

Beach Cities Health District Grant Application Package Fiscal Year 2019-2020

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BCHD GRANT PROGRAM OVERVIEW

TIMELINE

Applications for grant funding will open on Monday, February 11, 2019 and must be received by noon on Monday, April 8, 2019. Applications will be available on our website. Late or incomplete applications will not be considered.

In May, our ad-hoc Grants Committee will select applications to recommend to the Board for funding. The Board of Directors will approve grant applicants through their annual budget adoption at their May 22, 2019 Board meeting. Awardees will be notified in June and upon signing the final contract, disbursements of funds will occur in FY 2019-2020 on a performance reimbursement basis.

BACKGROUND INFORMATION

Beach Cities Health District (BCHD) is a government entity under the Local Health Care District Law (Statutes 1945, Chapter 932; Health and Safety Code, Division 23, Sections 32000 et seq., of the State of California). The District has served the residents of Hermosa Beach, Manhattan Beach and Redondo Beach since 1955. It offers an extensive range of dynamic health and wellness programs with innovative services and facilities to promote health and prevent disease in every lifespan—from children to families and older adults.

Mission

To enhance community health through partnerships, programs and services for people who live and work in Hermosa, Manhattan and Redondo Beach.

Vision

A healthy beach community.

BCHD Health Priorities

2019-2022 Health Priorities
Nutrition and Exercise
Social-Emotional Health
Substance Use
Cognitive Health

GUIDELINES

Please review the entire grant application package, including BCHD Grant Policy 5040 for Grants for Non-Profit Agencies (page 18) prior to completing this application.

BCHD staff members are prohibited by law to schedule individual meetings with grant applicants to discuss their grant proposal, but staff is available to answer questions about the application and application process.

The District addresses its mission by awarding grants for the delivery of specific health-related programs. The following guidelines will give prospective applicants a comprehensive picture of the District's funding priorities.

A. Programs Funded

The District funds programs that provide:

- Health education and prevention
- Support groups
- Health promotion
- Health maintenance
- Efforts to develop and test new approaches to solving problems within the health field
- Safety net programs for vulnerable and underserved populations (e.g., senior and homeless meal program)

"Health" includes both physical and mental health.

B. Population Served

BCHD grant funds are only to be used to serve the residents of Hermosa, Manhattan and Redondo Beach. A map of the District boundaries is available at on our [website](#).

C. Term of Funding

Grants are valid for a maximum of twelve months. An extension of the grant period requires approval of a grant extension or a separate grant. Organizations that are interested in continued funding may reapply during the next application period. Past funding does not guarantee future funding.

Grant applicants considered financially strong based on significant levels of private and/or other government funding may be deemed ineligible for consideration of District funding. As part of the grant application, organizations requesting more than \$25,000 or having overall operating

budgets of \$500,000 or more are required to include such funding sources on the provided "All Budget Sources" Worksheet.

D. Applicant Eligibility

To be eligible for consideration, the applicant must meet the following requirements:

1. The agency must be an incorporated nonprofit organization with a tax-exempt status under California State law and the Internal Revenue Code.
2. The agency must demonstrate the ability to provide proposed services. Greater consideration will be given to agencies with experience in delivering health-related programs.
3. An agency does not need to be located within BCHD service area, but it must demonstrate the ability to make services easily accessible to those residing in BCHD communities.
4. District funds must only be spent on the residents of Hermosa Beach, Manhattan Beach and Redondo Beach.

E. Funding Priorities

BCHD seeks grant requests that emphasize the following characteristics:

- Efforts to make health care more accessible and affordable, especially to underserved residents, while supplementing "safety net" programs.
- Delivery of health programs and services to vulnerable and underserved populations
- Efforts to promote the health and well-being of all District residents
- Efforts to address gaps and unmet health needs in the community
- Efforts to streamline community services
- Organizations that demonstrate a realistic potential to sustain projects on a continuing basis after the expiration of BCHD funding

F. Ineligible for Funding

Grant applications may be deemed ineligible for consideration if funds have been designated for any of the following:

- Endowments
- Expenses related to fundraising or lobbying of public officials
- Organizations intending to "pass-through" or re-grant BCHD funds to other organizations
- Basic research, defined herein as the pursuit of knowledge without practical program or human applications
- Sectarian purposes
- Individuals
- Replacement funds so that a project's current funding can be shifted to other programs of the applicant

G. Funding Levels

In the 2019-2020 fiscal year, a total amount of \$180,000 is available for grant allocation. The Board reserves the right to periodically increase or decrease the total funding of the program. This funding level will be determined annually.

