Kern Family Health Care Community Grant Program

Our Mission: Kern Family Health Care (KFHC) is dedicated to improving the health status of our members through an integrated managed health care delivery system.

We are committed to making quality health care accessible in our community. In recognition of the essential role that community organizations have in our health care delivery system, we have created a Community Grant Program to financially aid and encourage innovative efforts to bring beneficial services to our community.

EFFECTIVE, February 1, 2024, eligible community organizations can begin applying to receive grant funding from the KFHC Community Grant Program.

Eligibility and Criteria:
- Community organizations that serve Medi-Cal beneficiaries and low income populations are eligible to apply for funding. This grant does not apply to Health Care Providers.

- Eligible applicants must prepare and submit a completed Community Grant Program application that is responsive to areas of significant need within KFHC's core mission.

Application Process:
- A public notice announcing the application period along with the grant application will be made available at www.kernfamilyhealthcare.com and mailed by request when made in writing.

- Completed applications must be submitted during the application period, and received no later than the application deadline, **March 18, 2024**.

- Applications should be emailed to: KFHCgrantprogram@khs-net.com

Award Process and Evaluation:
The KFHC Grant Committee will review eligible applications, conduct follow-up interviews and make recommendations to the CEO for grant awards.

Awarded applicants will be required to submit a year-end grant money utilization report.

Questions? Contact: KFHCgrantprogram@khs-net.com

*Organizations that serve the community without discrimination on the basis of age, disability, religion, veteran status, race, creed, sexual orientation or sexual preferences, gender, gender identity, or national origin.

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Kern Family Health Care
Community Grant Program Application

Thank you for your interest in the Kern Family Health Care Community Grant Program. Our grant funding supports ongoing community programs with proven and measurable outcomes that are aligned with the Kern Family Health Care (KFHC) mission statement.

Please complete the application below and submit via email to: KFHCgrantprogram@khs-net.com

Organization: _____ Year founded: _____

Address: _____

Phone: _____ Email: _____

Executive Director (if applicable): _____

Contact Person and Title: _____

Service Area: _____

Is your organization a non-profit? Yes ☐ No ☐ explain below

_____

Name of your grant project: _____

Total project budget: _____

Amount requesting from KFHC: _____ (Grant awards up to $5,000.00)

The Kern Family Health Care Community Grant Committee will screen all grant requests. Awarded applicants will be **required** to submit a grant year-end report. Requests failing to meet the requirements set forth in this application will not be considered. If approved, the grant will be awarded to the grantee within **60 days following approval.**

Print Name: _____

Signature: _____ Date: _____

For additional information or questions, please contact the KFHC Marketing & Public Affairs Department at (661) 664-5168 for Daisy Torrez or (661) 664-5536 for Maritza Jimenez.

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Kern Family Health Care
Community Grant Program Application

I.   ORGANIZATION BACKGROUND
       Briefly include key descriptions of your organization.

II.   PROJECT OVERVIEW & GOALS
       In four sentences or less, provide a summary of your project.

       To what extent does this project meet Kern Family Health Care goals: Improving quality of life, improving population health, improving access to health care coverage, chronic disease education (Diabetes, Asthma, Nutrition, Prenatal Care and Healthy Living), being proactive in preventive care? Define briefly & specifically how.

       What health care or other beneficial need(s) to the Kern County community does your organization intend to meet through your proposed program or initiative?

       List any collaborating organizations or project subcontractors if any, their role in this project and how their participation will enhance your program.

       How many Kern County residents will directly or indirectly, benefit from your proposed program or initiative? (Including how this will benefit KFHC members)

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III.   TARGET POPULATION

Describe your project's target population:

Race/Ethnicity: Asian%_____   Black/African American%_____   White%_____

Latino/Hispanic%_____   Pacific Islander%_____   Other%_____

Gender: Male%_____ Female% _____

Age Group: Children%_____ Teens%_____Adults%_____ Seniors%_____

If applicable, note other target population characteristics, such as disabilities, high prevalence of a particular health condition(s), level of uninsured, etc.

_____

IV.   EVALUATION & STRATEGIC BENEFIT

How will your organization evaluate and report the effectiveness and outcomes of your proposed program or initiative?

Specifically outline the kind of public recognition that Kern Family Health Care will receive if your project is funded. Please be specific and include promotional strategy via, social media, website, media interviews, press releases, flyer, banner, sign, plaque, etc.

V.   BUDGET

Budget Justification - (see Budget and Budget Justification form on pg. 6, please fill out & include with application).

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SCOPE OF WORK
(Please complete and include with application)

Organization:

Project Title:

Goal:

Objective	Activity	Person Responsible	Timeline (include dates)	Projected Outcome

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BUDGET AND BUDGET JUSTIFICATION FORM
(Please complete and include with application)

Organization:

Project Title:

Activities	Expense Amount
Community Outreach Efforts:	
Supplies/Materials:	
Equipment:	
Technology:	
Food/Beverages:	
Other:	

Total Grant Request = _____

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KFHC Community Grant Program
Guidance for Grant Seekers

Background

Kern Family Health Care's Community Grant Committee is committed to assisting community partners and supporting the accomplishment of their program goals. We encourage you to utilize this guidance sheet as a tool to help organize and report program successes.

Definitions

Organization Background – Briefly describe key descriptions of your organization. It should include information regarding history, mission, goals, programs, etc. that will help KFHC better understand your organizations goals and beneficiaries.

Project Goal (Scope of Work) – Is a brief statement about what the program intends to achieve and by when.

Objectives (Scope of Work) - Must be quantifiable and minimally include who is doing how much of what and by when.

Activities (Scope of Work) – These are community outreach efforts, events, classes, etc. that produces outputs and over time contribute to outcomes.

Outcome (Scope of Work) – This is a qualitative result. This is the overall change or projected change derived from accomplished objectives and activities.

Ask yourself the following questions to test the quality of your Scope of Work plan:

- Are there outputs and outcomes for each activity?
- Do the outcomes contribute to the objectives?
- Are the outcomes and objectives achievable by this program?
- Is it clear how progress, outcomes and objectives will be demonstrated?

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