

REQUEST FOR PROPOSAL
GRANT YEAR 2014-2015
PHASE I
GUIDELINES AND CRITERIA
INFORMATION AND FORMS

RFP DUE:
WEDNESDAY, MARCH 28, 2014



Mail, e-mail or bring completed RFP to:

Fallbrook Healthcare District
577 East Elder Street Unit U
Fallbrook CA 92028

Telephone: 760. 731. 9187 FAX: 760.731.9131
Email: fallbrookhealthcare@earthlink.net

FALLBROOK HEALTHCARE DISTRICT GRANT YEAR 2014-2015

PHASE I

REQUEST FOR PROPOSAL

<u>Packet contents</u>	<u>Page Number</u>
<i>Fallbrook Healthcare District</i>	3-4
❖ Grant Program Schedule	3
❖ District Background Information	4
❖ Mission – Vision – Value Statement	4
<i>2014 – 2015 Grant Guidelines and Criteria</i>	5-8
1. Programs funded	5
2. Population served	5
3. Grant period	5
4. Applicant eligibility	6
5. Ineligible for funding	6-7
6. Grant Award Categories	7
7. Recipient obligations	7
8. Review Process	7
9. Rights Reserved to the Board	8
10. Information and inquiries	8
11. FHD Board meetings	8
<i>Request for Proposal Requirements</i>	9-19
RFP sections:	9-12
SAMPLE FORMS: Section A and Section D	13-19
ADDENDUM: Grant Recipients 2013-14	20-23

FALLBROOK HEALTHCARE DISTRICT

GRANT PROGRAM SCHEDULE

GRANT YEAR: JULY 1 2014 THROUGH JUNE 30 2015

PHASE I	SUBMISSION OF RFP	DUE: 03/28/14
PHASE II	<p>REVIEW OF RFP by District Board. Directors may request interview and/or site visits</p> <ul style="list-style-type: none"> ➤ Organizations who have been selected by the District for grant consideration will receive a letter of invitation and the necessary grant application forms. ➤ Organizations that have not been selected will be notified by mail of decline with statement of reason for decline. 	<p>ON: 04/09/14 AT BOARD MEETING</p> <p>On/By: 04/16/14</p> <p>On/By: 04//16/14</p>
PHASE III	SUBMISSION OF GRANT APPLICATION	DUE: 05/02/14
PHASE IV	REVIEW OF GRANT APPLICATIONS by District Board. Directors may request interview and/or site visits	05/09-06/06/14
PHASE V	<p>SELECTION OF GRANT AWARD RECIPIENTS Notification will be sent to recipients of funding and to those agencies to whom funding has been declined.</p> <p>EXECUTION OF GRANT AGREEMENT – Recipient must return signed agreement to the District office to complete execution prior to award presentation.</p>	<p>ON: 06/11/14 AT BOARD MEETING</p> <p>By: 07/01/14</p>
PHASE VI	PRESENTATION OF GRANT AWARDS	ON: 07/09/14 AT BOARD MEETING
PHASE VII	PERIODIC MONITORING OF PERFORMANCE of funded program obligations of the grant recipient by District staff and/or a District consultant. The recipient agrees to submit periodic written and/or oral reports to the Board and to support District healthcare events and programs.	Quarterly or as defined in the Agreement and District letter of completed execution.

DISTRICT BACKGROUND INFORMATION

Fallbrook Healthcare District ("District") 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 serves residents of the Fallbrook, Bonsall, Rainbow and De Luz areas of northern San Diego County.

In 1950, the residents of the area voted to establish, build, and operate Fallbrook Hospital. In 1971, the hospital was enlarged to its present 47-bed capacity. Since November 1998, the hospital has been leased to Community Health Services who manages and operates the Fallbrook Hospital.

