

**CITIZENS ADVISORY COMMITTEE MEETING  
WEST VOLUSIA HOSPITAL AUTHORITY  
The Center at Deltona  
1640 Dr. Martin Luther King Blvd., Deltona, FL  
February 6, 2024  
5:30 PM**

<b>AGENDA</b>
---------------

1. Call to Order / Pledge of Allegiance
2. Approval of Agenda
3. Citizens Comments
4. Approval of Minutes
  - A. Meeting on July 25, 2023
  - B. Meeting on January 16, 2024
5. Review of Updated Non-Primary Care Funding Application
6. Outputs vs. Outcomes
7. Explanation of Rubric Use
8. CAC Ranking Sheet
9. Discussion of Time Limits & Structure of Future Meetings
10. Adjournment

If any person decides to appeal any decision made by the CAC with respect to any matter considered at this meeting or hearing he/she will need a record of the proceedings, and for such purpose he/she may need to ensure that a verbatim record of the proceedings is made, which record includes the testimony and evidence upon which the appeal is to be based (FS 286.0105). Individuals with disabilities needing assistance to participate in any of these proceedings should contact the WVHA Administrator at least three (3) working days in advance of the meeting date and time at (386) 626-4870.

**CITIZENS ADVISORY COMMITTEE  
MEETING WEST VOLUSIA  
HOSPITAL AUTHORITY  
SANBORN CENTER  
815 S. Alabama Ave. DeLand, FL  
July 25, 2023 - 5:30 PM  
MINUTES**

**CAC Members/Attendance:**

Vice Chair Althea King  
Joanna Mercier  
Lyda Kiser  
Patrick Rogers  
Christian Brown  
Lorna Owens  
Maria Valdivia

**Absent:**

Chair Taylor Hibel  
Jacquie Lewis

**Others Present:**

WVHA Commissioner Jennifer Coen  
WVHA Administrator Stacy Tebo

---

---

**Call to Order / Pledge of Allegiance & Opening Observance**

Vice Chair King called the CAC Meeting to order at 5:32 p.m. and established that there was a quorum present. The meeting began with The Pledge of Allegiance and a moment of silence.

**Approval of Agenda**

Member Kiser moved to approve the agenda. Member Mercier seconded the motion. The motion passed by a 7-0-2 vote.

**Citizen Comments**

There were none.

**Approval of CAC Minutes for May 9, 2023**

Member Kiser moved to approve the minutes. Member Mercier seconded the motion. The motion passed by a 7-0-2 vote.

**Approval of CAC Minutes for May 23, 2023**

Member Kiser moved to approve the minutes. Member Brown seconded the motion. The motion passed by a 7-0-2 vote.

**CAC Input on Organizations not Included in Ranking**

There was discussion regarding a member's prior suggestion to provide input on the miCare clinics.

Member Kiser moved that the CAC does not provide input to the Board on the miCare clinics. Member Rogers seconded the motion. The motion passed with Vice Chair King, Member Rogers, Member Mercier, and Member Kiser in favor.

Member Valdivia and Member Owens abstained from voting as they were new to the committee. Member Brown stated he did not see a problem with the CAC providing input and opposed the motion.

### **Improvements to Application Process for Next Year**

There was discussion regarding the twenty-four suggestions included in the agenda packet.

Vice-Chair King asked if there were any items on the list that members were opposed to. Member Owens suggested that the item regarding the designation of a compliance officer would incur liability for the WVHA. There was consensus to remove the item.

Member Valdivia moved to present the remaining twenty-three CAC suggestions to the Board. Member Owens seconded the motion. The motion passed 7-0-2. (*The list of suggestions forwarded to the Board is attached and made part of the official minutes.*)

Vice Chair King asked the members if they had any comments on the rubric.

Member Kiser said that every organization and program is different; that they are comparing apples to oranges; and that use of the rubric would be helpful and provide more objectivity in reviewing applications.

Member Rogers asked for affirmation that the rubric was for internal use only. There was agreement that it was a tool to be used in formulating their final recommendations in the ranking sheets. Ms. Tebo added that it would also be useful to the applicants as they are preparing their submittals.

Member Kiser moved to recommend the use of the rubric and forward it to the Board. Member Brown seconded the motion. The motion passed 7-0-2.

Member Owens notified everyone that this would be her last meeting, and she was opening a store downtown in the next week. She added that the store hours would prevent her from attending future CAC meetings.

### **Adjournment**

There being no further business before the Committee, the meeting was adjourned at 6:30 p.m.

