apply as a lead organization for a collaborative project may not also apply as an individual organization. Other organizations may apply as a partner in a collaborative program and as an individual organization for another program.

Application Process

Applications must include the following. **Incomplete applications will not be considered.**

I. Grant Cover Page

II. Proposal Narrative that gives the following information **in this order**. Proposals must be no more than 5 pages (7 pages for collaborative projects) utilizing a 12-point font.

1. Brief background and description of organization's purpose, size and constituents.
2. Need or problem to be addressed and relevance to the priorities of the Mission and Community Outreach Committee.
3. Target population, including ethnicity, age, financial status, how many will be served and where the program will take place.
4. Description of the project or program to be funded, including the use of requested funds.
5. If a collaborative project, list partners and briefly describe their roles, including the role of Tri-City Medical Center. Include **Memorandum of Agreement (MOA)** for any partner funded under the grant and **letters of support** for other (unfunded) partners.
6. Program goals and objectives (measurable and time-specific) and responsible organization if a collaborative.
7. Activities and timeline for implementation.
8. Ways in which your program/approach differs from other similar programs.
9. Evaluation plan to measure success of meeting objectives and outcomes.
10. Plan to sustain program after grant period.

III. Program budget Please complete attached budget form

IV. Budget Narrative See attached Instructions for completing the budget narrative

V. Organization's annual operating budget

VI. Verification of tax exempt or non-profit status

Send one copy (no e-mails or faxes) of the completed application and required attachments by Friday, **March 5, 2009, 5 pm** to:

**TCHD Mission and Community Outreach Committee
c/o Tri-City Hospital Foundation
4002 Vista Way
Oceanside, CA 92056**

Grant requests are reviewed by the Mission and Community Outreach Committee and the Board of Directors of the Tri-City Healthcare District. Grants will be awarded by June 30, 2010.

**** 2009 grantees please send progress reports (format attached) by January 31, 2010 to:**

*Carol Mudgett
Tri-City Hospital Foundation
4002 Vista Way
Oceanside, CA 92056
mudgettca@tcmc.com*

**A TECHNICAL ASSISTANCE WORKSHOP WILL BE HELD ON:
Wednesday, January 27, 2010
1 pm – 3:30 p.m.
at
Tri-City Medical Center, First Floor, FRENCH ROOMS 2 & 3
4002 Vista Way, Oceanside, CA 92056**

If you need assistance or have further questions, please contact Carol Mudgett at (760) 940-3597 or mudgettca@tcmc.com

**Tri-City Healthcare District
2009 Community Grant 6- Month Progress Report**

If you received a Tri-City Healthcare District Community Grant in June 2009, please complete the following evaluation progress report by January 31, 2010. Not submitting a grant progress report will prevent your agency from being considered for future funding.

On a separate sheet of paper, please address the following issues:

1. Provide a detailed summary of how the Tri-City Healthcare District Funds were used to support your program. Have all the grant funds been used at this time? If not, how and when will they be expended?
2. In your proposal, you identified points to measure the success of your project. Please compare and evaluate the program's effectiveness and outcomes based on these points.
3. Describe any problems you encountered, how they were resolved and what you learned to improve your program for the future.
4. Have there been any changes in the program from the description in the original grant application? Include changes in numbers served, budget for the program and services provided.
5. Attach any relevant press clippings, brochures, photos, etc.
6. Additional comments.

Please send your report to:

Carol Mudgett, Ph.D.
Major Gifts Officer
Tri-City Hospital Foundation
4002 Vista Way
Oceanside, CA 92056

Thank you!

**Tri-City Healthcare District
Mission and Community Outreach Committee
2010 Community Grant Cover Page**

(Please complete and return with your grant request)

Name of (Lead) Organization _____

Address _____ **City** _____ **Zip** _____

Telephone _____ **FAX** _____ **Website** _____

Primary Contact and Title _____ **E-mail** _____

Telephone/Address (if different from above) _____

Project Title _____

Priority Area _____

SEE PRIORITIES

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 _____

Total Amount Requested \$ _____

Instructions for Completing the *Line-Item Budget*

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.

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.**

Instructions for Completing the Budget Narrative

A detailed *Budget Narrative* of project expenses must accompany the budget form. 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.