Fallbrook Healthcare District is committed to:

MISSION:

- ❖ *continuing services provided by Fallbrook Hospital;*
- ❖ *identifying, promoting and supporting a broad range of healthcare related needs within the District*
and
- ❖ *managing Healthcare District assets.*

VISION:

- ❖ *To be a collaborative leader in promoting a healthier community*

VALUES:

- ❖ *Dedication*
- ❖ *Efficiency*
- ❖ *Integrity*
- ❖ *Objectivity*
- ❖ *Prudence*
- ❖ *Respect*
- ❖ *Transparency*

Community Healthcare Programs

The Board of Directors allocates funds for Community Healthcare Programs such as the grant program, annual health fair, a community collaborative breakfast and various special collaborative projects such as the PSA Screening and Healthy Woman programs as well as others in the community. The Grant Program receives a major portion of funds allocated to community health and well-being programs and services. The District's revenues awarded in grants is directed to health-related programs delivered by non-profit agencies serving residents of the Fallbrook, Bonsall, Rainbow and De Luz areas.

In accepting a grant, the recipient agrees to periodic monitoring of the grant program by District staff members and/or a District consultant. Additionally, the recipient agrees to submit periodic written and/or oral reports to the Board and to support District healthcare events and attend, representatively, District Board meetings.

GRANT GUIDELINES AND CRITERIA 2014 - 2015

The following guidelines will give prospective applicants a comprehensive picture of the District's funding criteria and priorities. Applicants are encouraged to pursue funds from other funding sources and to work diligently toward becoming independent of District funding by pursuing ongoing support from multiple sources.

1. Programs Funded

The Health Care District Act (Health & Safety Code section 32121) has evolved over the years to provide very broad authority to Health Care Districts. Currently, Health Care Districts have numerous powers, which include the establishment, maintenance, and operation, or the providing of assistance in the operation of, one or more health facilities or health services, including but not limited to, outpatient programs, services and facilities; retirement programs, services, and facilities; chemical dependency programs, services, and facilities; or other health care programs, services, and facilities for the benefit of the people served by the district.

Moreover, among other powers, the Healthcare District may establish, maintain, and operate, or provide assistance in the operation of, free clinics, diagnostic and testing centers; health education, wellness and prevention programs; rehabilitation, aftercare and any other healthcare services; provider groups; and organizations that are necessary for the maintenance of good physical and mental health in the communities served by the District.

2. Population Served

District grant funds must benefit the residents of the communities served by the Fallbrook Healthcare District. The District's service area and sphere of influence area covers 70,764 acres (110.57 sq miles). This includes Fallbrook, Bonsall, Rainbow and DeLuz. Estimated population of the District is 57,000 (SANDAG, January 2011). Maps of the District are available at the offices of the Registrar of Voters, the Local Agency Formation Commission (LAFCO) and the District office.

3. Grant Period

Grant period is 12 months, in alignment with the District's fiscal year, July 1 through June 30.

Continued on next page

4. Applicant Eligibility

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

- The agency must be an incorporated nonprofit organization with a tax-exempt status under California state law and Section 501(c) (3) of the Internal Revenue Code or be a public/governmental agency, program or institution.

Newly established agencies must:

- a. Demonstrate, through written agreement with a 501c3 qualified agency that, for the one year period of the grant, they will fall under the auspices of that qualified agency. The agency providing the umbrella status must meet the District requirement of being an established provider of healthcare related preventive or intervention services to the public in the Fallbrook community.
 - b. Secure 501c3 status within the grant funded year. If they fail to secure 501c3 status, they will be ineligible for subsequent application for Fallbrook Healthcare District funding until such time as proof of 501c3 status has been attained and presented.
- The agency must demonstrate the ability to provide services and/or programs that will benefit the residents of the District.
 - The funded services must be provided within the District and demonstrate the ability to make services and/or programs easily accessible to District residents.
 - An agency may submit multiple grant applications per fiscal year for multiple programs. For example: If an agency operates two distinct programs, one dental clinic and one mental health clinic, the agency could, theoretically, apply for and receive two district grants.

5. Ineligible for Funding

The District will not fund:

- Activities in direct competition with those provided by Fallbrook Hospital
- 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
- Replacement funds so that a project's current funding can be shifted to other programs of the applicant
- Programs related to provision of housing, employment opportunity and/or educational pursuits for the purpose of employment.
- All other restricted uses contained herein.

6. Grant Award Categories

The District has defined three grant award categories. The District will consider only programs that meet criteria defined within the category(s) that the applicant determines and fully supports within their Application.