Taylor Hibel, CAC Chair

## 2024 WVHA Application Process Suggestions

1. Release the application in January to extend CAC review time & hold a mandatory applicant meeting to ensure applicants are aware of requirements, stressing that there is a hard deadline for submittal of ALL documents with the application. Affirm that incomplete applications will not be accepted or scored.
2. At the applicant meeting, we should stress that agencies ask themselves if their goals align with the purpose of the WVHA before applying.
3. Include a checklist to ensure a complete packet is submitted.
4. Create a rubric that includes how much weight goes to different components of the application for scoring and explain it at the mandatory applicant meeting.
5. Require one set of financials per agency to save paper/cost/time.
6. Reduce/specify required support documents. Have the applicant sign an attestation that they have the required documents that are applicable to their services (copies of legally required licenses, tax exempt documentation, fire & health inspection certificates, and certificates of insurance).
7. Transition to a paperless application.
8. Include question requiring agencies to specify that they would be utilizing WVHA funding to address needs itemized in the latest community health needs assessment.
9. Include a question on their most recent site visit results for returning agencies. If they were not in compliance, specify what was done to rectify issues.
10. For returning agencies, require documentation on final outcome measurements for previous year funded.
11. Use bullet points on the application rather than a lengthy narrative.
12. Require balance sheet and profit and loss statement for previous year and PDF of 990.
13. Specify percentage of funding request allocated to salaries, rather than a list of employee names with all associated costs for those working in the program. Agencies should not include everyone working at the agency in other programs.

- 14. Agency budgets should be tied to deliverables specific to WVHA funding. Identify in the budget what the funds from WVHA would be supporting. Agencies should not include their overall budget for other programs.
- 15. Budget: have separate columns for cash and in-kind income and expense.
- 16. Include a grid for number predicted and number actually served in previous year, current year-to-date and application year, such as:

<b>Grant Year</b>	<b>WVHA number proposed served</b>	<b>Actual WVHA numbers served</b>
<b>Previous Grant Application year</b>		
<b>Current Grant year Oct. thru YTD</b>		
<b>2023 – 2024</b>		

- 17. Require outcomes instead of outputs. Outcomes for the project funded by WVHA should not be the same as the oversight agency requires. They must be specific to the WVHA funding.
- 18. Site visit results (Supply each agency with blank site visit form so they are informed on what the CPA will be looking for in the site visit.)
- 19. Structure CAC meetings with time limits amongst organizations to ensure fairness.
- 20. Timed event – 10 minutes for a presentation, 10 minutes for questions, and no generalized statements from CAC members about the organization or their work.
- 21. Since all CAC members do not have the opportunity to do site visits, those who do could provide feedback to other members.
- 22. All agency deficiencies experienced in recent years should be shared with other CAC members to assist in decision making.
- 23. Develop a marketing strategy to reach the population we serve.

**CITIZENS ADVISORY COMMITTEE MEETING  
WEST VOLUSIA HOSPITAL AUTHORITY  
SANBORN CENTER  
815 S. ALABAMA AVENUE DELAND, FL  
JANUARY 16, 2024 - 5:30 PM  
MINUTES**

**CAC Members/Attendance:**

Lyda Kiser  
Patrick Rogers  
Tiffanee Grant  
Teresa Lake  
Jennifer Moore  
Joanna Mercier  
Heidi Bello

**Absent:**

Christian Brown (excused)  
Maria Valdivia (excused)  
Jacquie Lewis (excused)

**Others Present:**

WVHA Commissioner Judy Craig  
WVHA Commissioner Donna Pepin  
Attorney for the Authority: Theodore Small, Law Office of Theodore W. Small, P.A.  
WVHA Administrator Stacy Tebo

---

---

**Call to Order / Pledge of Allegiance**

Ms. Tebo called the CAC Meeting to order at 5:37 p.m.

**Approval of Agenda**

Member Kiser moved to approve the agenda. Member Rogers seconded the motion. The motion passed by a 7-0-3 vote.

**Election of Officers**

**Chair**

Ms. Tebo opened the floor for nominations.

Member Kiser nominated Member Rogers to the Office of CAC Chair. Member Rogers declined the nomination.

Member Rogers nominated Member Kiser to the Office of CAC Chair. Ms. Tebo asked if there were any other nominations, and there were none. By acclamation, Member Kiser was declared Chair.

## **Vice-Chair**

Chair Kiser opened the floor for nominations.

Chair Kiser nominated Member Rogers to the Office of CAC Vice-Chair.

There were no further nominations for the Office of CAC Vice-Chair.