H. Residency Requirements

As a public agency, BCHD is charged with providing services only to residents of Hermosa Beach, Manhattan Beach and Redondo Beach.

I. Review Process

The grant review committee will score each application with a standardized rubric (pg 15). During the review process of the grant applications, BCHD may require additional information from applicants. This information may include oral or written clarification of a grant request and/or site visits. The grant review committee will select applicants to recommend to the Board for funding. Final funding decisions will be made by the BCHD Board at a regular public meeting. The Board may, at its sole discretion, offer a grant greater or lesser than the requested amount.

J. Grant Monitoring

All grants are on performance reimbursement basis. Upon being awarded a grant, recipients will sign a contract that will include an agreed upon scope of work, units of service, contracted rates of reimbursement, and reimbursement schedule. The contract will also outline the delivery metrics and reporting that will be submitted with invoices and as part of the end-of-year report. Grant recipients will need to provide necessary certificates of insurance.

Grant recipients will submit to an annual review conducted by District staff. Any grant recipient who does not pass their review or does not meet the monitoring requirements as agreed to with the District will be given a plan of corrective action. Corrective action plans must be completed for the agency to be eligible for funding in subsequent years or for the payment of open balances during the current funding cycle. Future years' funding may be, at the Board's discretion, contingent on a measure of quantifiable and/or qualifiable outcomes resulting from the program, including but not limited to a measure of the positive health impact in the community.

K. Information and Inquiries

For questions about the application of application process, please contact the BCHD office at (310) 374-3426 or Tessa.Garner@bchd.org.

BCHD GRANT APPLICATION

The following section contains instructions for completing a grant application. The application and all forms must be typewritten or computer-generated. Text may be single or double-spaced, but no smaller than 12-point standard type (such as Times Roman), with one-inch margins on all sides. Each page must be numbered in the upper right corner.

Please limit the response to subsection C (Grant Application Summary) to one (1) single-spaced page. Limit the responses for subsections D (Agency Capability), E (Problem Statement), and F (Program Services and Performance Plan) to a total of five (5) single-spaced pages. Please clearly identify all sections with subheadings or by referencing section numbers.

A. Cover Page (Use form attached)

B. Grant Application Checklist (Use form attached)

C. Grant Application Summary

Please include amount of funding requested, proposed program and services, project site(s), target population(s), number of BCHD residents to be served, community needs to be addressed, etc.

D. Agency Capability

1. Briefly describe your organization's history and accomplishments.
2. Briefly describe your experience in the provision of services to the target population identified in your grant application.
3. Described briefly, what are the current activities and/or programs operated by your organization? An agency brochure may be attached.
4. Briefly list and describe cooperative and collaborative linkages with other organizations that enhance your ability to provide services.
5. Is the proposed program a new service that the agency will provide? Is this an established program that will be expanded to BCHD residents? Briefly describe.
6. Briefly note any organizations or programs in the community that provide similar services, as well as whether you've taken any steps to collaborate with them.

7. Are you a previous recipient of BCHD grant funding? If so, what were the accomplishments from your previous grant(s)?

E. Problem Statement / Needs Assessment

Please discuss the need for the proposed service(s) in the BCHD. Discuss how the program is health-related and not a duplication of existing programs or services. Include quantitative and qualitative data documenting the unmet health needs.

F. Program and Performance Plan

1. Describe the program you are proposing. What are the program goals and how do these goals specifically address the identified health need(s)?
2. What are the measurable objectives related to each goal? List specific outcomes and include timelines.
3. How will the effectiveness of the program be assessed? What data will be collected to measure outcomes? How is quality controlled and monitored? Be specific.
4. How will the proposed program specifically fulfill the elements of the BCHD Health Priorities? See page 2 for Health Priorities.
5. BCHD support evidence-based programming. Provide the data and evidence that support the justification of your program. Include specific sources, peer-reviewed studies and best practices.
6. How will participants obtain services? Describe the accessibility of the program site(s) and how the program will be marketed to participants.
7. Describe your plan for sustaining this program after BCHD grant funding elapses. What are your funding strategies for the future of the program?
8. What is the justification for any proposed equipment (if applicable)?