- **PREVENTION/EDUCATION**
Equipment, supplies and/or training for care providers and/or clients related to maintaining good health practices to prevent or control disease and/or prevent injury.
- **TREATMENT**
Direct provision of care in medical, dental, vision, mental health or therapy services.
- **ANCILLARY**
Products or services that do not provide direct treatment, prevention or education but otherwise support the District's mission to provide access to healthcare.

7. Recipient Obligations

As a public agency, the District is committed to enhancing services and programs that provide health benefits to the residents of the District. In accepting a grant, the recipient agrees to periodic monitoring of the grant program by District staff members and/or a District consultant. Additionally, the recipient agrees to submit periodic written and/or oral reports to the Board and to participate in District Community Healthcare Program events and attend, representatively, District Board meetings.

8. Review Process

All Requests for Proposal as well as Grant Applications will be reviewed by the District Board as well as the Administrator and General Counsel. During the review process, the District may require additional information from applicants. This information may include oral or written clarification of grant request detail and/or site visits. Final funding decisions will be made by the District Board at a public meeting.

9. Rights Reserved To The Board Of Directors

The Fallbrook Healthcare District Board of Directors reserves the right to decline or accept application(s) upon fair consideration in accord with grant guidelines established and provided to all applicants. On applications accepted and approved, the Board reserves the right to determine the amount of funding to be awarded .

The Board reserves the right to adjust category designation in accord with its' established criteria. In addition the Board reserves the right to seek additional information as necessary to make their funding determinations. This shall be by request for clarification in written form. Requests shall be presented to the applicant by the District Administrator and must be returned to the District office in a timely manner. Site visits and/or interviews may also be scheduled in the application review process.

10. Information and Inquiries

Please contact the District office at (760) 731-9187.

11. Board Meeting Schedule.

Meetings of the Board of Directors of the Fallbrook Healthcare District are held at the Fallbrook Hospital in Conference Rooms A & B at 624 East Elder Street, Fallbrook, CA. The Board generally meets on the second Wednesday of each month. Agendas are posted seventy-two hours in advance of each meeting. Meetings are called to order at 6 p.m.

2014	JANUARY 8	FEBRUARY 19	MARCH 12	APRIL 9	MAY 14	JUNE 11
	JULY 9	AUGUST 13	SEPTEMBER 10	OCTOBER 8	NOVEMBER 112	DECEMBER 10
2015	JANUARY 14	FEBRUARY 11	MARCH 11	APRIL 8	MAY 13	JUNE 10

List & Brief Description of Grants Awarded 2013 – 2014

Refer to ADDENDUM

FALLBROOK HEALTHCARE DISTRICT
REQUEST FOR PROPOSAL – GRANT YEAR 2013-2014 – PHASE I

Due: Wednesday MARCH 28 2014

INSTRUCTIONS TO COMPLETE RFP

All grant application requests to the Fallbrook Healthcare District must be initiated by a *REQUEST FOR PROPOSAL (RFP)*. **COMPLETE FHD FORMS SECTION A and SECTION D.**

SECTION A. COVER AND INTRODUCTORY PAGES

- A1 - 4. Identify the organization and contact person(s) with applicable addresses, phone numbers and emails. Include web site address also if there is one. List number of years Organization has been in service to this community and indicate staff composition of the program.
- A5. Provide Title of the Program for which funding is being sought.
- A6. Review the Grant Award Categories and criteria of each. Identify which of the categories your program(s) present. Assign % of program within the Category. There may be more than one category - You must be able to fully support each category selection. Percentage must total 100%.
- A7. In narrative, describe the target population that your program will serve. Address all of the topics/items listed on form.
- A8. Define amount of funding necessary for the program and clearly state the amount requested from FHD. Provide information about additional sources of revenue,
- A9. Briefly describe Program. Answer questions on form.
- A10. Tax exempt status of organization. Provide copy of 501C3 letter.
- NOTE: FOR #'S 11 AND 12, YOU MAY ATTACH ADDITIONAL SHEETS IF NECESSARY.
- A11. Grant funds previously awarded. (Last 3 years. Do not include FHD grants)
- A12. Grant funds sought . (Last 3 years. Do not include FHD grants)
- A13. Provide your Organization's Mission Statement and describe how this program supports it. Answer question.
- A14. Provide name/signature(s) of representative(s) authorized by Organization certifying complete and accurate presentation of information contained in the RFP.

