



Community Benefit Program FY2026 Grant Application Information Session

Community Partnerships

Arielle Bonifacio Hernandez, Sr. Specialist

January 22, 2025 and January 29, 2025



EL CAMINO HEALTHCARE DISTRICT

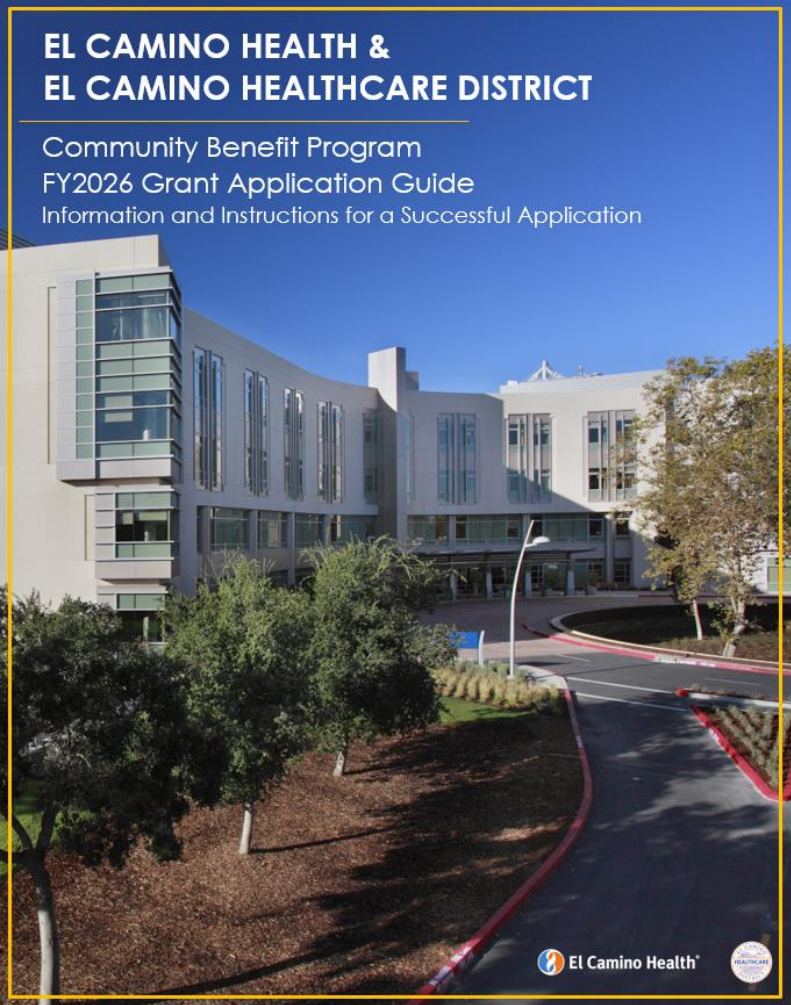


El Camino Health

Agenda

1. Welcome
2. Grant Application Guide
3. Community Health Needs Assessment
4. Implementation Strategy and Funding Priorities
5. Grant Program Overview
6. Grant Application Overview
7. Grant Application Q&A

Grant Application Guide



Community Health Needs Assessment (CHNA)

- Every three years, El Camino Health conducts a **CHNA**, a process in collaboration with local stakeholders to identify significant community health needs and meet state and federal requirements.
- The new 2025 CHNA is in-progress and will be made publicly available by June 30, 2025. In the meantime, please refer to the **2025 CHNA Executive Summary** for more information.
- The 2022 CHNA is posted on the websites:

<https://www.elcaminohealthcaredistrict.org/community-benefit>

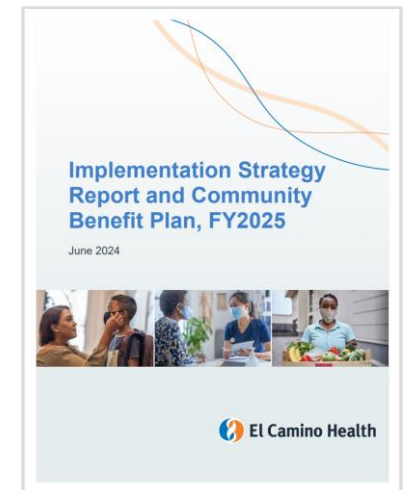
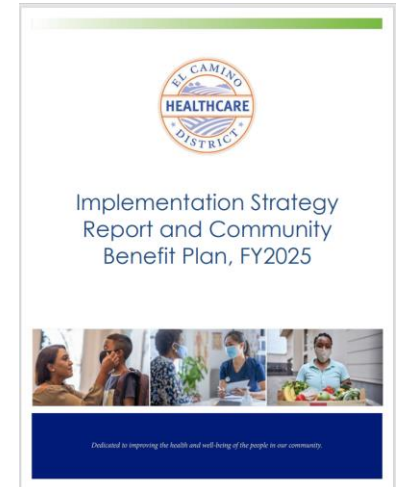
<https://www.elcaminohealth.org/community/community-benefit>