Member Rogers was declared CAC Vice-Chair by acclamation.

The new CAC members were welcomed. Each CAC member, Commissioner Craig, Ms. Tebo, and Attorney Small introduced themselves.

## **Citizens Comments**

Commissioner Pepin addressed the CAC and thanked the members for volunteering their time to assist the West Volusia Hospital Authority.

## **Attorney Theodore W. Small, Legal Counsel WVHA Enabling Legislation**

Attorney Small provided a history of the WVHA and the enabling legislation that created it to provide access to health care for qualified indigent residents of the taxing district. He explained the CAC's role in determining if an application meets the mission of the WVHA and said it would be released to the public in a week. He noted that the enabling legislation allows the WVHA Board to create committees to assist it.

## **Florida Sunshine Law**

Attorney Small explained Florida's Sunshine Law and stressed that CAC members cannot have discussion outside of the public meetings with other CAC members if the discussion pertains to something that might foreseeably come before the CAC for a vote. He added that CAC members are free to speak with the WVHA Board of Commissioners.

## **Conflicts of Interest CAC Bylaws**

Attorney Small explained conflicts of interest and pointed out the applicable section in the bylaws. He noted that if a CAC member is voting on something, it cannot be a benefit to the member or the member's organization. He advised that if a specific question arises, members can speak to Ms. Tebo or call the Commission on Ethics for guidance.

Ms. Tebo said she would email the link to the Commission on Ethics to the members after the meeting.

## **Commissioner Judy Craig – Parliamentary Procedure**

Commissioner Craig explained the importance of following parliamentary procedure for maintaining order during meetings. She provided a cheat sheet to the members outlining the basics

of a meeting and how to move through a meeting agenda. She explained the purpose of making motions and how to word them. She noted they generally follow Roberts Rules of Order as a guide.

**Tentatively Scheduled Meetings – 2024**  
**Time, Date & Location of CAC Meetings**  
**Funding Process**  
**Steps in Funding Review Process**

Ms. Tebo explained that the process was extended to provide members with more time to review applications, and they would have forty days to do so. She pointed out that all CAC meetings begin at 5:30 p.m., and they will be held at the Sanborn Center and The Center at Deltona. She added that there would be two joint meetings with the WVHA Board of Commissioners, and the meeting time would be 5:00 p.m.

Ms. Tebo stressed that it was very important for member attendance at the final ranking meeting and asked the members if they preferred May 21<sup>st</sup> or 28<sup>th</sup>. There was consensus to schedule the final ranking meeting for May 21, 2024.

Chair Kiser noted that Ms. Tebo would email the approved funding application to the CAC members after it is approved by the Board on January 18<sup>th</sup>.

Attorney Small stated that if the CAC members provide assistance to any applicants, they should point out that each question should be answered. He added that it is very important for the CAC to ask the applicants for clarification at the Q & A meeting on anything in the submitted applications that does not make sense or is left unanswered.

Chair Kiser said they would go over the application in full detail with the agencies at the February 6<sup>th</sup> mandatory applicant meeting.

**Adjournment**

There being no further business before the Committee, the meeting was adjourned at 7:16 p.m.

Lyda Kiser, CAC Chair

**WEST VOLUSIA HOSPITAL AUTHORITY  
C/O STACY TEBO – WVHA miCare Clinic  
844 W. PLYMOUTH AVE.  
DELAND, FLORIDA 32720  
TEL: (386) 456-1252**

## **NON-PRIMARY CARE APPLICATION**

(Reviewed Initially by Citizens Advisory Committee)

**APPLICATIONS ARE DUE BY 12:00 P.M.,  
NOON, THURSDAY, MARCH 7, 2024**

Thank you for your recent request for the West Volusia Hospital Authority (WVHA) Funding Application Packet. Please pay close attention to the enclosed information designed to assist your efforts. We look forward to reviewing your proposal.

### **ELIGIBLE APPLICANTS**

Applications will be accepted from other governmental entities or Florida corporations (for-profit or non-profit) with the capacity, competence, and experience to accomplish proposed program goals and objectives. A different application and process is applicable to primary care providers.

### **ELIGIBLE SERVICES**

Services must be provided within the boundaries of the West Volusia Hospital Authority. Only those programs which provide medical, health care related or access to health care services to indigent residents of West Volusia County (as set forth in Chapter 57-2085, Laws of Florida, as amended, and pursuant to section 200.065, Florida Statutes) will be considered for funding. All program requests must include measurable goals or outcomes and cost effectiveness/efficiency data.