SECTION D. PROJECT/PROGRAM DESCRIPTION

- D1-4 Briefly describe: 1) the services of the program; 2) where the services will be provided ; 3) the number of people who will be served and 4) the impact of the program on those served and on the community.
- D5. Determine which of the following three Categories your program(s) present. Fully support your determination by describing how your program(s) meet the criteria of that Category. Assign percentage of program within the Category. There may be more than one Category – Each must be fully supported. Must total 100%.

- **PREVENTION/EDUCATION**

Equipment, supplies and/or training for care providers and/or clients related to maintaining good health practices to prevent or control disease and/or prevent injury.

- **TREATMENT**

Direct provision of care in medical, dental, vision, mental health or therapy services.

- **ANCILLARY**

Products or services that do not provide direct treatment, prevention or education but otherwise support the District's mission to provide access to healthcare.

NOTE: The FORM for SECTION D provides place for designation of percentages and to describe how your program(s) meet(s) the criteria of the Category(ies) that you have identified.

- If you have questions while preparing your **RFP**, kindly call the district administrative offices at 760/731-9187.
- If your request is for a grant of \$10,000.00 or less, the RFP with required Forms presented and reviewed, may serve as your application. (See ** box on the next page). This is discretionary to the Board of Directors at time of review. Generally, in such cases, funds will be paid in accord with the fiscal grant year; at the same time that all other grants are formally awarded. This too is discretionary to the Board of Directors at time of review. *This option is not extended to Organization's that have never been a recipient of an FHD grant.*
- All **RFPs** are thoroughly reviewed by the Board of Directors as well as FHD Administrator and General Counsel. It is critical that all requested information be submitted in a clear and complete manner and in order requested.
- If the Board determines that your agency will be invited to submit a **Grant Application** for consideration, you will be notified by the Administrator and required forms will be provided to you.

- If your **RFP** is declined, you will be notified in writing by the Administrator with reason for decline by the Board indicated.
- All decisions of the Board are made in a public meeting. Scheduled Board meetings are listed below.

Meetings of the Board of Directors of the Fallbrook Healthcare District are held at the Fallbrook Hospital in Conference Rooms A & B at 624 East Elder Street, Fallbrook, CA. The Board meets on the second Wednesday of each month. Agendas are posted seventy-two hours in advance of each meeting. Meetings are called to order at 6:00 p.m.

2014	JANUARY 8	FEBRUARY 19	MARCH 12	APRIL 9	MAY 14	JUNE 11
	JULY 9	AUGUST 13	SEPTEMBER 10	OCTOBER 8	NOVEMBER 112	DECEMBER 10
2015	JANUARY 14	FEBRUARY 11	MARCH 11	APRIL 8	MAY 13	JUNE 10

- The entire grant program process takes five to six months.
- Recipients of grant funding will be expected to participate in District Community Healthcare Programs such as the annual health fair (Saturday, October 18 ,2014) and the Community Collaborative Breakfast (in January, 2015) as well as periodic attendance at District Board meetings.

**** Requests for grant funds \$10,000 or Less.**

If the amount of funds needed for your program is \$10,000 or less, you may request that your RFP be considered your Grant Application.

If that is your request, there are additional forms and documents that must be submitted. The required forms are: Section A – Cover & Introductory pages; Section D - Project/Program Description; Section E - Goal Form, Section F - Project Budget form and Section G - Project Narrative form.

Your RFP must also include a copy of most recent Audited Financial Statement of the Organization, or, minimally, a 2 year comparative balance sheet. If no audit has ever been done, attach a written memo, so stating, and signed by the organization's chief financial officer or president. Copy of Form 990 if organization is required to file.

This option is not extended to Organization's that have never been a recipient of an FHD grant.

Contact FHD administrative office for forms. 760-731-9187.

The RFP must be no more than 7 pages in length; fewer pages are acceptable provided all requested Sections are addressed. All pages in excess of 7 will be discarded from the RFP packet and information thereon will not be considered. Items presented as attachment for Section A 10 and/or descriptive for Sections A 11 & A12 will be accepted in addition to the 7 page limit.