- The five selected **health needs** are:



Implementation Strategy Report and Community Benefit Plan Grant Program Guiding Principles

- The **Implementation Strategy Report and Community Benefit Plan** describes the health needs selected from the CHNA and offers suggested strategies for addressing these needs in the community.
- **The investments will:**
 - Serve those who live, work or go to school in the targeted geography
 - Prioritize programs addressing the 5 selected health needs
 - Focus on populations that are underserved, experiencing health disparities, and/or facing health challenges



Grant Program Overview: Geography Distinction



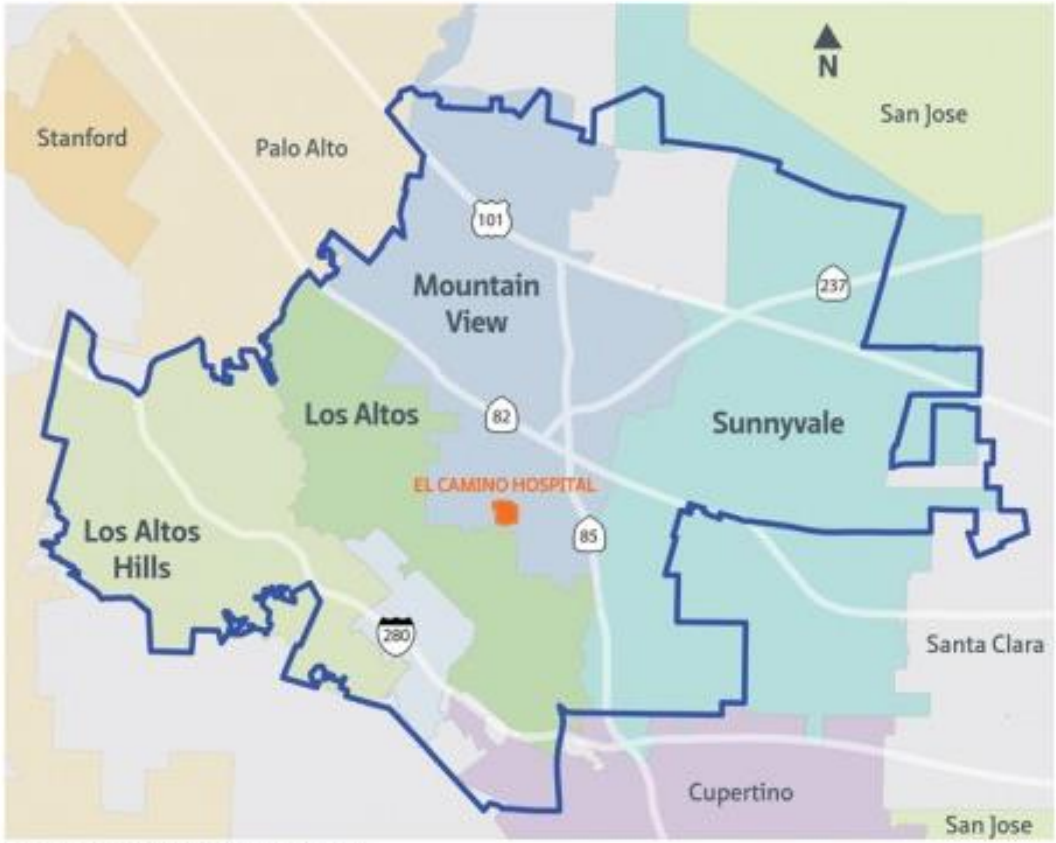
Campbell
Cupertino*
Los Altos*
Los Altos Hills*
Los Gatos
Mountain View*
San José
Santa Clara
Saratoga
Sunnyvale*

Cupertino (partial)
Los Altos
Los Altos Hills
Mountain View
Sunnyvale

*Applications for services only in the El Camino Healthcare District city or cities should apply to the District where possible, as the **District generally has more funding available.**

Grant Program Overview: El Camino Healthcare District Geography

Use the [ECHD Boundary Map Tool](#) to look up an address.