G. Budget Proposal

1. **Project Budget Form (Use form attached).** Use attached template to create your budget proposal. For each line item, provide a description, the amount you are requesting from BCHD, and any other funding for that line item that may be available from other sources (if applicable).
2. **All Budget Sources Worksheet (Use form attached if applicable).** Organizations requesting more than \$25,000 or having overall operating budgets of \$500,000 or more are required to include all their funding sources on this form.

H. Attachments

1. Articles of Incorporation*
2. Bylaws*
3. A recent Certified Financial Statement (required every year)
4. IRS Tax Exemption Letter*
5. Board of Directors List*

*Not required if current version was submitted to Beach Cities Health District in the last five years.

SUBMISSION OF GRANT APPLICATION

Grant applications are due no later than noon on Monday, April 8, 2019. Completed applications can be faxed, emailed, dropped off or mailed to:

Address:

Beach Cities Health District Grant Applications
c/o Kerianne Lawson
1200 Del Amo St.
Redondo Beach, CA 90277

Fax: (310) 376-4738

Email: Kerianne.Lawson@bchd.org

If submitting by email, please attach application as one (1) PDF file.



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COVER PAGE

FY 2019-2020 BCHD GRANT APPLICATION

NAME OF ORGANIZATION:

TAX EXEMPT ID NUMBER:

AGENCY DIRECTOR:

ADDRESS:

TELEPHONE NUMBER:

FAX:

E-MAIL ADDRESS:

PROPOSED PROJECT TITLE:

AGENCY CONTACT PERSON:

TELEPHONE NUMBER:

FAX:

E-MAIL ADDRESS:

AMOUNT OF FUNDS REQUESTED:

NUMBER OF UNDUPLICATED BCHD RESIDENTS TO BE SERVED:

AGES OF POPULATION TO BE SERVED:

BRIEF PROGRAM DESCRIPTION:

I certify that all the information included in or attached to this grant application is complete and accurate.

Signature of person authorized by agency to sign

Printed name and title

Date

FY 2019-2020 GRANT APPLICATION PACKAGE

GRANT APPLICATION CHECKLIST

Please use this checklist to ensure you have included all items in your grant application.

We have included the following:

- Grant Application Cover Page (with signature)
- Grant Application Summary
- Agency Capability
- Problem Statement/Needs Assessment
- Program and Performance Plan
- Project Budget Form
- All Budget Sources Form (if requesting more than \$25,000 **or** having overall operating budget of \$500,000 or more)

We have included the following attachments:

- Articles of Incorporation*
- Bylaws*
- A recent Certified Financial Statement
- Copy of IRS Exemption Letter*
- Board of Directors List*
- This Grant Application Checklist

*Not required if current version was submitted to Beach Cities Health District in the last five years.

Please check the following:

- If we have been previous awarded a grant from BCHD, we are in good standing and in compliance of BCHD grants policies and procedures.
- We understand that award of this grant request in no way establishes an entitlement for future financial assistance. We further understand that past funding does not guarantee funding for this grant request.



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PROJECT BUDGET FORM

Fill out the personnel and program expenses on these budget forms. Indicate the amount you are requesting from BCHD and other sources of funding for each line item. Continue on additional pages if necessary.

Grantee: [Click or tap here to enter text.](#)

Personnel Expenses	Description	Beach Cities Health District Funding Requested	Other Funding Available for the Project	Total Program Budget
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Total Personnel Expenses		\$	\$	\$

Program Expenses	Description	Beach Cities Health District Funding Requested	Other Funding Available for the Project	Total Program Budget
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
Total Program Expenses		\$	\$	\$

TOTAL EXPENSES	\$	\$	\$
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ALL BUDGET SOURCES WORKSHEET

The following information is necessary to provide Beach Cities Health District with a better understanding of the applicant and program financial resources. Organizations requesting more than \$25,000 or having overall operating budgets of \$500,000 or more are required to include all their funding sources on this form.

