



Marion County Hospital District Grant Cycle 4.0

(Feb. 1, 2019 through Jan. 31, 2020)

The Marion County Hospital District Board of Trustees (MCHD) is pleased to announce grant funding opportunities to improve the health of residents in Marion County. This year's grant process utilizes a two- step procedure. Before potential applicants can submit a full grant application, interested parties must first submit a Grant Summary Letter by October 18th, 2018 at 5:00 p.m. for review and consideration. If the selection committee/board is interested in learning more about your proposed project, you will receive an invitation (on or about Oct. 31, 2018) to submit a grant application. Only applicants who receive an invitation from Marion County Hospital District staff will be permitted to submit grant applications (via online submission by Nov. 26, 2018 at 5PM). To gain a clear understanding of the grant's health focus areas, reporting and requirements, we encourage you to review the *2019 Marion County Hospital District Funding Opportunity Announcement and Guidelines for Application*, available at www.mchdt.org under the Grants tab.

Grant Summary Letter Instructions

Letter Due Date: October 18, 2018 by no later than 5PM (Eastern)
Submission: Grant Application Summary (maximum of 2 pages)
Due via email (Dolly@mchdt.org)

We seek innovation this year - A two-page summary should describe the proposed project and include: innovation, goals/health impact (e.g., projected number of clients served through grant), the total project cost (please review budget restrictions in Section 4.4 of the *2019 Marion County Hospital District Funding Opportunity Announcement and Guidelines for Application*), expertise/experience with similar projects, why your organization is the best choice to provide the proposed services, specific services provided within our target health areas, focus populations served (e.g., low income, age group, diabetic, etc.), locations where services will be delivered, and a description of how the funding request will be used to address the purposes of the MCHD funding opportunity announcement as detailed in Section 1.1 – Purpose.

Submission Format Requirements for the Grant Application Summary:

1. Microsoft Word (.doc or .docx)
2. Times New Roman
3. 12-point font
4. .5 inch margins (all around)
5. The first few lines of the document should include: Organization Name, Contact Person, Phone Number and Email (please place your organization's address in the body of your email)
6. Please do not submit any additional information in the margins of the document
7. Only the two-page summary will be shared with the review committee, so please do not submit additional documents or project information with your email

If you have questions about these Grant Summary Instructions, please contact: Dolly Dockham at dolly@mchdt.org, or Curt Bromund at Curt@mchdt.org, 1.121 SW 1st Ave., Ocala, FL 34471 - Phone: (352) 622-3662.

The MCHD may, in its sole and absolute discretion and without the necessity of notice to or the consent of any Grantee or grant applicant, modify or amend these Guidelines, grant variances or waive their enforcement in whole or in part.

2019 Marion County Hospital District Funding Opportunity Announcement and Guidelines for Application

**We will only accept applications from grant applicants who: (1) Submit a Grant Summary Letter by the deadline indicated in Section 2.2, and according to submission guidelines, and
(2) Receive an invitation from MCHD staff to submit
an online application on Nov. 26, 2018.*

Section 1 – Funding Opportunity Announcement

1.1 – Purpose

The Marion County Hospital District Board of Trustees (MCHD) is pleased to announce grant funding opportunities to improve the health of residents in Marion County. The Board of Trustees has determined, based upon the 2015 Community Health Needs Assessment conducted by WellFlorida, Inc., that certain designated health need areas will receive priority for Hospital District grant funding beginning February 1, 2019. Grants to qualified organizations will be for a maximum of one year (distributed on a quarterly basis) and will be conditioned upon a grant applicant's performance, quarterly reports, and ability to measurably improve the outcomes in Marion County in one or more of the designated health need areas.

The MCHD may, in its sole and absolute discretion and without the necessity of notice to or the consent of any grantee or grant applicant, modify or amend these guidelines, grant variances or waive their enforcement in whole or in part.

