

# **REQUEST FOR APPLICATIONS**

## **CORE SUPPORT INITIATIVE FOR COMMUNITY CLINICS, COMMUNITY HEALTH CENTERS, AND CLINIC NETWORKS AND CONSORTIA**

The Blue Shield Foundation of California's Center for Health Care Access seeks applications for its 2004 Core Support Initiative for Community Clinics, Community Health Centers, Clinic Networks and Clinic Consortia. A total of over \$3 million is available to provide core operating support grants to eligible applicants in California. All eligible corporations are encouraged to apply. **The application deadline is June 11, 2004.**

### **I. GOAL**

The goal of this Initiative is to provide core operating support to free standing Community Clinics and Health Centers (CCHCs), the Parent Corporations of multi-site clinic corporations, and consortia and networks supporting these CCHCs. Through this Initiative the Foundation hopes to further strengthen the network of front-line health care providers in California that provide care to California's low income and uninsured populations.

### **II. ELIGIBILITY**

It is the goal of the Blue Shield of California Foundation to provide funding to all eligible organizations that complete the application process and meet the selection criteria. Receipt of this Request for Applications (RFA) sent from the Blue Shield of California Foundation or Putnam Community Investment Consulting does not guarantee eligibility. Eligibility is defined in the following ways:

#### Free Standing CCHCs and the Parent Corporations of Multi-Site CCHC Corporations

Free standing CCHCs and parent corporations of multi-site CCHCs that provide comprehensive primary care services, including family planning clinics, school-based and mobile clinics, and American Indian Health Clinics, are eligible to submit an application for funding. *CCHC Parent Corporations with multiple sites should submit one application on behalf of all member sites. Member sites of CCHC Parent Corporations should not apply separately from their Parent Corporation.*

Free standing CCHCs and CCHC parent corporations must also meet all of the following eligibility criteria:

- Licensed by the State of California as a community clinic or tribally designated clinic, providing direct medical care to underserved populations;
- Free standing (Defined as not being housed inside of hospitals or departments of public health. However, school-based clinics housed in schools can be considered free-standing if they also meet all other eligibility criteria);
- Community based and fully governed by an independent board of directors that has fiduciary and decision-making responsibilities and whose Executive Director reports directly to this board;
- Nonprofit, 501(c)(3) or a tribally chartered/sanctioned organization; and

- Provides medical services regardless of ability to pay.

### Clinic Networks and Clinic Consortia

Networks and Consortia are eligible to apply if they:

- Are based in California;
- Primarily serve clinics and health centers; and
- Meet one of the two following criteria: (1) Have at least 80% of their membership consisting of CCHCs and/or parent corporations, or (2) Manage integrated projects or programs for CCHCs and/or parent corporations.

### **III. HOW TO APPLY**

Deadline: All applications must be post-marked by June 11, 2004

Where and how to send your application: The Blue Shield of California Foundation has retained Putnam Community Investment Consulting to assist with all aspects of this Request for Applications, including application review. **All applications should be mailed directly to Putnam Community Investment Consulting:**

Putnam Community Investment Consulting  
Attn: Kristen Putnam  
6114 La Salle Avenue, No. 636, Oakland, CA 94611  
510-339-7078 (tel) 510-339-7978 (fax)  
kputnam@putnamcic.com

Application Form: Please follow all instructions in the Application Form provided at the end of this document. Please submit two (2) copies of your application (including attachments).

Notification: Notification that your application has been received will be sent to you via email within 5 business days of receipt of your application. Notification of our funding decision will be mailed to you by the end of August 2004.

### **IV. APPROXIMATE SIZE OF THE GRANTS**

Award size for Free Standing CCHCs and the Parent Corporations of Multi-Site CCHC Corporations: The Blue Shield of California Foundation will determine grant award size based on the total number of 2003 patient encounters (these are also known as “patient visit numbers” as opposed to unique patients). All grants are for one year. For your information, we use the OSHPD definition of “encounter,” provided below.

“An encounter is recorded when a licensed practitioner (medical, mid-level medical, dental, mental health) using independent judgment, examines or treats a patient, and records the findings in the patient’s chart. The types of encounters permitted would be: Medical (see note below), Nutritional, Health Education, Mental Health, and Dental.

Multiple encounters on the same day are possible, but they require multiple providers, a separate diagnosis or treatment plan by each provider, the plan must be prepared by a practitioner using independent judgment, and the visit must be fully charted. One provider cannot provide a

medical, health educational and nutritional encounter even if the doctor saw a diabetic, adjusted his medications, warned him about eating patterns and provided him with a new diet plan to keep him more stable. Similarly when the doctor asks the nurse to do the health education portion of the encounter, the clinic does not report a medical and a health education encounter. However, if the doctor orders services from a health educator, who then sits down and does a full (separately charted) health education visit that would be considered a second encounter. If the health educator subsequently refers the patient to a nutritionist who does yet another separately charted face-to-face nutrition assessment, this would be counted as a third encounter (medical with the doctor, health education with the health educator, and nutritional with the nutritionist).