Total Organization Budget Current Fiscal Year \$
 Total Requested Project Budget (if different from Organization Budget) \$

List Major Sources of Revenue (Total Organization Budget)				List Project Sources of Funding (Specific to this Grant Request)		
Source of Funds	\$ Amount	Percent of Total	One-Time Funding?	\$ Amount	Percent of Total	One-Time Funding?
Federal Funds	\$0	%	<input type="checkbox"/>	\$0	%	<input type="checkbox"/>
State Funds	\$0	%	<input type="checkbox"/>	\$0	%	<input type="checkbox"/>
City/County Funds*	\$0	%	<input type="checkbox"/>	\$0	%	<input type="checkbox"/>
Other Government	\$0	%	<input type="checkbox"/>	\$0	%	<input type="checkbox"/>
Fees for Service	\$0	%	<input type="checkbox"/>	\$0	%	<input type="checkbox"/>
Non-Profit Organizations	\$0	%	<input type="checkbox"/>	\$0	%	<input type="checkbox"/>
Private Donations	\$0	%	<input type="checkbox"/>	\$0	%	<input type="checkbox"/>
Proposed BCHD grant support	\$0	%	<input type="checkbox"/>	\$0	%	<input type="checkbox"/>
Other (list)	\$0	%	<input type="checkbox"/>	\$0	%	<input type="checkbox"/>
Total Funding	\$0	100%		\$0	100%	



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Percentage of the Organization's budget spent on administration	%
Percentage of the requested Project budget spent on administration	%

***City/County Funds**

Does the Organization currently receive funding from any Cities or the County?

List jurisdiction, contract amount and contact person:

Jurisdiction	Level of Funding	Contact Person	
		Name	Phone Number
	\$0		
	\$0		
	\$0		
	\$0		
	\$0		

GRANT SCORING RUBRIC

Grant applications will be reviewed by an ad-hoc Grants Committee that will evaluate each application on the following criteria:

CRITERIA	EXEMPLARY (3 PTS)	ADEQUATE (2 PTS)	NEEDS IMPROVEMENT (1 PT)	DISQUALIFIED (0 POINTS)	SCORE
Agency Capability	Organization has a strong history in delivering health programs and services to the target population and clearly demonstrates the ability and capacity to deliver the proposed program/project.	Organization has some history in delivering health programs to the target populations and outlines the ability and capacity to deliver the proposed program/project.	Organization does not have a history in delivering health programs and services to the target population but demonstrates limited ability and capacity to deliver the proposed program/project.	Agency does not demonstrate the ability or capacity to deliver the proposed program/project	
Alignment with BCHD Health Priorities	Proposal clearly aligns with BCHD mission and health priorities and demonstrates how it can promote health and well-being to District residents.	Proposal aligns with BCHD mission and health priorities but can improve upon how it promotes health and well-being to District residents.	Proposal is aligned with BCHD mission and health priorities but does not clearly make the connection on how it promotes health and well-being to District residents.	Proposal is not aligned with BCHD mission and health priorities	
Meeting Needs in the Community	Proposal clearly articulates the need of the proposed program and ensures how the program is not a duplication of services. The program makes efforts to address gaps and unmet health needs in the community. Proposal clearly describes delivery of health program to vulnerable and underserved populations.	Program components are not a duplication of services. The program makes efforts to address gaps and unmet needs in the community but can be more clear.	Some components of the proposal are unclear and/or may demonstrate a duplication of services.	The program does not seek to meet the needs in the community.	

Program Proposal	Proposal clearly articulates program goals and objectives. Presents a strong argument for how program will impact health outcomes. Contains a detailed outreach plan to reach targeted audience.	Proposal articulates program goals and objectives. Argument for how program will impact health outcomes and outreach plan to reach target audience can be improved.	Proposal describes program goals and objectives but does not clearly present an argument for how program will impact health outcomes and/or has an outreach plan to reach targeted audience.	Program proposal is unclear and does not articulate program goals and objectives	
Impact and Evaluation Plan	Proposal has a thoughtful plan for measuring and evaluating program effectiveness with outcome and process measures. Includes specifics about what data will be collected and how those address the goals and health priorities	Plan for measuring and evaluating program effectiveness is clear. Additional information regarding data specifics may be required.	Plan for measuring and evaluating program effectiveness needs to be improved and clarified.	Proposal contains no plan for measuring and evaluating impact	
Budget Request	Budget is clear and complete and aligned with stated goals. The amount requested is reasonable for the proposed deliverables.	Budget is clear, complete and aligned with most stated goals. The amount requested is reasonable for the proposed deliverables.	Budget can be more clear, complete and may not be entirely aligned with stated goals. The amount requested may not be reasonable for the proposed deliverables.	Budget is unclear, missing, or not reasonable for the proposed deliverables.	
Financial Need of the Organization	Organization has few other resources and funding sources to deliver programming and has demonstrated the financial need for grant funding.	Organization has some other resources and funding sources to deliver programming but still demonstrates the financial need for grant funding	Organization has some other resources and funding sources to deliver programming and financial need for grant funding is unclear	Does not demonstrate financial need for grant funds	