For the grant cycle beginning February 1, 2019, the Marion County Hospital District identified and designated the following target areas for its grant award process:

- Obesity prevention in adults and children
- Smoking cessation and prevention in adults and adolescents, including other tobacco use
- Diabetes prevention and treatment
- Prevention and stabilization of mental/behavioral health related issues, and/or opioid prevention and treatment
- Prevention and treatment of adult oral health related issues

1.2 – Application and Program Requirements

Qualified grant applicants will be required to demonstrate to the Marion County Hospital District's sole satisfaction that the grant applicant's proposed project of health improvement will be measurable and will produce improved health results in one or more of the identified priority

health need areas (listed above in Section 1.1). The amount of Grant Award made to any grant recipient will be determined solely by the Marion County Hospital District. Grant applicants must answer a series of questions (via an online grant application) to the sole satisfaction of the Marion County Hospital District (MCHD).

Online applications must be completed and submitted on or before November 26, 2018 by 5PM (Eastern Standard Time) to the application link provided under the Grants tab on www.mchdt.org.

For technical support, please contact:

Melanie A. Cianciotto, First Vice President
 SunTrust Foundations and Endowments
 (407) 237-4485
melanie.cianciotto@suntrust.com

The Marion County Hospital District 2019 Grant Announcement, together with further grant information, are available at www.mchdt.org.

Section 2 – Award Information

2.1 – Number of Awards and Award Amount

The number of total awards available will be determined by our available funding for grants, and the amount awarded for individual grants.

**We will only accept applications from grant applicants who: (1) Submit a Grant Summary Letter by the deadline indicated below, and according to submission guidelines, and (2) Receive an invitation, from MCHD staff, to submit an online application on Nov. 26, 2018.*

2.2 – Critical Dates for Award Process (dates subject to change)

Key Activity	Date	Venue or Format
Grant Announcement	October 1, 2018	Press Release and MCHD Website
Grant Summary Letters Due	October 18, 2018	Emails Due by 5PM
Summary Letter Recommendations	October 23, 2018	Grant Committee
Summary Letter Approvals	October 29, 2018	Board Meeting
Invitation to Submit Application	October 31, 2018	Emails to Invitees/Applicants
Online Application Goes Live	November 1, 2018	SunTrust Website
Grant Application Due	November 26, 2018	Online Application Portal by 5PM
Grant Review and Recommendation	November 27– December 11, 2018	Grant Review Committee
Grants Approved by District Trustees	December 17, 2018	Board Meeting
Official Award Announcements	January 3, 2019	Letters to Grantees
Grant Award/Start Date	February 1, 2019	Approved Grantees

2.3 – Period of Performance

The period of performance, or grant funding period, will commence on February 1, 2019 and end on January 31, 2020. Grant awardees must agree to unannounced site visits, ongoing project monitoring and quarterly reporting to evaluate project performance. The Marion County Hospital District reserves the right to cancel grants, recoup assets/supplies and unexpended funds if it determines a grantee does not meet performance and reporting expectations.

2.4 – Funding Contingent Upon Reporting

Initial funding will be based on the competitive review process and award. Ongoing funding will be contingent upon performance and regular and timely reporting of program processes, outputs, outcomes and expenditures. Grantees must submit an initial Evaluation Plan (see Appendix B for template) and provide an update or report on the Evaluation Plan accordingly. Grantees must also report revenue and expenses quarterly using the Quarterly Revenue and Expense Reporting tool (see Appendix C). Grantees must submit a Quarterly Progress Report (see Appendix D for tool) that provides an assessment of program processes, outputs and outcomes based on the Evaluation Plan.

Grantees must be proficient in the use of Microsoft Office WORD, Microsoft Office Excel, email and internet/web browsers to apply for the grant, and to submit reports.

Failure to or inability to submit required quarterly reporting may result in revocation of funding and funded assets/supplies. MCHD reserves the right to request additional information (beyond the required reporting documents) to assess the grantee's efficacy, performance, accuracy and adherence to grant guidelines.

2.5 – Factors Affecting Application Selection

The technical merits of the applications will be determined by:

1. **Application Evaluation**

The Executive Director and his designees will conduct an initial assessment to determine: the quality of the application, innovation, requisite experience with similar projects, staff qualifications, professionalism of the applicant, reputation, financial stability, cost effectiveness, return on investment, reasonableness of the budget, sustainability of the project beyond the funding period, potential impact and scalability, measurability, and if the services proposed are currently offered (or should be offered) through other entities. MCHD reserves the right to evaluate other factors it deems relevant at its sole discretion. Final selections will be determined at the sole discretion of Marion County Hospital District Trustees and its authorized designees/agents.

