

GOLD COAST HEALTH PLAN EQUIPMENT GRANT PROGRAM APPLICATION

Gold Coast Health Plan (“GCHP”) is proud to announce the launch of its Equipment Grant Program (“Grant Program”). The Grant Program strives to support Federally Qualified Health Centers (“FQHC”) and Rural Health Clinics (“RHC”) in GCHP’s provider network to:

- Increase capacity within specific service areas and improve direct patient care;
- Improve practice efficiencies and/or improved member experience; and
- Improve member health outcomes.

Purpose

GCHP provides funding to support the purchase of equipment that will expand the FQHC’s / RHC’s capacity to serve the growing Medi-Cal population in Ventura County and impact direct patient care. Equipment funded through this program will result in additional Medi-Cal members served, improved practice efficiencies and/or improved member experience, and improved member health outcomes.

How do I apply for funding?

To apply, please fill out the information below and submit this form to ProviderGrants@goldchp.org. Please note, this grant is only open to FQHCs / RHCs.

Organization / Entity Contact Information

Please complete the fields below and provide the point of contact authorized to request recruitment and retention funding and coordinate with GCHP on this application submission.

Organization Name	
Organization Address	
Point of Contact Name and Title (must be authorized to request incentive funding)	
Phone Number	
Email Address	
National Provider Identifier Number	
Tax Identification Number	

1. Please provide details on equipment to be purchased and the uses of the equipment:



2. At what facility (or facilities) and location(s) will the applicant use Grant Program approved equipment?

3. Who is the intended population to be served by the equipment?

4. What is the expected utilization of the equipment?

5. Is the equipment a replacement or a new addition within the location(s)?

6. What is the anticipated number of GCHP members that will be impacted by the use of the equipment per year?

7. Is the applicant FQHC / RHC receiving similar funding from other organizations? If so, please describe in detail the type of funding the applicant FQHC / RHC is currently receiving.



- 8. Does the applicant FQHC / RHC provide services to a medically underserved population as defined in 42 CFR Section 51c.102(e)? If so, please describe.**

- 9. How does applicant FQHC / RHC expect this arrangement with GCHP to contribute meaningfully to its ability to maintain or increase the availability, or enhance the quality of services provided to a medically underserved population served by the FQHC / RHC?**

- 10. Please provide documentation of the basis for the response to Question 9 above.**

- 11. Is the applicant FQHC / RHC aware of any relationships, financial or otherwise, that would potentially give rise to a conflict of interest? If so, please explain.**

Note: To be eligible for funding, entities submitting applications must be in good standing with GCHP and the state Department of Health Care Services (DHCS) and must not be excluded from any federal or state health care program(s). GCHP reserves the right to discontinue and/or recover any grant payments to grantees for failure to remain in good standing during the effective program period. GCHP reserves the right to request additional information upon submission of the application.

Applicants may provide additional information and/or documentation to this application, if necessary.