Evidence-based programming	Proposal is based on evidence-based programming and is grounded in sound evidence and data. Credible sources and best practices are cited to justify the program.	Evidence-based programming is grounded in sound evidence and data. Additional credible sources may be necessary.	Not all sources are credible and/or cited properly to justify the program.	Proposal is not based on evidence-based programming	
Program Sustainability	Organization has a clear plan for sustaining projects after BCHD grant funding has elapsed. There is realistic potential to sustain projects on a continuing basis.	Organization has a plan for sustaining projects after BCHD grant funding has elapsed. The plan to sustain projects on a continuing basis can be more clear.	Organization needs to improve plan for sustaining projects after BCHD grant funding has elapsed. Potential to sustain projects on a continuing basis is unclear.	Program is not sustainable or there is no demonstrated plan or consideration for program sustainability	
TOTAL					

Note: A score of “0” in any category deems the application ineligible of funding. The rubric is a tool to help raters review applications. Regardless of score, it is at the discretion of the grants Committee to award funding to a proposal after it has been evaluated.

BCHD Grant Policy

POLICY TITLE: 5040
POLICY NUMBER: GRANTS FOR NON-PROFIT AGENCIES

COMMITTEE APPROVAL DATE: 09/05/2018 **WRITTEN/REVISED BY:** K. LAWSON
BOARD APPROVAL DATE: 09/22/2018 **SUPERSEDES:** 09/27/2017

POLICY:

5040 It is the policy of the Beach Cities Health District (“District”) to promote health and wellness in the communities of Hermosa Beach, Manhattan Beach and Redondo Beach. In order to accomplish this goal, Beach Cities Health District provides funding to non-profit agencies (i.e., 501(c)3 status) through grants that provide health-related programs that address an unmet need in those communities. Grants are time-limited and project or program-based. Grants are awarded based upon evidence of program effectiveness, existing need and alignment with District health priorities.

GUIDELINES:

5040.1 The funding allocation is approved by the board of Directors as part of the annual District budget process.

5040.2 Grants with non-profit agencies will be for specific programs or program areas that fall under District health priorities and within its funding allocations as approved by the Board through the budget process.

5040.3 All grants are on a performance reimbursement basis.

5040.4 Recipients will submit to an annual review conducted by District staff.

5040.5 Recipients should not assume that there exists an entitlement to financial assistance nor that similar funding will be available in future years. Though grant recipients are eligible to re-apply for grant funding in future fiscal years, recipients shall not assume that past funding guarantees funding in future years.

5040.6 A grant application form shall be made available to applicants. Grant applications will open for a competitive process and may be submitted prior to the adoption of the following year’s fiscal budget. Grant awards will be considered by the Board of Directors through the annual District budget process. The Board of Directors reserves the right to decline or accept applications upon fair consideration in accordance with these policies. Once applications are approved, the Board reserves the right to determine the amount of funding to be awarded. In

addition, the Board reserves the right to seek additional information as necessary to make their funding determinations.

5040.7 Grant applications may be deemed ineligible for consideration of District funding if funds have been designated for any of the following: endowments; expenses related to fundraising or lobbying of public officials or other political purposes; organizations intending to “pass-through” or re-grant District funds to other organizations; basic research, defined herein as the pursuit of knowledge without immediate practical program or human applications; sectarian purposes; individuals; or replacements funds so that a project’s current funding can be shifted to other programs of the applicant.

5040.8 Individual meetings regarding grant applications between a grant applicant and District Board members, CEO or District staff outside of the District’s established grant awards process are prohibited.

5040.9 Grant awards shall be posted on the District’s website.

5040.10 This policy shall be reviewed annually.

EXCEPTIONS:

5040.11 The Chief Executive Officer is the only person authorized to make exceptions to this policy.