NOTE: Only one type of encounter would be allowed per patient visit to the clinic, i.e., one medical encounter per patient visit. If the patient sees both a mid-level medical practitioner and the physician on the same visit, the encounter would be recorded under the practitioner that did the majority of work on that day. Even if the patient came back a second time in the same day, only one encounter would be reported unless the second visit was for a problem unrelated to the initial encounter.”

At this time, we anticipate the following funding formula. *However, this formula could change depending on the number of applicants and these funding amounts are not guaranteed.*

<b>Total # of Encounters in 2003</b>	<b>2004 Proposed Award Size</b>
Less than 20,000	Up to \$20,000
20,000-40,000	Up to \$30,000
40,000-60,000	Up to \$40,000
60,000-100,000	Up to \$50,000
100,000 +	Up to \$60,000

Award size for Clinic Networks and Consortia: The Blue Shield of California Foundation will determine grant award size based on the number of member CCHCs and Parent Corporations that meet the eligibility criteria as described in this document. All grants are for one year. At this time, we anticipate the following funding formula. *However, this formula could change depending on the number of applicants and these funding amounts are not guaranteed.*

<b># of Qualified Member Clinics</b>	<b>2004 Proposed Award Size</b>
Less than 5	Up to \$20,000
5-10	Up to \$30,000
11-20	Up to \$40,000
21-30	Up to \$50,000
Over 30	Up to \$60,000

**VI. FOR MORE INFORMATION**

Interested applicants are encouraged to participate in one of two conference calls with Tanir Ami (Blue Shield of CA Foundation) and Kristen Putnam (Putnam Community

Investment Consulting) to ask any questions you might have about this Initiative. These calls will be held on Wednesday May 19th from 1-2:00pm and Tuesday May 25th from 10-11:00am. You are not required to participate in either call. To participate in either call, dial 1-888-830-6260 at the time of the call and enter Participant Code 121323. Please note that these will be structured conference calls. As a participant, you will be in “listen mode” and will given instructions to let us know you have a question using your phone’s keypad. That way, we can answer questions in the order they arise. We will not be able to hear you until your question is queued up. But everyone will be able to hear all questions and answers.

Interested applicants are also welcome to contact Kristen Putnam or Tanir Ami to ask questions about the RFA. Please note that Tanir Ami will be out of the office and unavailable to answer questions between May 26 and June 11.

Kristen Putnam, Principal  
Putnam Community Investment Consulting  
510-339-7078  
kputnam@putnamcic.com

Tanir Ami, Program Manager  
Blue Shield of CA Foundation  
415-229-5743  
tanir.ami@blueshieldcafoundation.org

## APPLICATION FORM

### CORE SUPPORT INITIATIVE FOR HEALTH CENTERS AND CLINIC CONSORTIA

*Deadline: Applications must be postmarked by June 11, 2004*

#### How to complete this application form:

- Answer the application questions below. You can cut and paste this application form, including the signature line and verification statement, into a separate document or you can re-type them into your own document.
- Please reference the questions and include all question numbers with your answers.
- Include all attachments listed in Question 9.
- Use 12 point font and single spacing.
- Please do not exceed seven (7) pages total (not including the attachments requested in Question 9).
- Please do not exceed the word limitations in Questions 4 & 6.
- Executive Director signs the application form.
- Make two (2) copies (including attachments) and mail them (postmarked by June 11, 2004) to:  
Putnam Community Investment Consulting  
Attn: Kristen Putnam  
6114 LaSalle Avenue, No. 636  
Oakland, CA 94611
- Do not include additional materials, such as brochures, photos, or videos. They will not be reviewed and will not be returned.