FALLBROOK HEALTHCARE DISTRICT
GRANT YEAR 2014-2015
REQUEST FOR PROPOSAL – RFP

SECTION A. Cover and Introductory pages

<p>1. ORGANIZATION</p> <p>AGENCY DIRECTOR PHYSICAL ADDRESS MAIL ADDRESS</p> <p>TELEPHONE FAX EMAIL ADDRESS WEBSITE</p> <p>AGENCY IN SERVICE TO THIS COMMUNITY _____ YEARS</p>	
<p>2. APPLICATION PREPARER/CONTACT PERSON</p> <p>TELEPHONE EMAIL ADDRESS</p>	<p>DATE: _____</p>
<p>3. GRANT PROGRAM COORDINATOR</p> <p>TELEPHONE EMAIL ADDRESS</p> <p>How do/will you staff program? _____ PAID _____ VOLUNTEER _____ Combination of Paid & Volunteer</p>	
<p>4. PERSON RESPONSIBLE FOR SUBMISSION OF GRANT REPORTS</p> <p>TELEPHONE EMAIL ADDRESS</p>	
<p>5. TITLE OF PROGRAM</p>	
<p>6. CATEGORY</p> <p>IMPORTANT: Refer to item 6 in Guidelines and to Section D5 of Instructions before designating.</p>	<p>_____ PREVENTION/EDUCATION _____ TREATMENT _____ ANCILLARY</p> <p>Assign percent of program within the Category. Program must meet criteria defined for <u>each</u> of the Categories designated. May be more than 1 Category. Must total 100%. COMPLETE FORM D5.</p>

7.

**TARGET
POPULATION**

In this free form narrative
you must include:

- Age range, gender,
socio-economic
grouping and
rationale for
selection of this
population
- Projected number of
residents of
community that will
benefit from this
program
- Is this population
served by other
similar programs?
- If so, is another
necessary and why?
- If this program were
not available to this
population, what
would be the
impact?

8.

**TOTAL AMOUNT
OF FUNDING NECESSARY
FOR THIS PROGRAM****AMOUNT OF FUNDING
REQUESTED OF FHD**

Are there other funding
sources available?
If yes, describe. Attach
additional sheets if needed.

9.

**BRIEF DESCRIPTION OF
THE PROGRAM**

- 9a. is this a new or
existing program?
- 9b. Does this
program collaborate
with any other
programs of other
Organizations that
serve this
community?

9a. ___ New ___ Existing

9b. ___ No ___ Yes

Date _____

SECTION D PROJECT/PROGRAM DESCRIPTION

Organization: _____

D1 - 4 Briefly describe; 1) the services of the program 2) where the services will be provided 3) the number of people who will be served and 4) the impact of the program on those served and on the community.

D5. Determine which of the following three Categories your program(s) present. Fully support your determination by describing how your program(s) meet the criteria of that Category. Assign percentage of program within the Category. May be more than one Category – Each must be fully supported. Must total 100%.

- **PREVENTION/EDUCATION**

Equipment, supplies and/or training for care providers and/or clients related to maintaining good health practices to prevent or control disease and/or prevent injury.

- **TREATMENT**

Direct provision of care in medical, dental, vision, mental health or therapy services.

- **ANCILLARY**

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PREVENTION/EDUCATION	TREATMENT	ANCILLARY	TOTAL
_____ %	_____ %	_____ %	_____ %

SECTION D PROJECT/PROGRAM DESCRIPTION

page ___ of ___

Organization: _____

D5 continued

DESCRIBE how your program(s) meet(s) the criteria of the Categories that you have identified.

SUBMISSION OF RFP

Send or bring the signed ORIGINAL and 1 copy

Fallbrook Healthcare District
Attention: Administrator
577 East Elder Street Unit U
Fallbrook, CA 92028

If you have questions, please contact Administrator at 760-731-9187.

CHECKLIST

Be certain to include the following in your submission:

- ☐ FORM: SECTION A COVER AND INTRODUCTORY
- ☐ FORM: SECTION D PROJECT/PROGRAM DESCRIPTION
- ☐ Attachments that you have prepared
- ☐ Copy of your 501c3 Letter of tax exempt status
- ☐ Copy of Form 990 if required of your Organization.