### **CONTENT OF APPLICATIONS**

Applications for funding must be submitted in the attached format and must address, at a minimum, the specific information requested in each section. Submissions are limited to no more than 14 pages (not counting required documents) and no smaller than 11 pt. font. All questions must be answered. Use N/A if non-applicable.

### **APPLICATION SUBMISSION DEADLINE**

One original and seventeen copies of the completed application and attachments must be submitted by **NOON, March 7, 2024**, a strictly enforced deadline, at the following address:

West Volusia Hospital Authority  
c/o Stacy Tebo – WVHA miCare Clinic  
844 W. Plymouth Avenue  
DeLand, Florida 32720

**Applicants are encouraged to submit well in advance of this deadline to avoid any traffic, technical, weather or other unforeseen difficulties that result in missing that strict deadline.**

### **APPLICATION REVIEW**

The Citizens Advisory Committee (CAC) of the West Volusia Hospital Authority reviews all applications. Applications will subsequently be placed on the Agenda of the West Volusia Hospital Authority Board of Commissioners (Board) for final determination for funding. The CAC will recommend, and the Board will determine finally whether a proposed program is fully funded, funded in part or not funded at all. Generally funding commitments will conform to the October 1<sup>st</sup> – September 30<sup>th</sup> fiscal year and require applicants to execute a written funding agreement in a form acceptable to West Volusia Hospital Authority. Applicants that have not previously received funding are encouraged to request a sample of the required written funding agreement to ensure that funding requests comply with the required fee-for-service model and that program participants can be screened individually for qualifications pursuant to the *West Volusia Hospital Authority (WVHA) HealthCard Program Eligibility Guidelines and Procedures*.

### **REPORTING REQUIREMENTS/INVOICES**

Reporting requirements will vary according to program/service and will be determined at the time of approval for funding. Invoices submitted to the Authority for services must include, at a minimum, invoice amount, time period covered, services rendered, a de-identified reference number for the individual client served, the aggregate number of individuals served and the cost per unit of service. No cost or rate of reimbursement charged to the Authority may exceed that charged to any other insurance payer, funding entity, public or private, for the same or substantially the same services. A final report must be submitted to the Authority within 30 days of the end of the fiscal year and shall include services rendered, number served, outcomes and final budget information.

AGENCY: \_\_\_\_\_

EXECUTIVES DIRECTOR/PRESIDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

AGENCY STATUS (Circle One) Government Not for Profit For Profit Other  
Explanation, if you marked other:  
\_\_\_\_\_

TOTAL PROGRAM COST:      APPLICATION YEAR      PRIOR YEAR GRANTED  
\$ \_\_\_\_\_      \$ \_\_\_\_\_

\*WVHA FUNDS REQUESTED: \$ \_\_\_\_\_      \$ \_\_\_\_\_

**\*\*AVERAGE COST/UNIT OF SERVICE WITH COMPARATIVE REIMBURSEMENT:**

Description of Service (Separately describe each type and RX fee)	Agency cost per unit of service	WVHA Reimbursement rate per unit of service	Medicaid Reimbursement rate per unit of service	Medicare Reimbursement rate per unit of service	Private Insurance Reimbursement rate per unit of service

**\* If you received funding last year and there is a significant change between the funds received or the reimbursement rate structure last year and the funds requested or the reimbursement rate structure proposed this year, please explain below:**  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*If your response is N/A, please explain in detail why it is not applicable. If service is not reimbursed by Medicaid, Medicare or private insurance in Florida, please provide comparative rate information from another state where it is covered. If service is not reimbursed by another state or private insurance, please explain why you believe it should be reimbursed by WVHA. If rates vary by carrier, please provide the range of rates:**  
\_\_\_\_\_  
\_\_\_\_\_

**Mission of your Agency:**

---

---

**SECTION I – PROPOSAL (See Appendix A)**

A. Identify why funds are being requested and how funds will be used: \_\_\_\_\_

---

---

---

B. Describe your target population (the specific segment of the serviceable population you will be serving – i.e. children, seniors, pregnant, etc) in West Volusia:

---

---

---

1. Identify any obstacles you anticipate in individually qualifying your target population pursuant to the *West Volusia Hospital Authority (WVHA) HealthCard Program Eligibility Guidelines and Procedures* and if any, describe how you will overcome them to comply with those *Eligibility Guidelines and Procedures*:

---

---

---

C. Estimate the total number of people that will be served for the proposed budget year:

<b>Grant Year</b>	<b>WVHA number proposed served</b>	<b>Actual WVHA numbers served</b>
<b>Previous grant application year</b>		
<b>Current grant year Oct. through _____ (month)</b>		
<b>2024-2025</b>		

D. What measurable (i.e. outcomes that can be evaluated) outcomes/goals will this service address? Outcomes for the WVHA funded project should not be the same as the oversight agency requires. They must be specific to WVHA funding.