Note: District boundary outline is an approximation.

Grant Program Overview: Application Timeline

Early submissions encouraged



FY26 Grant Year
July 1, 2025 – June 30, 2026



FY26 Grant Application Released
Wednesday December 11 2024*



Grant Application Submission
Friday February 28 2025
Due by 5 p.m. (PST)



Review of Proposals
March – May 2025



Notifications After June Board Meetings
Late June 2025

* El Camino Health Application available at: elcaminohealth.org/grants

* El Camino Healthcare District Application available at: elcaminohealthcaredistrict.org/grants

Grant Application Overview: Access Portal

Now Accepting Grant Applications for FY2026

El Camino Healthcare District is accepting applications for the FY2026 grant cycle. The FY2026 grant cycle spans July 1, 2025 – June 30, 2026. Grant notifications will occur in late June 2025. **The FY2026 grant application is due Friday, February 28, 2025 by 5:00 p.m. (PST).**

Apply Online

Download the [FY2026 Grant Application Guide](#) (PDF) for more information. The guide is a helpful tool to access, complete and submit the grant application. It also outlines funding priorities, eligibility and criteria to review before applying.

The [2025 Community Health Needs Assessment Executive Summary](#) and the [Implementation Strategy Report and Community Benefit Plan, FY2025](#), are also helpful resources when preparing an application.

The grant application uses an online platform. To start an application, click the link below.

[Start a FY2026 Grant Application](#)

<https://www.elcaminohealthcaredistrict.org/community-benefit>

<https://www.elcaminohealth.org/community/community-benefit>

For issues logging in contact:
communitybenefit_ECH@elcaminohealth.org

Grant Application Overview: Collaboration

FY2026 El Camino Health Grant Application ● Draft

Lindsay Zarcone-Medeiros on behalf of EL CAMINO HOSPITAL

El Camino Health

FY2026 El Camino Health Grant Application 📄 Draft on Dec 11, 2024

Application ID: 1520708 Created on Dec 11, 2024

Manage ▾

- Manage applicants
- Cancel
- Delete

FY2026 El Camino Health Grant Application

Applicant Information Manage applicants (2) ^

EL CAMINO HOSPITAL
2500 GRANT RD, MOUNTAIN VIEW, CA, 94040-4302, US
94-3167314

[Update organization](#)

Lindsay Zarcone-Medeiros
lindsay_zarcone-medeiros@elcaminohealth.org

Arielle Bonifacio Hernandez
arielle_bonifaciohernandez@elcaminohealth.org

Grant Application Overview: Key Contacts

Complete the required fields below.
Accepting applications until Feb 28, 2025 05:00 PM

General Information **Key Contacts** Program Information Program Detail Budget Program Metrics Required Documents Additional Information (opt... More ▾

Top Organization Executive (Executive Director, CEO, President, Superintendent, etc.)* + Add new Import
Minimum number of responses: 1

PREFIX ▾	FIRST NAME ▾	LAST NAME ▾	SUFFIX ▾	EMAIL ADDRESS ▾	OFFICE TELEPHONE ▾	OFFICE EXTENSION ▾	CONTACT TITLE ▾
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Same as Top Organization Executive

Primary Grant Contact* + Add new Import
Minimum number of responses: 1

PREFIX ▾	FIRST NAME ▾	LAST NAME ▾	SUFFIX ▾	EMAIL ADDRESS ▾	OFFICE TELEPHONE ▾	OFFICE EXTENSION ▾	CONTACT TITLE ▾
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Grant Application Overview: Program Information

- Demographics

- Geographical Area Served

Provide the **approximate** percentages of individuals to be served from each city below.
Selections must total 100%, though the % sign may not appear.

Cupertino	Mountain View
<input type="text"/>	<input type="text"/>
Los Altos	Sunnyvale
<input type="text"/>	<input type="text"/>
Los Altos Hills	
<input type="text"/>	

Geography Total*
This field is automatically calculated

0

Confirm all sites are located within El Camino Healthcare District:
<https://www.elcaminohealthcaredistrict.org/about/boundary-map>

Grant Application Overview: Program Information (continued)

– Insurance

Please provide the insurance demographic information for the populations that are served by your program. Provide approximate percentages of individuals served in each category.
Selections must total 100%, though the % sign may not appear.

Insurance Medicare <input type="text"/>	Insurance Commercial Employer Sponsored <input type="text"/>
Insurance Medi-Cal <input type="text"/>	Insurance Other <input type="text"/>
Insurance Uninsured <input type="text"/>	Insurance We Do Not Collect This Info <input type="text"/>
Insurance Commercial Covered CA <input type="text"/>	

Insurance Total*
This field is automatically calculated

– Languages

Use the fields below to indicate which languages this program will be provided in.