2. **Scope of Proposed Activities**

It is possible that multiple high-ranking applications focusing on the same priority issue, the same community or the same target population will not all be funded. Proposals that will increase the span of service across these domains served may receive priority.

Section 3 – Eligibility Information

3.1 – Eligible Applicants

This funding opportunity announcement is open to the following entities:

- Corporations, agencies and community-based organizations (not-for-profit or for-profit), medical clinics or hospitals that (preferably) perform services related to proposed grant services identified in the grant application. Grantees must currently operate from a physical location in Florida.
- Those entities not currently engaged in bankruptcy proceeds, or under federal or state indictment.
- Entities with sound and disclosable financials.
- Organizations whose management and personnel are not compensated excessively for the project and service area.
- Those entities not currently under a corrective action plan under a current federal, state, or local government grant or contract.
- Entities in good standing with the Marion County Hospital District and the community.
- Entities must have the requisite capacity, licenses, bonding and insurance to perform proposed services.
- Grant funds will only be used to provide targeted health services (identified in Section 1.1) with a sole focus on residents/citizens of Marion County, Florida. Successful grantees identify methods to determine eligibility of applicants to identify the need, inability to pay and residency.

3.2 – Cost Sharing or Matching

Cost-sharing and matching funds are not required; however, leveraged funds and collaborations are strongly encouraged.

3.3 – (Reserved for Additional Application Instructions)

3.4 – Pre-Application Support

**We will only accept applications from grant applicants who: (1) Submit a Grant Summary Letter by the deadline indicated below, and according to submission guidelines, and (2) Receive an invitation, from MCHD staff, to submit an online application on Nov. 26, 2018.*

When the grant application is available online, on or about November 1, 2018, we will supply an instructive PowerPoint or PDF that highlights aspects of the grant application process. The instructive document will be available at www.mchdt.org. Marion County Hospital District representatives will not provide individual guidance to grant applicants (except technical support); however, we may provide occasional guidance through Question & Answer postings on the website listed above.

Section 4 – Application and Submission Information

4.1 – Application Materials

The application process must be completed online. The online application portal (hosted by SunTrust) will be active on or about November 1, 2018. There will be a link to the application portal (only available to invited applicants) on the Marion County Hospital District website www.mchdt.org. The grant announcement and instructions will be available as a downloadable PDF on October 2, 2018 at www.mchdt.org (Grants tab).

For technical support with the application portal, please contact:

Melanie A. Cianciotto, First Vice President
SunTrust Foundations and Endowments
(407) 237-4485
melanie.cianciotto@suntrust.com

4.2 – Content and Form of Application Process

Potential applicants must a Grant Application Summary by the due date indicated below, and selected applicants will be invited to access the application portal. The application will be available through the grant application website. The page limits will be strictly enforced by the grant application portal. Applicants whose grant sections exceed designated page limits may have those sections truncated or omitted from review.

Applicants must submit:

- Grant Application Summary (maximum of 2 pages) - Due via email (dolly@mchdt.org) by Oct. 18, 2018 at 5PM (Eastern).

A two-page summary should serve as a succinct description of the proposed project and include: innovation, goals/impact of the project, the total budget (please review budget restrictions in Section 4.4), expertise/experience with similar projects, why your organization is the best choice to provide the proposed services (opposed to other entities in Marion County), specific services provided within our five target health areas, focus populations served (e.g., low income, age group, diabetic, etc.); location where services will be delivered (e.g., services locations -- indicate if clients must travel, or if will you bring services to clients), and a description of how the funding request will be used to address the purposes of the MCHD funding opportunity announcement as detailed in Section 1.1 – Purpose.

Submission Format Requirements for the Grant Application Summary:

1. Microsoft Word (.doc or .docx)
2. Times New Roman
3. 12-point font
4. 1 inch margins (all around)

5. The first line or two of the document should include: Organization Name, Project Title, Contact Person, Phone Number and Email.
6. Please do not submit any additional information in the margins of the document
7. Only the two-page summary will be shared with the review committee, so please do not submit additional documents or project information with the email.