---

---

---

---

E. Describe the outcome measures your agency uses to assess if the goals are met.

1. If industry standards are used, identify source: \_\_\_\_\_

---

a.) What was your agency's rating against this standard(s): \_\_\_\_\_

2. If questionnaires were used:

a) Last year how many questionnaires were completed: \_\_\_\_\_

b) Number of valid complaints issued \_\_\_\_\_

c) Please attach summary of results.

3. If your agency uses any other monitoring method, please explain methodology and outcome:

---

4. If you are a returning agency, please attach documentation on final outcome measurements for your funded program in the previous year.

F. Identify which of the health issues cited in the current Volusia County Community Health Needs Assessment report does this program address.

---

G. If you are a returning agency, were you in compliance with your most recent site visit? If not, specify what was done to rectify the issue(s).

---

## **SECTION II - AGENCY ORGANIZATION**

A. Administrative and/or Financial Personnel provide organizational chart and qualifications related to their role in providing oversight and fiduciary responsibilities.

B. Medical and/or Professional Personnel list the education, experience, qualifications and describe the roles of personnel involved in providing the direct service to be funded by WVHA.

*Remainder of this page intentionally blank*

**SECTION III – FUNDING**

**Proposed Program Budget**

*Complete this section only for the program for which funds are being requested.* Do not include your overall budget for other programs. Agency budgets should be tied to deliverables specific to WVHA funding. Prior to finalization of the funding agreement, the West Volusia Hospital Authority may request a copy of the Agency Operating Budget.

<b>Program Revenue</b> (Program associated with WVHA funding request only)	<b>Dollar Value</b>	<b>% Of Program Revenue**</b>	<b>In Kind Contributions</b>
Federal			
State			
County			
Other Local Funding (list)			
3 <sup>rd</sup> Party Reimbursements			
Fees			
Medicaid/Medicare			
Other (list anything over 10% of Program Revenue)			
<b>Amount Requested from the WVHA</b>			
<b>TOTAL REVENUE *</b>			

<b>Request brief narrative... Program Expenses</b> (Program associated with WVHA funding request only)	<b>Dollar Value</b>	<b>% Of Program Expenses **</b>	<b>In Kind Expenses</b>
Salaries and benefits			
Contracted services			
Administrative and other services			
Medical			
Pharmacy			
Other (list anything over 10% of Program Expense)			
<b>TOTAL EXPENSE *</b>			

**\* TOTAL REVENUE MUST EQUAL TOTAL EXPENSES - \*\* % COLUMN MUST TOTAL 100%**

A. Describe any upcoming opportunities for receiving matching and/or other funding whether through federal and state governmental funds other than WVHA funding that may become available to support or reduce WVHA financial support of this program in the future.

---

---

---

---

---

B. What attempts have you made to locate other funding sources or partners to meet this program's needs?

---

---

---

---

---

C. If the funding that the agency is requesting from the WVHA is dependent in any way upon another agency's support or activities, show substantiation and identity of that relationship.

---

---

---

---

---

D. Describe how your agency can save the WVHA taxpayers money:

---

---

---

## BUDGET

**List an explanation and justification of all line items listed for this program of service using the following guidelines. All items should be addressed. Indicate N/A where appropriate and explain why not applicable.**

**Personnel:**

List each person who will be employed by position title only. Include description, salary, payroll taxes and cost of benefits for each position.

**Contracted Services:**

Justify services provided under subcontracts and explain why agency staff cannot perform them.

**Administrative and Other Services:**

List other categories of expenses incurred in operating Proposed Program. Justify any exceptional amounts.

**Medical:**

Describe how these services are provided and how cost is determined.

**Pharmacy:**

Describe how these services are provided and how cost is determined.

**Other:**

Include any expected costs not listed above. Provide clear justification for each item.

**AGENCY ATTESTATION FORM**

AGENCY: \_\_\_\_\_

SERVICE NAME: \_\_\_\_\_

TO COMPLY WITH WEST VOLUSIA HOSPITAL AUTHORITY APPLICATION REQUIREMENTS FOR FUNDING OF MEDICAL SERVICES FOR FISCAL YEAR 2024-2025, THE ABOVE REFERENCED AGENCY OR CORPORATION ATTESTS THAT:

1. **INCORPORATION.** Applicant is a governmental agency, or a corporation registered with the Office of Secretary of State for the State of Florida.
  