- Use a "1" for yes
- Use a "0" for no

English* <input type="text"/>	Spanish* <input type="text"/>	Japanese* <input type="text"/>	Korean* <input type="text"/>
Mandarin* <input type="text"/>	Vietnamese* <input type="text"/>	Tagalog* <input type="text"/>	Hindi* <input type="text"/>

Grant Application Overview: Program Details

Provide a bullet point list of the proposed services to be funded by this grant.*
Activities and services should include information on **duration** and **frequency**, as applicable.

For example:

- Individual one-hour case management sessions
- Ninety-minute group counseling sessions
- Clinical appointment with physician or nurse practitioner
- Four community dental screenings
- Walk-in immunization services (6 hours/week)

Word limit: 150

Outreach Plan*
Describe your outreach plan, including

- 1) how you will reach the target population
- 2) achieve program volume metrics (see "Program Metrics" section of application).

– Program Delivery Site(s)

Provide the name and address of organization sites where services will be delivered. If services are provided only at your agency location, please list your location address.*
Note: Services provided at other agencies will require a signed letter of commitment or memorandum of understanding (MOU).
Please attach for each partner agency in the section below. If you require more than two file uploads, please contact Community Benefit.

Letters of Commitment / Memos of Understanding

Grant Application Overview: Budget

Budget: Personnel Expenses

Use the fields below to list requested personnel expenses.

- Position Title's: list personnel position title and amount of FTE to be covered by request
- Requested Amount: put in requested amount
- Agency Benefits: Provide the percentage and amount requested for agency benefit costs
- Budget narrative: provide a description of how requested funds will be used for the positions listed

1. Position Title, FTE	<input type="text"/>	1. Requested amount	<input type="text" value="\$"/>	USD
2. Position Title, FTE	<input type="text"/>	2. Requested amount	<input type="text" value="\$"/>	USD

Describe how agency benefits amount will be used
Which personnel positions requested will received these funds and at what percentage.

Agency benefits requested amount

USD

Total amount of personnel expenses
**this field is automatically calculated*

USD

Budget narrative for personnel expenses*
Please use this space to provide a budget narrative for all personnel budget requested line items.

* The new format is field entry effective FY2026 and does not require upload of an Excel Budget form.

Grant Application Overview: Budget (continued)

Budget: Non-Personnel Expenses

- Non-personnel expense categories have been pre-determined, use the space under each category to list the specific non-personnel expenses that funds are being requested for.
- Requested amount: put in the amount requested for the specific non-personnel expenses categories.
- Budget narrative: provide a description of how requested funds will be used for the specific non-personnel expenses listed in the non-personnel expense categories.

<p>1. Facilities/Utilities Examples: Rent, storage, gas/electricity, water, garbage, security, phone/internet, mileage, IT</p> <input type="text"/>	<p>1. Requested amount For facilities/utilities</p> <input type="text" value="\$"/> USD
<p>2. Supplies/Consumables Examples: Office administration supplies, program delivery supplies/materials, participant stipends, program food purchases</p> <input type="text"/>	<p>2. Requested amount For supplies/consumables</p> <input type="text" value="\$"/> USD
<p>3. Miscellaneous other costs Examples: Consultants, fees, training, contract services, equipment</p> <input type="text"/>	<p>3. Requested amount For miscellaneous other costs</p> <input type="text" value="\$"/> USD
<p>4. Administration overhead Typically at the rate of 10% of program related expenses for general indirect costs related to HR, Management/Administration, Insurance, etc.</p> <input type="text"/>	<p>4. Requested amount For administration overhead</p> <input type="text" value="\$"/> USD

<p>Total requested amount <i>*this field is automatically calculated</i></p> <input type="text" value="\$ 0.00"/> USD	<p>Total program budget amount* Input the total cost amount of this program</p> <input type="text" value="\$"/> USD	<p>Percentage of total program being requested <i>*this field is automatically calculated as a percent though the percent symbol may not appear.</i></p> <input type="text" value="0"/>
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Grant Application Overview: Budget (continued)

- Additional Budget Information

List any fees for services charged/collected*
If no fees are charged/collected, put N/A

List top 5 additional funders and the percentage of the program they are funding.
If fewer than 5 additional funders, put N/A or 0 in the unused fields.
Please note: the numbers entered should represent a percentage even though the percent sign may not appear.

