

Community Benefit Grant Program FY2021

MemorialCare Saddleback Medical Center (SMC) welcomes the opportunity to work with organizations to create healthy communities. We have set aside specific funds to help support community organizations that support the health and well-being of the communities served by SMC.

Eligibility and Restrictions

SMC provides financial support to local nonprofit and public health and human service organizations that serve vulnerable communities in our Orange County SMC service area. These projects align with our Community Benefit priorities based on the Community Health Needs Assessment (CHNA). Only nonprofit, tax-exempt organizations and public agencies are eligible for funding.

Community Benefit Grant Criteria:

1. The project/organization must benefit underserved community residents.
2. The project/organization must be established in the community.
3. The project/organization must be directly related to one or more of our identified health needs prioritized in the SMC 2019 Community Benefit Implementation Strategy <https://www.memorialcare.org/about-us/community-benefit>
 - Access to health care/preventive care
 - Chronic diseases
 - Mental health/behavioral health
 - Senior health and social needs
4. Funding can address the social determinants of health (i.e. housing, food insecurity, jobs, economic support) in conjunction with a priority health need. For more information on social determinants of health visit <https://www.cdc.gov/socialdeterminants/index.htm>.
5. Funding can support programs and projects that address health disparities in underserved and underrepresented populations.
6. Funding can be used for programmatic or operational support.
7. A project budget is required for the program you are requesting funding for.

Community Benefit Funding is generally NOT awarded for:

- Arts programs
- Cultural events
- Athletic programs, such as sports teams or leagues
- Fundraising activities
- Annual fund drives
- Building or capital campaign (bricks and mortar) projects

- Individuals
- Religious organizations (for religious purposes or exclusive benefit of their members)
- Political campaigns
- Start-up projects

Measurable Objectives

Applications must include measurable program/project objectives. The objectives, when measured, should answer the questions: How much did you do? How well did you do it? and What difference did it make? Examples of measurable objectives include: the number served, the change in the number served compared to a previous period, self-reported change in health knowledge or behaviors, change in health status, change in utilization of services, and benefits to the participants made possible by the program/project.

Submissions/Questions

Upon receipt of your completed application, a representative will contact you for more information or take your request to our Community Benefit Oversight Committee. We appreciate your efforts to improve our community. If you have any questions, please contact Jan Gameroz at jgameroz@memorialcare.org or (949) 452-7405.

Community Benefit Grant Application – FY21

We must receive a completed application for consideration by August 26, 2020.

Organization Information

Organization name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Website: _____

Tax Status: _____

Tax ID#: _____

Contact name and title: _____

Phone: _____

Email: _____

Grant funding request amount: _____

Note: All grant applications must include a detailed budget (i.e. allocation for staff, volunteers, supplies, services, transportation, space, etc.) required to meet the proposed program objectives.

Priorities were approved in the 2019 Implementation Strategy Implementation Strategy (<https://www.memorialcare.org/about-us/community-benefit>). Select the priority health need(s) that your project will address (check all that apply):

- Access to health care/preventive care
- Chronic diseases
- Mental health/behavioral health
- Senior health and social needs

Application/Project Request Information

Project title: _____

Project summary: _____

Is this a new or existing project? Mark the correct box.

Provide detailed information on how the grant funds you have requested will be used. What will the requested grant funds pay for?

If MemorialCare provides less than your requested funding amount, how will your organization modify its program plans? _____

What population(s) will be served by this project (i.e. age, race/ethnicity, gender, socio-economic status, other demographics) and what is the estimated number of people who will benefit from the project? _____

Please explain in detail how your proposal will address one or more social determinants of health (i.e. housing, food insecurity, homelessness, behavioral health, jobs, health access, economic support). More information on social determinants of health can be found at <https://www.cdc.gov/socialdeterminants/index.htm>.

How does this project address health disparities in the community? Identify the underserved, underrepresented, and/or vulnerable populations who may be helped through this grant proposal. In addition, please explain the services you will provide to address the needs of the population(s) identified.

Evaluation (complete the objectives/metrics grid)

What are the program/project objectives? Please explain in detail the identifiable metrics that align with your proposed objectives.

How will you measure progress, through what source of data (i.e. surveys, metric dashboard)? The evaluation needs to include measurable results.

Objectives	Evaluation Metrics/ Measurable Results	Data Source
<u>Example:</u> Provide counseling services to low-income/underserved individuals.	80% of clients will report improvement in their life functioning.	Survey of clients
<u>Example:</u> Provide support services and resources to isolated seniors.	75% of senior service recipients will indicate increased feelings of well-being and improved quality of life.	In-person interview of seniors
<u>Example:</u> Provide health insurance enrollment assistance to persons who are uninsured.	30 persons reached monthly with health insurance enrollment information. 10 persons enrolled monthly in low-cost or no-cost health insurance.	Dashboard to track persons served and persons enrolled in insurance. Include demographics of persons served

Reminder: Please submit a detailed program budget with your application. Send the completed application and budget to:

Jan Gameroz
Manager Oncology Admin. Services/Community Relations
jgameroz@memorialcare.org
MemorialCare
Saddleback Medical Center

Thank you for your submission. You will be notified by the end of October of your grant status.

If your funding request is approved, a mid-term progress report and final report will be required. Upon approval, awardees will receive 50% of the grant award. The first progress report will be due in February 2021. Successful progress on the grant objectives and completion of the mid-term report will determine if/when the final award will be sent.