2. **NEGOTIATION.** Applicant is aware that a mutually agreed written funding agreement is necessary before any approved funding can be disbursed and the applicant recognizes that the West Volusia Hospital Authority reserves the right to disapprove funding if it deems any proposed modification of its standard funding agreement as unacceptable. The applicant may request a sample of this standard funding agreement by contacting the WVHA Attorney.
  
3. **SERVICE AVAILABILITY.** Services will be made available on a nondiscriminatory basis regardless of race, religion, color, sex, national origin, age, handicap, or marital status.
  
4. **DOCUMENTS.** Applicant will submit the following documents by NOON on March 7, 2024 with all other parts of the completed application:
  - a) Balance sheet and profit & loss statement for prior fiscal year and PDF of 990 or last filed tax return and, if audit was performed, complete audited financial statements including the management letter from an independent audit for the previous fiscal year. Provide one set of financials per agency if you have multiple program applications.
  - b) A copy of all licenses that are legally required for Applicant to perform proposed services.
  - c) If tax exempt, a Tax-Exempt Determination Letter from the Internal Revenue Service or signed letter from CPA verifying exempt filing status
  - d) Fire and Health Inspection Certificates for service site(s) (if applicable)
  - e) Certificates of insurance
  
5. **BACKGROUND CHECK.** All employees of the agency working directly with children or vulnerable adults must have a background screening completed through the abuse registry prior to working directly with children or vulnerable adults.
  
6. **FISCAL CONDITIONS.** Circle the appropriate response to each of the following questions:
  - a)     Yes                    No     Has your agency ever had a contract canceled for cause?
  
  - b)     Yes                    No     Does your organization owe any repayment of funds to any funding sources?

c)      Yes                      No      Has your organization declared bankruptcy or had any assets attached by any court within the last 3 years?

**If the answer to any of the questions stated above is “yes”, please attach a written explanation.**

**FAILURE TO CERTIFY AND COMPLY WITH THE ABOVE REQUIREMENTS MAY RESULT IN PROGRAM FUNDS BEING DENIED AND, IF ALLOCATED, BEING WITHDRAWN, REALLOCATED, OR DELAYED.**

\_\_\_\_\_ (Chief Agency Officer)                      \_\_\_\_\_ (Date)

\_\_\_\_\_ (Type Name/Title)                      \_\_\_\_\_ (Date)

\_\_\_\_\_ (Authorized Agency Countersignature)                      \_\_\_\_\_ (Date)

\_\_\_\_\_ (Type Name/Title)                      \_\_\_\_\_ (Date)

**APPENDIX A**  
**Guide to Assist Applicants**

**Identify Why Funds are Being Requested: Examples**

1. To provide health or mental health care services or access to such services to residents of West Volusia who are experiencing poverty as defined by WVHA.
2. To add capacity. I will now be able to serve X amount of people as opposed to Y.
3. Program start up. Based on population of X people who are eligible for this service, we propose to provide this particular service and our proposed population will be Y number of people

**What Outcome(s)/Goals will this Service Address: Must be quantifiable statements (examples)**

1. This service will improve health care or access to health care to this target population in the following quantifiable ways.
2. X amount of people will receive treatment for Y period of time with an expected rate of recovery of Z%. This is in compliance with the national average of a recovery rate of B based on the standard for this disorder.
3. X number of people will receive treatment that will limit hospital emergency room cost. It is estimated that our average cost for this treatment per person is Y where it is estimated that a hospital treatment cost is Z.

**Describe the Outcome Measures Your Agency Uses to Assess if the Goals are Met**

State what they are and how your agency ranked: e.g. "I used the American Medical Association's scoring standards and we were at X percentile which is Y% above, below, or on the mark of the National Goal."

---

**The following questions will be used by the CAC in ranking all funding applications**

If it were up to you as a member of the CAC or the Board would you:

- A) Fund this applicant at 100% of the requested amount. Why:
- B) Not fund this applicant. Why:
- C) Fund this applicant but not at the requested amount of \$ \_\_\_\_\_  
But fund the amount of \$ \_\_\_\_\_. Why:



## Outputs

- The things we do
- Deliverables, projects, etc, that help us to work towards our goals
- We hope it brings success but doesn't guarantee it
- Might change if it doesn't bring results

VS



## Outcomes

- The results I hope to get after doing something
- Measurable results defined as success of the goal
- Shows the success loud and clear!
- Stays the same until achieved

- **Outputs:** Is the client served?
- **Outcomes:** Has the client's situation improved?