- PRINT CLEARLY -

PREPARED BY: _____

DATE: _____

CONTACT: TELEPHONE _____

EMAIL _____

GRANT YEAR 2014 – 2015

REQUEST FOR PROPOSAL (RFP) - DUE 03/28/2014

FALLBROOK HEALTHCARE DISTRICT
577 EAST ELDER STREET UNIT U
FALLBROOK, CA 92028
760-731-9187

RFP FORMS ARE AVAILABLE VIA E-MAIL. UPON YOUR REQUEST, THE RFP FORM WILL BE FORWARDED TO YOUR EMAIL ADDRESS. PRESENT YOUR REQUEST TO:

fallbrookhealthcare@earthlink.net

MAIL OR DELIVER YOUR RFP TO THE STREET ADDRESS ABOVE

DIRECT INQUIRIES TO THE FHD ADMINISTRATOR, VI DUPRE BY PHONE OR EMAIL.

FALLBROOK HEALTHCARE DISTRICT

BRIEF DESCRIPTION OF GRANT AWARD PROGRAMS

GRANT YEAR 2013-2014

GRANTS AWARDED:	21	
AMOUNT AWARDED:	\$ 556,159	
GRANT EFFECTIVE:	JULY 1, 2013 THROUGH JUNE 30, 2014	

GRANT #	ORGANIZATION PURPOSE OF PROGRAM	AWARDED
206	<u>FOUNDATION FOR SENIOR CARE – Senior Care Advocacy</u> To evaluate and assist senior citizens with their healthcare and home safety management. Through a series of in-home evaluations, safety checks and resource availability assessments, the Senior Care Advocate can help guide and keep seniors living at home independently.	\$6,500
207	<u>FOUNDATION FOR SENIOR CARE – Care Van</u> To give senior and disabled citizens free door-to-door transportation to medical and dental appointments, physical therapy, grocery stores, pharmacies and more. (Helps with budgets to ensure that medication and food are priority.)	\$32,500
208	<u>FOUNDATION FOR SENIOR CARE – Senior/Adult Day Care Program</u> To provide senior and disabled Fallbrook residents and their caregivers with a program that provides a secure and safe environment. Daily activities include cooking, crafts, games, news, exercise, entertainment and more.	\$10,000
209	<u>FALLBROOK SENIOR SERVICES CENTER</u> To provide nutrition to needy seniors many of which have mobility and activities of daily living challenges. Congregate meal serves 40 seniors every weekday. The home delivered meal program serves 70 seniors every weekday and provides some clients with additional meals for the weekend. Access to the home provides opportunity to assess needs and to refer vulnerable individuals to the Advocate Senior Care Program of the Foundation for Senior Care for assistance.	\$42,250
210	<u>FUHS ASPERGER'S SUPPORT CENTER</u> To address social and emotional needs of students who have Asperger's Syndrome. To provide support with anxiety and depression that interferes with their academic and social success. Emergency intervention is provided as needed. Support group for parents is also provided.	\$6,500
211	<u>BOYS AND GIRLS CLUB OF NORTH COUNTY – Triple Play: Mind, Body and Soul</u> To promote health and wellness for Boys & Girls Club members ages 5 - 14 through their Triple Play program which is a multi-faceted program to become healthy, active and learn ways to handle stress and maintain a healthy body.	\$20,000

