

Appendix A

Indigent Health Care Funding Request Form

Mission Statement: *Ensuring the integrity and service quality of indigent healthcare in Polk County through responsible stewardship of public funds.*

Change requests will be accepted for review only during the period of December thru February of each fiscal year.

Please complete all three sections of the application:

- Section A: Checklist (A1), Organization and Contact Information (A2) & Agency Personnel (A3)
- Section B: Project Information (B1) & Project Description (B2)
- Section C: Expected Participants and Cost (C1), Project Funding Sources (C2) & Project Expenditures (C3)

Section A1: Checklist

- Copy of current budget (revenue and expenses)
- Copy of prior year financial statements (if applicable)
- Report of prior year accomplishments (if applicable)
- Copy of IRS determination letter of 501 (c)3 status
- Copy of IRS Form 990 or 990 Alternative Form

Section A2: Organization and Contact Information

Organization: _____

Contact Name: _____

Title: _____

Address: _____

Email: _____

Phone Number: _____

Section A3: Agency Personnel

	Prior Year	Current Year	Budget Year with BoCC Funding	Budget Year without BoCC Funding
Number of organization employees:				
Number of administrative employees:				
Number of project employees:				
Number of volunteer employees:				

Indigent Health Care Funding Request Form

Section B1: Project Information

Organization: _____

Project Name: _____

Date of Submission: _____

Total Project Budget: _____

Funding Type:

Capital/Infrastructure

Direct Services

Operational

Is this a multi-year project requiring funding for more than one year? Yes No

If yes, how many additional years of support do you expect to need for this project?

1 year

2 years

3 years

4 years

>=5 years

Section B2: Project Description

Need/Purpose:

Objectives (specific and measurable):

Goals/Outcomes:

Describe collaborative and/or cooperative efforts between your organization and other organizations that provide similar services, regarding this funding request.

Evaluation (How will you know if your project is successful?):

Sustainability (What will you do to ensure the ongoing sustainability of your project?):

Indigent Health Care Funding Request Form

Organization: _____

Project Name: _____

Section C1: Expected Participants and Cost

	Prior Year	Current Year	Budget Year with BoCC Funding	Budget Year without BoCC Funding
Number served through this				
Estimated cost per participant:				

Section C2: Project Funding Sources

Funding Entity	Entity	Prior Year	Current Year	Budget Year with BoCC Funding	Budget Year without BoCC Funding
Polk County					
Federal					
State					
City					
Charities/Donations					
Fundraisers					
Other					
Total Projected Revenue					

Section C3: Project Expenditures

Funding Entity	Expenditure Brief Description	Prior Year	Current Year	Budget Year with BoCC Funding	Budget Year without BoCC Funding
Personnel					
Operating					
Capital					
Other					
Total Expenditure					

Evaluation Matrix (Internal Use Only)

Organization: _____

Priority Area:		
<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Dental	<input type="checkbox"/> Medical
<input type="checkbox"/> Prevention and Wellness	<input type="checkbox"/> Specialty Care	

Application Rating

(0 = Not Provided 1 = Poor 2 = Fair 3 = Average 4 = Good 5 = Excellent)

Item	Rating
Project addresses an underserved need in the community.	
Project is an innovative approach to addressing the community need.	
Target population and geographic area to be served are described.	
SMART objectives are provided (short-term, intermediate, long-term results).	
Project success is defined and achievable.	
Project is clearly described and provides an overall project goal, objectives, performance measure, time period and positions responsible for meeting the objectives.	
Proposed project's mission aligns with Polk County Indigent Health Care's mission.	
Request effectively describes how project will collaborate/integrate with other community partner agencies.	
Return on Investment is reasonable for the scope of services.	
Request identified proof of additional funding sources.	

Funding Budget Request

<input type="checkbox"/> Approve Request <input type="checkbox"/> Approve Request with Modification <input type="checkbox"/> Request Denied

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