*Program Goal:* To improve the oral health of low-income children who receive primary care in a community health center

## *Resources*

Dental Clinic  
Coordinator  
Community Health  
Director  
Staff dentist  
Staff pediatrician  
Medical providers  
Money for supplies

## *Activities*

**Training**  
• Develop curriculum  
• Two one-hour didactic trainings to medical providers in oral health assessment  
• One-on-one training to medical providers on oral health

**Outreach**  
• Order dental supplies for packets  
• Make up packets  
• Distribute to parents at end of each visit

## *Outputs*

**Training**  
# of two-hour trainings held  
# of one-on-one trainings held  
# of medical providers trained

**Outreach**  
# of parents/children receiving packets

## *Outcomes*

Medical providers demonstrate accurate oral health assessment, education and prevention activities

More children receive high-quality oral health assessment, education and prevention activities during well-child visits

Parents/children are more knowledgeable about oral health and caring for children's teeth

Reduced incidence of caries in children at the community health center

The following rubric may be used, but is not required, to score each of the eight areas:

1. Demonstration of need for funding as it pertains to the current Volusia County Community Health Needs Assessment
2. Description of project including intended goals and outcomes
3. Description of the work
4. Budget aligned to goals/outcomes
5. Identification of target population
6. Monitoring method to assess agency goals
7. Detail, completeness, and clarity of the budget
8. Alignment of goals within grant application to the mission and goals of the WVHA

ORGANIZATION / AGENCY \_\_\_\_\_

CAC MEMBER NAME \_\_\_\_\_

TOTAL SCORE \_\_\_\_\_

	1 Point - Needs Improvement	2 Points - Average	3 Points - Very Good	4 Points - Exceptional	Score
Section 1: Demonstration of Need as it Pertains to Current CHNA	Description of need is hard to understand, verbose, or uses jargon. <ul style="list-style-type: none"> <li>It is not clear what the specific need is, and no data or information is included to support justifying need.</li> </ul>	Description depicting the need is somewhat clear and minimally explains why funding is needed. <ul style="list-style-type: none"> <li>There is some data or information to support need.</li> </ul>	Description depicts the need for the project well and language clearly describes current status. <ul style="list-style-type: none"> <li>Data or additional information supports narrative and shows clear need.</li> </ul>	Description is very clear, concise, and easy to understand. <ul style="list-style-type: none"> <li>Information and data are attached, and clearly supports need. Additional data or information complete a big picture explanation for need.</li> </ul>	
Section 2: Description of Project Including Intended Goals and Outcomes	The description of the project is vague or unclear. <ul style="list-style-type: none"> <li>The goals of the grant are not addressed or clearly stated.</li> <li>The goals do not align with the need stated. No outcomes are described.</li> </ul>	The description of the project is somewhat clear and includes details. <ul style="list-style-type: none"> <li>The goals of the grant are addressed but not clearly stated.</li> <li>Goals and desired outcomes are minimally described and are somewhat aligned with the need described.</li> </ul>	The description of the project is very clear with detailed descriptions of the work to be completed. <ul style="list-style-type: none"> <li>The goals of the grant are clearly stated.</li> <li>Outcomes of moderate impact and value are described.</li> <li>There lacks some specificity in what is measurable in outcomes.</li> </ul>	The description of the project is exceptionally clear and provides detailed information <ul style="list-style-type: none"> <li>The goals of the grant are clearly stated.</li> <li>Significant outcomes are described.</li> <li>The specific outcomes of each goal are stated clearly and are directly aligned to the described need.</li> <li>All goals and outcomes are measurable both qualitatively and quantitatively.</li> </ul>	
Section 3: Description of the Work	The description of the overall work is hard to understand. <ul style="list-style-type: none"> <li>Alignment between goals, outcomes, and the description of work is vague.</li> </ul>	Description of the work to be completed is addressed but vague at times. <ul style="list-style-type: none"> <li>There is alignment between goals and the description of work. A more clear and concise description of overall work to be completed is needed.</li> </ul>	The description of the overall work to be completed is clearly stated. <ul style="list-style-type: none"> <li>Work or project described is sound and overall is aligned to grant's goals.</li> <li>Describes a feasible timeframe for achieving goals.</li> </ul>	The description of work is clear and concise. <ul style="list-style-type: none"> <li>The work is strongly aligned to the grant's goals.</li> <li>Describes a feasible timeframe for achieving goals.</li> </ul>	