----- Note: The following steps only apply to applicants invited to submit full applications -----

- Project Narrative (maximum of 5 pages)

The Project Narrative must be no longer than 5 pages in length and is expected to address how the applicant will implement the proposed funding and meet the purposes of the funding opportunity announcement. The Project Narrative will include the following:

- Type of entity and description of the community(ies) or group(s) the applicant expects to serve
- Innovation involved with this demonstration grant proposal and evidence-based efficacy of such innovation
- Demonstration of evidence basis for proposed intervention
- Scope of activities and specific services proposed in application
- Expertise of proposed project personnel
- Collaborative efforts and leverage of resources
- Accomplishments and credibility of applicant entity

The interventions, activities and services proposed under this grant must be consistent with grant priorities (see Section 1.1 – Purpose); the most recent version of the Marion County Community Health Needs Assessment and the Marion County Health Alliance’s (MCHA) proposed metrics for community health improvement.

- Work Plan and Timeline (maximum of 2 pages)

A timeline is required for achievement of project goals and objectives consistent with those outlined in the project narrative. The work plan submitted with the application should document plans for use of the funds as well as associated timeframes (hiring of personnel, acquisition of equipment, commencement of services to clients. Applicants should identify by name and title the individual(s) responsible for accomplishing the goals of the project.

- Budget and Budget Narrative (maximum of 3 pages)

Applicants should submit a budget and budget narrative with appropriate line items (see Appendix A – Budget and Budget Narrative Templates). The proportion of the requested funding designated for each activity should be clearly defined and justify the applicant’s readiness to receive funding. As part of each application for funding, applicants must request funding for activities that are not currently funded/supported by other funding sources.

- **Evaluation Plan (maximum of 3 pages)**
Applicants should use Appendix B (Evaluation Plan Template) to construct and submit their Evaluation Plan. Note that all elements on the Evaluation Plan MUST be included in the Evaluation Plan. The Evaluation Plan must clearly delineate SMART (specific, measurable, achievable, realistic and time-sensitive/bound) objectives for each of the following:
 - Key process or implementation objectives that represent key measurable milestones in program development and implementation
 - Critical outputs that represent the measurements of key activities of the operations of the program
 - Impact objectives that measure health outcomes in the target population(s) as well as the changes in their knowledge, attitudes, behaviors and beliefs that are shown to have a direct impact on health outcomes

Examples of Model Evaluation Plans (for reference only):

- CDC Framework Website - <http://www.cdc.gov/eval/framework/index.htm>
- Original CDC Article on Framework - <ftp://ftp.cdc.gov/pub/Publications/mmwr/rr/rr4811.pdf>

Required Documents via Upload:

1. The applicant’s most recent audited financials and tax return.
2. The applicant’s most recent 990 form (applies to nonprofit corporations only).
3. A list of the names and titles of personnel associated with this grant, including the primary contact and current salaries for your company’s top five executives (required)
4. Authorization & Attestation Form (signed and dated)
5. Please do not submit any additional documents, except those listed above

4.3 – Key Dates and Times

Key Activity	Date	Venue or Format
Grant Announcement	October 1, 2018	Press Release and MCHD Website
Grant Summary Letters Due	October 18, 2018	Emails Due by 5PM
Summary Letter Recommendations	October 23, 2018	Grant Committee
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4.4 – Funding Restrictions

The Marion County Hospital District reserves the right to restrict funding of certain activities and services at any time. The following is a non-comprehensive list of funding restrictions:

- Re-granting funds to any other person or entity.
- Paying for occupancy costs, rent, wages, benefits or any other expenses not directly used (or necessary) for approved grant services.
- Using grant funds for air travel, taxi's, Uber, buses, limo services, or other similar methods of transport. Per-mile travel reimbursement (44.5 cents/mile) is the only allowable transportation expense allowable under this grant (see budget template).
- Cellular phones, cellular phone service, computer tablets (on a limited, case-by-case review, the Marion County Hospital District Executive Director may authorize computer tablets for specific projects. Such authorization requires tablets purchased with grant funds remain property of the Marion County Hospital District). Computer equipment and tablets are assets of MCHD, and must be returned upon cessation of the grant. Grantees must reimburse MCHD for lost, stolen or damaged computer equipment (including tablets and other assets purchased with MCHD funding).
- Moving funds between budget line items without prior written approval from the Marion County Hospital District Executive Director.
- Paying for salaries, benefits, services, products, consulting, equipment, rent or assets that personally benefit a grantee's family member, board member or business associate.
- Purchasing excess supplies, assets or services with unused funds (e.g., purchasing supplies or services with the intention of using supplies beyond the grant year).
- Employee bonuses, gifts or severance pay.
- Conferences and trainings for staff – Capped at \$500/year for the grantee (not per employee).
- Cash incentives for clients/patients/staff (including gift cards).
- Alcoholic beverages.
- Food or beverages (non-alcoholic) that do not directly benefit the clients of the program (e.g., may not be purchased for staff functions or meetings).
- Personnel or vendors that do not meet requisite requirements or licenses/certifications.
- Other expenses that were not clearly identified during the granting process or approved (in writing) by the MCHD Executive Director.
- Any Unlawful Purpose

Section 5 – Application Review Information

5.1 – Application Review Criteria

Successful applicants are required to demonstrate that they will use grant funds exclusively for approved projects and services for the entire length of the grant period. In addition, successful applicants must demonstrate how they will ensure that grant funds are only used to serve residents/citizens of Marion County (Florida). This entails mechanisms to identify and document eligibility (e.g., recipients of services are residents/citizens of Marion County, Florida,

do not have an ability to pay for services, and/or in need of services identified by our five target health objectives). Applicants are required to provide services in a manner that is culturally and linguistically appropriate and accessible to individuals with disabilities.

Applicants must address and submit the following information:

Project Abstract

- Abstract includes goals of the project; the total budget; priority issues addressed; target populations or groups served including geographic area of reference; and a description of how the funding request will be used to address the purposes of the MCHD funding opportunity announcement as detailed in Section 1.1 – Purpose.

Type of Entity (individual, organization, or consortium) and Description of the Community(ies) or Group(s) the Applicant Expects to Serve

- Description and location of the applying entity (eligible applicants must show evidence have a service location near Marion County)
- Description of the community(ies) expected to be served and why the applicant expects to serve the(se) community(ies).
- Location of community(ies) expected to be served (specific zip codes required)

Scope of Activities/Project Narrative

The applicant's plan must demonstrate how the applicant will:

- Utilize innovative methods to address our primary health concerns (Section 1.1)
- Maintain and execute program specifications, process objectives and impact objectives that are Smart, Measurable, Attainable, Reasonable and include Timeframes
- Provide cost-efficient services that are scalable, evidence-based, and provide maximum health impacts to residents of Marion County (Florida)
- Provide information and services in a fair, accurate, and impartial manner
- Provide grant services at no charge to clients
- Ensure staff and volunteers maintain appropriate training, licensures and qualifications
- Reach specific target populations within Marion County
- Monitor, track and report performance measures
- Comply with privacy and security standards and use computers, including laptops or tablets, in accordance with 45 C.F.R. § 155.260

Work Plan and Timeline

- Document a timeline specifically and realistically for the achievement of project milestones and objectives consistent with those outlined in the project narrative.
- Document plans for use of the funds as well as associated timeframes for usage of funding amounts.