#### ***The following information must be included in your application for it to be considered for funding:***

1. Please provide ***all*** of the following information:

Name of Organization:

Organization's Tax Identification Number:

Name and Title of Contact Person for this Application:

Name and Title of the Organization's Executive Director:

Mailing Address:

City, State and Zip code:

Phone:

Fax:

Email:

County in which you are located:

2. For Free Standing CCHCs and the Parent Corporations of Multi-Site CCHC Corporations only:
  - a. Please state how you define your organization: Community Clinic, Federally Qualified Health Center (FQHC), Federally Qualified Health Center "Look Alike," Rural Health Clinic (RHC), School-Based Health Center, Mobile Health Clinic/Center, Family Planning Clinic, American Indian Health Center, or Parent Corporation of Multi-Site CCHC Corporation. You may indicate more than one.
  - b. Are you a member of any clinic networks or consortia?\* If yes, please provide the network or consortia name(s).
  - c. Please provide your Office of Statewide Health and Planning Department (OSHPD) ID number. If you are a multi-site Parent Corporation, please provide all OSHPD numbers for all your clinic sites.
  - d. Please state your total number of patient encounters reported in 2003. If you are a multi-site Parent Corporation, please aggregate the total number of encounters for all your clinic sites. For your information, we use OSHPD's definition of encounter. This definition is provided in section IV of this RFA.
  - e. What percentage of your clients were uninsured in 2003?\*
  - f. What percentage of your encounters were uncompensated in 2003?\* (An uncompensated encounter is one for which there is no payer source.)
  - g. What percentage of your clients were at or below the federal poverty level in 2003?\*
  - h. What percentage of your clients were between 100 to 200 percent of the federal poverty level in 2003?\*
3. For Clinic Networks and Consortia only:
  - a. Please state the total number of your member CCHCs or parent corporations.
  - b. Please state the number of your CCHCs or parent corporations that meet the eligibility criteria as described in this RFA document.
  - c. Please briefly describe how at least one of the following is true for your organization: (1) You have at least 80% of your membership consisting of CCHCs and/or parent corporations or (2) You manage integrated projects or programs for your member CCHCs and/or parent corporations.
4. Please describe your organization (not to exceed 500 words), including:
  - a. Brief history of the organization
  - b. Types of services provided
  - c. Any recent organizational changes or shifts that are relevant to organizational stability or organizational growth (feel free to provide an explanation).
5. Briefly state for what purpose you intend to use the core support grant, if awarded. You may select more than one. (This is for informational purposes so we can better understand how these funds will be used. Your choice will not impact your selection). For your information, we use the Independent Sector's definition of core operating support:

*“Core support, or general operating support, is funding directed to an organization’s operations as a whole rather than to particular projects (project support)...Core support may be used not only for the delivery of services or other activities directly in pursuit of the organization’s mission, but also for administrative and fundraising expenses (overhead).”*

Potential uses of core support funding include:

- Uncompensated care reimbursement
- Maintenance and/or repair of existing facility
- Increase of clinic hours
- Addition of professional or administrative staff
- Program maintenance or expansion
- Addition of clinical services
- Organizational capacity building (such as strategic planning, professional development, evaluation, etc.)
- Fund development
- Other (please describe)

*Note: Grants may not be used towards capital campaigns or endowment purposes.*

6. Please describe your organization’s need for core operating support and how you plan to use the funds, if awarded (not to exceed 500 words). Please note that if awarded a grant, we will request brief six month and 12 month reports describing your progress.
7. Private Foundation Funding Sources – Please provide the following information about private foundations that have funded your organization since January 2003.\* Private foundations include family foundations, corporate foundations, health foundations, and other private foundations, etc.
  - a. Total number of foundation funders
  - b. Foundation names and grant award from each

Do not include foundations to which you have proposals pending, or non-foundation sources such as government agencies, patient reimbursements, fee-for-service, etc.

8. Financial Information - Please state your Total Operating Revenue as reported to OSHPD in the Annual Utilization Report of Primary Care Clinic, Section 7, Line 25 (for 2003). If you are a non-OSHPD reporting entity, please submit your total operating income for FY 2003.
9. Attachments - Please attach the following documents to your completed application form:
  - Statement of Financial Position (Balance Sheet) for FY 2003. We prefer audited statements if available.
  - Statement of Activities (Income Statement) for FY 2003. We prefer audited statements if available.

- YTD Budget Against Actuals for the current fiscal year (We realize that your current fiscal year will likely not have ended when you submit your application).
- 501(c)3 tax exempt status letter or documentation that you are a tribally chartered/sanctioned organization.
- For Free Standing CCHCs and the Parent Corporations of Multi-Site CCHC Corporations only: Copy of your 2003 report, "Annual Utilization Report of Primary Care Clinic," as submitted to OSHPD. Parent corporations should submit reports for all their clinic sites.
- For Clinic Networks and Consortia only: Please provide a list of your member organizations.

*By signing below I verify that I believe our organization meets all stated eligibility criteria and that all information stated in this application is accurate. I also verify that our organization is not a clinic site/affiliate applying separately from its Parent Corporation.*

Signature of Executive Director/CEO: \_\_\_\_\_

Date: \_\_\_\_\_

\* Your answers to these questions will provide us with a better understanding of our applicant pool and grantees, and will not impact our funding decisions.