



Deschutes County Health Services

GRANT APPLICATION REQUEST

Official Grant Title:	Grant Proposal (RFGP)
Source of Grant Funds:	Oregon Health Authority
Funding Amount (include amount per year if multiple years):	23 grants for \$100,000 and 1 for \$200,000
Required Matching Funds (if applicable):	
Application Due Date and Submission Method:	May 19, 2016
FTE Required and Cost of FTE:	1 FTE covered by grant funds
Staff Responsible:	Business Administration
Grant Administrator (if awarded):	Shirley Overman or other assigned staff

Please answer the following questions:

1. Briefly summarize what work the grant is intended to accomplish:

Application assistance to any individual seeking insurance assistance, both those eligible for OHP and those eligible for private health insurance through the Marketplace.

2. What priorities in the Health Services Strategic Plan would this grant activity support? Provide data to describe a documented health need that would be addressed and that is consistent with the Strategic Plan.

Goal #2 Ensure Needed Health and Human Services. This goal is to "Identify gaps, needs, and opportunities to ensure needed services are available, provided, and effective"

3. Would this support core program activities and, if so, which one(s)? Are additional funds needed to support these activities?

The availability to an application assister would increase the number of clients that are covered by insurance, thus supporting any program that accepts insurance funds.

4. Does this funding add new program activities? If so, what are the activities? Is it appropriate to add these new activities at this time?

Yes, this would add an outlet for any individual in the community to receive assistance on an OHP or Marketplace health insurance application. The grant would cover the cost of the 1 FTE position for 1 to 3 years depending on the amount of grant funds awarded.

5. Is there a science base to support delivering the activities and services listed? Please describe that science base.

No this is an assistance program, not based on clinical practices.

6. How long would the funding be available? If the funding is for less than three years, what is the plan to transition the work, staffing and expenses after the funding ends?

Depending on the amount of the grant awarded, funding would be from 1-3+ years. If the grant funding received is for less than three years, the assistance program would cease after funds are depleted. There are currently application assister programs at Mosiac Medical and St. Charles.

7. What is the application deadline? Do you anticipate any problems meeting this deadline?

May 19, 2016. There should not be any problem with meeting the deadline.

8. Do you have the staffing to write a competitive proposal? If not, how will you contract for these services?

Yes.

9. Are there any matching requirements?

No

10. What other partner organizations could potentially be applying? What is the plan to work with them?

Mosaic Medical clinics and St. Charles hospital. Available grant funding is large enough to support all three organizations and it is likely that the funding will be distributed as OHA sees the need. Communication and collaborative efforts will ensue the grant awards.

11. What are the potential political issues that could arise as a result of this application, funding, and/or activity?

None at this time, there is currently not enough application assisters in this county to service the need of the community

12. What is the fiscal impact to the department if we are awarded this grant? ATTACH fiscal impact analysis completed with Business Manager approval.

None to the department, the grant would cover the FTE costs and overhead.

13. Will a contract be required if we are awarded this grant? If yes, is there sufficient time to complete the contract process (estimated timeline: 4-6 weeks) prior to starting the work?

Yes. A contract will be required and sufficient time will be allowed.

Department Director Signature

Date

Director to Attend Board Meeting? (check one)

Yes

No

Contract Specialist Review:

Board Meeting Date: _____

Time: _____

Grant Application Number: _____