Section 4: Alignment of Budget to Description of Work and Goals/Outcomes	Little to no alignment between the proposed budget to support achievement of goals and outcomes found in the description of work.	Somewhat of an alignment between the proposed budget to support achievement of goals and outcomes found in the description of work.	A significant alignment between the proposed budget to support achievement of goals and outcomes found in the description of work.	A clear and strong alignment between the proposed budget to support achievement of goals and outcomes found in the description of work.	
Section 5: Identification of Target Population	Target population is marginally identified, and agency has no previous experience serving this population.	Target population is somewhat identified, and agency has little previous experience serving this population.	Target population is somewhat identified, and agency has demonstrated some experience serving this population.	Target population is clearly identified, and agency has demonstrated experience in serving this population.	
Section 6: Monitoring Method to Assess Agency Goals	Very limited or no monitoring to ensure a clear focus on goals. <ul style="list-style-type: none"> <li>Limited or weak plan for evaluating impact of the work in achieving annual grant goals.</li> <li>No data collection plan in place to measure impact of grants actions.</li> </ul>	Somewhat of a monitoring plan to ensure a clear focus on goals. <ul style="list-style-type: none"> <li>Somewhat of a plan created for evaluating impact of the work in achieving annual grant goals.</li> <li>Some data collection</li> </ul>	A significant monitoring plan created to ensure a clear focus on goals. <ul style="list-style-type: none"> <li>Clear and strong plan created and executed for evaluating impact of the work in achieving annual goals.</li> <li>Significant and strong data collection processes are in place to measure impact of grant's actions.</li> </ul>	Exceptionally designed monitoring plan to ensure a clear focus on goals. <ul style="list-style-type: none"> <li>Comprehensive systemic plan created and executed for evaluating impact of the work in achieving annual grant goals.</li> <li>Exceptional data collection processes are in place to measure impact of grant's actions.</li> </ul>	
Section 7: Detail, Completeness and Clarity of the Budget	The program budget is incomplete and is unclear how it supports the work outlined.	Somewhat vague budget information. Appears to somewhat support the work outlined.	Adequate budget information. Appears to support the work outlined.	A comprehensive and clear Budget is detailed, complete and clearly supports the work outlined. Revenue/expense seems reasonable.	
Section 8: Alignment Between WVHA's Mission and Grant Goals	Lack of alignment between the WVHA's mission and the goals of the work described in the grant application.	Somewhat of an alignment between the WVHA's mission and the goals of the work described in the grant application.	Significant evidence of an alignment between the WVHA's mission and the goals of the work described in the grant application.	Clear and strong alignment between the WVHA's mission and the goals of the work described in the grant application.	

Things to consider:

Past issues with compliance in the application process or with the organization as a whole

What progress has been made since the last application period?

Finance evaluation (Red flags from a finance perspective.)

Healthcare evaluation (Red flags from a healthcare/mental health perspective.)

Community evaluation (Red flags from a community perspective.)

Site visit evaluation

**WVHA/CAC Ranking Sheet**

**CAC Member:** \_\_\_\_\_

Please write your answers below for questions A), B), or C) if it were up to you would you:

- A) Fund this applicant at 100% of the requested amount, why:
- B) Not fund this applicant, why:
- C) Fund this applicant but not at the requested amount but fund the amount of

\$ \_\_\_\_\_, why:

**Please provide detailed explanations for your rankings in the spaces below each Agency Name  
APPLICANTS APPLYING FOR 2023-2024 FUNDING**

**A, B or C**

<b>Florida Department of Health Dental Services \$150,000.00</b>	
<b>The Neighborhood Center Outreach-Access to Care \$125,000.00</b>	
<b>The House Next Door Therapeutic \$45,000.00</b>	
<b>Community Legal Services of Mid-Florida \$105,833</b>	

<b>Hispanic Health Initiative \$75,000.00</b>	
<b>SMA Residential \$550,000.00</b>	
<b>SMA Psychiatric/Homeless \$90,000.00</b>	
<b>SMA Baker Act \$300,000.00</b>	
<b>Healthy Start Coalition of Flagler &amp; Volusia (HSCFV) Outreach \$81,560.00</b>	
<b>HSCFV Family Services Coordinator \$76,331.00</b>	

<b>Rising Against All Odds \$167,682.52</b>	
<b>Creative Living, Inc. \$100,000</b>	
<b>Foundations to Freedom \$250,000</b>	