<p>1. Additional funder name*</p> <div style="border: 1px solid #ccc; height: 25px; width: 100%;"></div>	<p>1. Additional funder percentage*</p> <div style="border: 1px solid #ccc; padding: 2px;">%</div>
<p>2. Additional funder name*</p> <div style="border: 1px solid #ccc; height: 25px; width: 100%;"></div>	<p>2. Additional funder percentage*</p> <div style="border: 1px solid #ccc; padding: 2px;">%</div>
<p>3. Additional funder name*</p> <div style="border: 1px solid #ccc; height: 25px; width: 100%;"></div>	<p>3. Additional funder percentage*</p> <div style="border: 1px solid #ccc; padding: 2px;">%</div>
<p>4. Additional funder name*</p> <div style="border: 1px solid #ccc; height: 25px; width: 100%;"></div>	<p>4. Additional funder percentage*</p> <div style="border: 1px solid #ccc; padding: 2px;">%</div>
<p>5. Additional funder name*</p> <div style="border: 1px solid #ccc; height: 25px; width: 100%;"></div>	<p>5. Additional funder percentage*</p> <div style="border: 1px solid #ccc; padding: 2px;">%</div>

Grant Application Overview: Volume Metrics

- Volume Metrics

Provide definition of individuals served*
Examples of individuals served definition

- Number of individuals receiving a health screening
- Number of individuals receiving health education classes
- Number of individuals receiving case management sessions

Individuals Served FY2026 6month Target*

Individuals Served FY2026 Annual Target*

Provide definition of services provided*
Examples of services provided definition

- Number of health screenings performed (health screenings x individuals served)
- Number of health education classes provided (classes x individuals served)
- Number of case management sessions provided (case management sessions x individuals served)

Services Provided FY2026 6month Target*

Services Provided FY2026 Annual Target*

Grant Application Overview: Collective Impact Metrics

– Collective Impact Metric

- In order to demonstrate collective impact, we are requiring our grant partners to align one of their metrics with the program's associated health need category.
- Please select **ONE** of the below metrics that aligns with the health need you selected on the "Program Information" tab.

Collective Impact Metric: Healthcare Access Metrics*

Collective Impact Metric FY2026 6month Target*

Collective Impact Metric FY2026 Annual Target*

Grant Application Overview: Outcome Metrics

– Outcome Metrics

<u>Insufficient Example Outcome Metric</u>	<u>Improved Example Outcome</u>
Increased participation in activities that will reduce social isolation	Participants who report at least a 5-point increase in social isolation on the ABC Scale
Clients who increase participation in activities that promote physical activity	Clients who report at least a 30 minute weekly increase in moderate to strenuous physical activity as assessed by pre/post survey

- Targets for outcome metrics must be set as percentages, not raw numbers (*Note: Targets for Volume Metrics are raw numbers*)
- Metrics with targets set at 100% suggest the metric is a program process rather than a stretch goal and should not be used (i.e. clients receiving program materials)

Outcome Metric 1*

Outcome metric 1 FY2026 6-month Target*
**the number entered in this field should represent a percentage though the percent symbol may not appear.*

Outcome metric 1 FY2026 annual target*
**the number entered in this field should represent a percentage though the percent symbol may not appear.*

An Outcome Metric is not required for ECHD Support Grants (\$30K or less and operating budget of less than \$1.5M)

Grant Application Overview: Required Documents

Cover Letter

The cover letter should include the following: submission date, basic description of request, and requested amount. In addition, the letter must be **signed by an individual within the organization with authority to enter into an agreement with El Camino Health.**

Click or drop files here to upload
Maximum file size: 29MB

W-9*

Attach a copy of your most recent W-9. *must be dated within the last 3 years*

Click or drop files here to upload
Maximum file size: 29MB

Audited Financials*

- If you are unable to provide your most recent audited financials, you may submit your organization's most recent unaudited financials.
- If your organizations budget is below \$2M you may submit your organizational budget in place of the audited financials.

Click or drop files here to upload
Maximum file size: 29MB

Executive Director and Board of Directors Roster*

Provide a roster with your organization's top executive and board of directors on agency letterhead.

Click or drop files here to upload
Maximum file size: 29MB

Grant Application Q&A

The info session recording, presentation and Frequently Asked Questions will be posted to the website.

<https://www.elcaminohealthcaredistrict.org/community-benefit>

<https://www.elcaminohealth.org/community/community-benefit>

Thank you!

For any questions, please email:

communitybenefit_ECH@elcaminohealth.org

