Appendix A

Indigent Health Care Funding Requests/Modifications Requests Form (page one of four)

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 October through December of each fiscal year. Any granted funding requests will only be applicable to the following fiscal year. Please submit funding requests to IHC Grants & Project Development Specialist, Terri Saltzman, at terrisaltzman@polk-county.net. Please add "IHC Funding Request" in subject line.

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 (for both new funding & modification requests)
☐ Report of prior year organizational accomplishments (for both new funding requests & modification requests)
☐ Copy of IRS determination letter of 501 (c)3 status (only for new funding requests)
☐ Copy of IRS Form 990 or 990 Alternative Form (only for new funding requests)
☐ Copy of prior year financial statements (only for new funding requests)

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:				

Section B1: Project Information

Organization: _____

Project Name: _____

Date of Submission: _____

Total Project Budget: _____

Funding Type:
    ☐ Capital/Infrastructure   ☐ Direct Services   ☐ Operational

Type of Funding Request:
    ☐ New Funding Request   ☐ Modification Funding Request

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

    Reason for Modification Request:
☐ Change in Budget   ☐ Change in Scope of Project   ☐ Requesting Advance Payment

Section B2: Project Description

Need/Purpose for project. Please also describe target population and geographic area to be served.

Objectives (specific and measurable) to be met. Please also include what personnel/positions will be responsible for meeting project objectives.

Goals/Outcomes to be met:

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

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

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

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 project:				
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					