GRANT #	ORGANIZATION PURPOSE OF PROGRAM	AWARDED
212	<u>HEALTHY ADVENTURES</u> This Fallbrook Community Center Wellness Project will create healthy cooking, nutrition classes and a garden. It will present a series of Family Nights and Healthy Living Classes targeting parents of youth that attend the classes and other interested community members to promote healthy lifestyles.	\$9,000
213	<u>NICPP – FALLBROOK YOUTH ADVOCACY PROGRAM</u> To engage youth in proactive prevention efforts and to bring awareness about youth access and use of alcohol and drugs to youth, parents, educators and law enforcement. To be involved in issues affecting youth. To develop leadership and advocacy skills in youth.	\$8,500
214	<u>UCSD Center for Community Ophthalmology – Save Our Children’s Sight”</u> To ensure continuity in Fallbrook preschool ophthalmic screening and eye care. This program prevents unnecessary preschool vision loss by providing screening eye exams, glasses and/or needed treatment and follow-up for children ages 2 to 5 years.	\$6,600
215	<u>THINK FIRST – K – 12 Safety Program</u> To educate and inspire students to make life saving choices with the ultimate goal of preventing unintentional injury and death. To give students the tools they need to be aware of their consequences and make the right choice in regard to drugs and alcohol, car safety, bicycle safety, water safety, violence and more.	\$8,500
216	<u>PALOMAR FAMILY COUNSELING</u> To serve Fallbrook children and youth who do not qualify for Medi-Cal or other public services and who suffer from severe mental health disorders. When appropriate, family members of these children will also be involved in the clinical treatment process. Therapists work closely with the Fallbrook school system and serve these children in the school setting.	\$62,109
217	<u>DELUZ VOLUNTEER FIRE DEPT</u> To purchase and place 2 AEDs in the DeLuz community at key locations and provide medical supplies to DeLuz site.	\$7,000
218	<u>FALLBROOK HOSPITAL AUXILIARY</u> To provide free transportation for District residents for trips to/from healthcare providers. This transportation is provided with the personal cars of volunteer members or a van equipped with a wheelchair lift for those residents unable to walk without assistance. Only service that takes patients to out of Fallbrook medical appointments.	\$7,450

GRANT #	ORGANIZATION PURPOSE OF PROGRAM	AWARDED
219	<u>TRAUMA INTERVENTION PROGRAMS OF SAN DIEGO, INC. (TIP)</u> To provide emotional and practical support to victims experiencing a trauma. TIP volunteers are dispatched through the 911 system at the request of emergency responders. TIP volunteers arrive on scene within 20 minutes of being requested.	\$6,800
220	<u>FALLBROOK FAMILY HEALTH CENTER – Behavioral Health Program</u> To increase access to psychiatric care for persons afflicted with biological brain disorders, behavioral/mental conditions that require medication and/or counseling treatment that reside in the Fallbrook Healthcare District.	\$70,000
221	<u>FALLBROOK FAMILY HEALTH CENTER – Uncompensated Care</u> To provide a wide range of primary care, dental care and prevention services to the underserved population of the Fallbrook Healthcare District population.	\$70,000
222	<u>FALLBROOK FOOD PANTRY</u> To provide the poor and hungry with nutritionally balanced supplemental food and by doing so help alleviate hardship and enable them to be productive members of the community.	\$52,250
223	<u>REINS Therapeutic Horsemanship Program</u> To fund remaining amount needed for WHEEL CHAIR LIFT. To continue to recruit, train, monitor and schedule the volunteer base that provides assistance with over 200 weekly therapy sessions. Each therapy session requires 3 volunteers to assist the instructor/therapist. To continue the Speech Therapist Program which increases the students speech production, Receptive Language and Expressive language.	\$20,000
224	<u>SMILES PROJECT – Health Education – Nutrition and Diabetes focused</u> To provide a Registered Dietitian/Certified Diabetes Education/Health Education Coordinator to facilitate a nutrition/diabetes/health education program at the community clinic; to continue nutrition education and diabetes screening services in district schools and facilitate the CATCH program. To provide assistance and materials to the Health Educator of the GANAS mentoring program. (A program for at-risk youth.)	\$52,250
225	<u>SMILES PROJECT - Dental</u> To provide individuals a resource to obtain restorative dental care. To screen children in local schools for existing or potential dental decay and to educate about the prevention of dental disease. Two new components: 1 For Seniors: free cleaning and exams as well as dental education for residents and staff of senior facilities and programs. 2) At risk youth: To provide assistance and materials for dental health education for youth in the GANAS mentoring program.	\$15,000

GRANT #	ORGANIZATION PURPOSE OF PROGRAM	AWARDED
226	<u>JEREMIAH'S RANCH – Community Outreach Program</u>	\$8,450

To provide Support/Information Group for parents of special needs children. There are over 600 families with special needs children in the Fallbrook area without any support group program. 80% of those children will be unable to move out of their homes following completion of a school program because there will be nowhere to go. 90% will never work a day job. This program will offer these families support and develop a solution within our community. Jeremiah's Ranch will continue to learn and grow in a quality safe living environment while maintaining good physical and mental health and remaining an integral part of our community.