Accomplishments and Capacity

Applicant's track record and accomplishments in the following areas:

- Applicant demonstrates their accomplishments with similar grant programs (e.g., programmatic audit results for similar programs)
- Applicant demonstrates their organizational capacity to manage, monitor and report grant services (e.g., facilities, software, hardware, personnel, management systems, etc.)
- Most recent organizational tax return, financials and 990 Form for nonprofits (upload to online application)
- Evidence of requisite insurance coverage and bonding
- Applicant provides evidence of staff expertise in specified grant services

Budget and Budget Narrative

- Completeness of budget (to include Budget Narrative(s))
- Completeness/quality of explanations and justifications provided in Budget Narrative(s)
- Completion of a separate Budget Narratives for members of a consortium
- Reasonableness of requesting funding according to tasks proposed
- Detail and reasonableness regarding administrative expenses and other pooled costs
- Ensure that funding from this opportunity will not be used for activities already funded through other funding sources
- Utilize guidance of the provided Budget and Budget Narrative Templates (Appendix A)

Evaluation Plan

- State over-arching goal for the proposed program
- Clearly articulate measurable objectives for implementation activities (process objectives)
- Clearly articulate measurable objectives for operational activities (output objectives)
- Clearly articulate measurable objectives for making changes to the target population (impact objectives)
- All objectives are SMART (specific, measurable, achievable, realistic and time- sensitive/bound)
- Articulate clearly all required components in the Evaluation Plan Template (Appendix B)

5.2 – Review and Selection Process

A team consisting of MCHD Trustees, MCHD staff and authorized representatives will review all applications.

Note that during the application and review process, representatives from the Marion County Hospital District will not be available to answer individual questions or provide advice regarding grant submissions. From time to time during the application process, frequently asked questions may be compiled and made available to all applicants, as well as the general public, through the grant application portal and on the MCHD website. During the application and review process, applicants may only request technical assistance regarding the online grant portal functionality, or for troubleshooting.

For technical support, please contact:

Melanie A. Cianciotto, First Vice President
SunTrust Foundations and Endowments
(407) 237-4485
melanie.cianciotto@suntrust.com

5.3 – Anticipated Award Date

Grant awardees will be announced on or about January 2, 2019 with the grant funding period to begin on February 1, 2018. Funding is awarded on a quarterly basis, in four equal installments, unless the MCHD Executive Director approves (in writing) an alternate grant allocation procedure. At the completion of each quarter, the Executive Director and Trustees will evaluate quarterly reports, grantee performance, budget/expense reports, etc. MCHD will only release the next quarter's funds once the Trustees approve the MCHD Executive Director's quarterly grant performance report. Quarterly funds are typically allocated on the following dates: February 1, May 1, August 1, and November 1.

Section 6 – Award Administration Information

6.1 – Notice of Award

All grantees who are awarded funding will be notified by email or mail. Grantees who are not awarded funding will be notified via email or mail.

6.2 – Reporting Requirements

As stated in Section 2.4 – Funding Contingent upon Reporting, funding may be reduced or discontinued for failure to provide detailed, accurate and timely quarterly reports. These reports consist of the Quarterly Revenue and Expense Template (Appendix C) and the Quarterly Progress Reporting Template (Appendix D) as well as any other information and clarifications requested by the MCHD.

Initial funding will be based on the competitive review process and award. Ongoing funding will be contingent upon regular and timely reporting of program processes, outputs, outcomes and expenditures. Grantees must submit an initial Evaluation Plan (see Appendix B for template) and provide an update or report on the Evaluation Plan accordingly. Grantees must also report revenue and expenses quarterly using the Quarterly Revenue and Expense Reporting tool (see Appendix C). Finally, grantees must also submit a Quarterly Progress Report (see Appendix D for tool) that provides an assessment of program processes, outputs and outcomes based on the Evaluation Plan and allows for the grantee to make a qualitative assessment of the program overall through a series of key questions. Grantees must be proficient in the use of Microsoft Office WORD, Microsoft Office Excel, using websites and the internet in order to apply for the grant, and to report regularly on grant performance upon award.

Failure to or inability to submit required quarterly reporting, or agree to scheduled and

unannounced site visits, may result in revocation of grant funding and cancellation of the MCHD grant. Unprofessional behavior or discourteous communications with MCHD staff and its designees may result in revocation and cancellation of the MCHD grant.

Section 7 – Agency Contacts

MCHD Executive Director

Curt Bromund

1121 SW 1st Ave

Ocala, FL 34471

curt@mchdt.org

MCHD Administrative Contact

Dolly Dockham

1121 SW 1st Ave

Ocala, FL 34471

Phone: (352) 622-3662

dolly@mchdt.org

Appendix A – Budget and Budget Narrative Templates

Budget Narrative Template

Online Submission Required

Use this form to develop your annual budget and to justify programmatic expenses



Budget
Template.xlsx

Budget Narrative

Organization: Name of Grant-Funded Program

Date:

Grantee Contact Responsible for Report:

Category	Total Budget	Budget Narrative: Explain Revenue or Expense
REVENUE		
Marion County Hospital District Grant	0.00	This is the total annual funding approved for this grant
TOTAL	0.00	
EXPENSES		
		<i>Only include necessary expenses directly attributable to services provided for the MCHD Grant</i>
Salary	0.00	Wages for full time and part time direct service personnel (exclude administrative personnel)
Fringe Benefits	0.00	Optional (medical, dental) and mandated benefits (workers' comp., FICA, etc.) you currently assign as a percentage of wages (provide the percent used in this box). Exclude bonuses and meals.
Administration (max. 12% of budget)	0.00	Includes indirect costs, such as management, HR, Finance and other non-direct service personnel. You may not charge a higher rate than you charge for other grants. Based on a percent of actual expenses incurred through this grant...
Utilities	0.00	Must be based on the % of square footage occupied by personnel or equipment used solely for this grant. Indicate total square footage and % used for grant.
Rent/Occupancy/Mortgage (based on % of square footage for grant)	0.00	Must be based on the % of square footage occupied by personnel or equipment used solely for this grant. Indicate total square footage and % used for grant.
Furniture and Equipment	0.00	You are required to tag and track assets with acquisition values of \$500 or more
Office Supplies	0.00	Supplies directly related to MCHD grant services
Training and Education Services	0.00	For clients
Training and Educational Materials	0.00	For clients
Maintenance and Repair	0.00	Provide detailed explanation for this category
Communications (excludes cell phones/svc.)	0.00	Landline phones and fax machines
Postage	0.00	Directly related to grant activities
Public Awareness and Marketing (max. 15% of budget)	0.00	This line item is capped at 15% of the total grant award

Data Processing/Computer	0.00	Provide detailed explanation for this category
Insurance/Bonding	0.00	
MeetingExpense	0.00	Cost for renting a meeting room... Excludes food and beverages.
Travel (44.5 cents per mile) no air travel	0.00	Staff travel directly related to services for clients of the MCHD grant
Equipment Rental	0.00	Provide a detailed explanation for this category
Professional Fees	0.00	Provide a detailed explanation for this category
Subcontracted Services	0.00	Provide a detailed explanation for this category
Food for Clients	0.00	This line item is capped at 5% of the total grant award
Other:	0.00	Provide a detailed explanation for this category
Other:	0.00	
Other:	0.00	
Other:	0.00	
Other:	0.00	
TOTAL	0.00	

Note: "Other" line expenses require written pre-approval and specific detail to determine necessity and allowability.

Note: Grantees may reallocate up to 10% of a line item expense to another line item, unless a maximum percent is indicated (e.g., Public Awareness, Administration, etc.). Grantees must indicate reallocation amounts and line items on quarterly reports. Staff training/conferences are capped at \$500 maximum per year (per grantee, not per employee).

Appendix B – Evaluation Plan Template

Appendix C – Quarterly Revenue and Expense Reporting Template



2017_MCHD_Grante
e_Revenue_and_Ex

Organization: _____

Name of Grant-Funded Program _____

Date: _____

Quarter: _____

Orange - Enter Once at Beginning of Year
Based on Annual Budget

White - Automatically Calculated (User
Cannot Edit These Cells)

Yellow - Enter Each Quarter

Green - Update with Descriptions

Due Dates:

Quarter 1 (Feb-Apr) - May 10

Quarter 2 (May-Jul) - August 9

Quarter 3 (Aug-Oct) - November 8

Quarter 4 (Nov-Jan) - February 7

Category	Total Grant from MCHD	Current YTD	Current YTD as % of Total Budget	Quarter 1 (Feb-Apr)	Quarter 2 (May-Jul)	Quarter 3 (Aug-Oct)	Quarter 4 (Nov-Jan)	Budget Narrative: Explain Revenue or Expense
REVENUE								
Marion County Hospital District Grant	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
TOTAL	0.00	0.00		0.00	0.00	0.00	0.00	
EXPENSES								
Salary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Fringe Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Administration (max. 15% of budget)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Utilities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Rent/Occupancy/Mortgage (based on % of square footage for grant)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Furniture and Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Office Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Training and Education Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Training and Educational Materials	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Maintenance and Repair	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Communications (excludes cell phones/svc)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Postage	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Public Awareness and Marketing (max. 15% of budget)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Data Processing/Computer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Insurance/Bonding	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Meeting Expense	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Travel (44.5 cents per mile) no air travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Equipment Rental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Professional Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Subcontracted Services	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Food for Clients	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Other:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Other:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Other:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Other:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Other:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
OVER/UNDER BUDGET	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	

Note: "Other" line expenses require written pre-approval and specific detail to determine necessity and allowability.

Note: Grantees may reallocate up to 10% of a line item expense to another line item, unless a maximum percent is indicated (e.g., Public Awareness, Administration, etc.). Grantees must indicate reallocation amounts and line items on quarterly reports.

Appendix D – Quarterly Progress Reporting Template

Marion County Hospital District (MCHD) Quarterly Grantee Measurable Objectives

Name of Project Contact:

Name of Organization:

Name of Grant Funded Program:

Date:

Specify 3-5 critical process/implementation or output objectives and 3-5 key outcome or impact objectives. Please keep your responses to ONE (1) page only.

5 Critical Process/Implementation or Output Objectives (to develop/implement or operate your program; in SMART format; from your Evaluation Plan in grant application)	5 Key Outcome or Impact Objectives (the impact you have on your target population or clients; in SMART format; from your Evaluation Plan in grant application)
<u>Process/Output Objective 1</u>	<u>Impact Objective 1</u>
<u>Process/Output Objective 2</u>	<u>Impact Objective 2</u>
<u>Process/Output Objective 3</u>	<u>Impact Objective 3</u>
<u>Process/Output Objective 4</u>	<u>Impact Objective 4</u>
<u>Process /Output Objective 5</u>	<u>Impact Objective 5</u>

Marion County Hospital District (MCHD) Quarterly Grantee Progress Report

Please keep your responses to ONE (1) page only.

Objective	Select (X) only one level of achievement for each objective				Describe Level of Achievement (Use Specific Measures, Outputs, Milestones and Outcomes)
	Not Achieved	Partially Achieved	Substantially Achieved	Fully Achieved	
Process 1					
Process 2					
Process 3					
Process 4					
Process 5					
Impact 1					
Impact 2					
Impact 3					
Impact 4					
Impact 5					
1. Please explain the amount you are either under or over budget year-to-date and how the budget will come closer to balance in future quarters or by end of grant period.					
2. What were the greatest challenges in this quarter in achieving outputs, milestones or objectives stated in your grant application/Evaluation Workbook?					
3. What outputs, milestones, impact outcomes or progress towards impact outcomes do you expect in the next quarter? (Please be specific and SMART)					

Grant Applicant:	
Project Name:	
Funding Quarter Reported Below:	

Cost Analysis Matrix & Expected Outcomes

Amount Funded: \$

Service Type	Number of Services Rendered	Number of Unique Clients Served	Definition of Success	How Did You Measure & Track Success of Your Service Delivery?	Total Services Rendered	Total Number of Unique Clients Served

Total Services Rendered This Quarter			Unique Clients Served This Quarter		
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Total Grant Funded:

Instructions

- Service Type:** State the specific service you will provide with the grant. If you provide multiple services, place one type of service in each row.
- Number of Services Provided This Qtr** Enter the number of services rendered this quarter for each type of service.
(e.g., Dental Extractions = 100, Diabetes Training = 150, etc.).
- Definition of Success:** This is one of the factors you and the Hospital District will monitor and track success of each service provided through the grant.
(i.e. Smoking Cessation = Number of clients that quit smoking, Obesity Prevention = % reduction in BMI, etc.)
- How Do You Measure & Track Success:** Identify the tool or system you will use to monitor success of each service you provide through the grant.