Carson City
Grants Program Application
Fiscal Year 2013–2014

An electronic version of this document is available at carson.org/cdbg

APPLICATIONS ARE DUE*: **JANUARY 18, 2013, 4:00 P.M.**

PLEASE SUBMIT 9 COPIES TO: **CARSON CITY PLANNING DIVISION**
108 E. PROCTOR ST.
CARSON CITY, NV 89701

*The deadline established is **firm** Any proposal received **after** the deadline **will not** be considered for funding. **Applications must be unstapled. See attached instructions pg 15.**

GRANT APPLYING FOR: (check all that apply)

__X__ **Community Development Block Grant (CDBG)**

__X__ **Community Support Services Grant (CSSG)**

Total funding requested:

$19,979

1. Agency Name: Nevada Health Centers
2. Agency Mailing Address: 3325 Research Way Carson City, NV 89706
3. Project/Program Name: Sierra Nevada Health Centers Exam Room Equipment
4. Project/Program Address/location: 3325 Research Way Carson City, 89706
5. Agency Director: Walter B. Davis, Chief Executive Officer
6. Board Chairperson: William Gordon
7. Contact person: Shirley Hampton, RN, Chief Development Officer
   Phone number: 775-888-6619 E-Mail: Shampton@nvrhc.org
   Fax: 775-887-7047 Website (if applicable) www.nvrhc.org
8. How long has your organization been in existence? 35 yrs In Carson City? 18 yrs
9. What is the overall mission of your organization?
   To provide access to quality health care services throughout Nevada.
10. Type of funding requested (CDBG ONLY) (Check One):

    __X__ Public Service
    _____ Economic Development
    _____ Public Facility/Improvement
    _____ Housing

BRIEF PROJECT DESCRIPTION:
Please provide a short description of your project/program (not your organization).

NVHC is requesting CDBG public services funding and/or Carson City Support Service funding to fully equip two of the remaining three empty exam rooms at Sierra Nevada Health Center in

order to accommodate the arrival of a sixth health care provider. Dr. Udani will be joining our medical team in the summer of 2013.

I. PROJECT ELIGIBILITY

A. Check all statements that describe HOW this project/program meets one of Carson City's goals:

____ A Safe and Secure Community
_X_ A Healthy Community
____ An Active and Engaged Community
____ A Clean and Healthy Environment
____ A Vibrant, Diverse and Sustainable Economy
____ A Community Rich in History, Culture and the Arts
____ A Community Dedicated to Excellence in Education
____ A Physically and Socially Connected Community
____ A Community Where Information is Available to All

B. For CDBG ONLY. This project/program meets at least ONE of the HUD national objectives listed below (please check all that apply)

__X__ 1. Benefits low/moderate income individuals/households
_____ 2. Addresses the prevention or elimination of slums or blight
_____ 3. Meets a particularly urgent community development need

C. For CDBG ONLY. Check all statements that describe HOW this project/program meets one of the National Objectives above:

____ ***L/M Area Benefit:*** the project meets the identified needs of L/M income persons residing in an area where at least 51% of those residents are L/M income persons. The benefits of this type of activity are available to all persons in the area regardless of income. ***Examples:*** street improvements, water/sewer lines, neighborhood facilities, façade improvements in neighborhood commercial districts.

__X__ ***L/M Limited Clientele:*** the project benefits a specific group of people (rather than all the residents in a particular area), at least 51% of whom are L/M income persons. The following groups are presumed to be L/M: abused children, elderly persons, battered spouses, homeless, handicapped, illiterate persons. ***Examples:*** construction of a senior center, public services for the homeless, meals on wheels for elderly, construction of job training facilities for the handicapped.

____ ***L/M Housing:*** the project adds or improves permanent residential structures that will be occupied by L.M income households upon completion. Housing can be either owner or renter occupied units in either one family or multi-family structures. Rental units for L/M income persons must be occupied at affordable rents. Examples: acquisition of property for permanent housing, rehabilitation of permanent housing, conversion of non-residential structures into permanent housing.

____ ***L/M Jobs:*** the project creates or retains permanent jobs, at least 51% of which are taken by L/M income persons or considered to be available to L/M income persons. ***Examples:*** loans to pay for the expansion of a factory, assistance to a business which has publicly announced its intention to close with resultant loss of jobs, a majority of which are held by L/M persons.

____ ***Microenterprise Assistance:*** the project assists in the establishment of a microenterprise or assists persons developing a microenterprise. (A microenterprise is defined as having five or fewer employees, one or more of whom owns the business.) This activity must benefit low/moderate income persons, area or jobs as defined in previous sections.

____ ***Slum or Blighted Area:*** the project is in a designated slum/blight area and the result of this project addresses one or more of the conditions that qualified the area.

____ ***Spot Blight:*** the project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety. ***Examples:*** historic preservation of a public facility threatening public safety, demolition of a deteriorated, abandoned building.

C. Project/Program Category (check one):

_X_ Public Service (i.e., a new service or an **increase** in the level of service

____ Public Facilities and Improvements (i.e., homeless shelter, water and sewer facilities, flood and drainage improvements, fire protection facilities/equipment, community, senior and health centers, parking, streets, curbs, gutters and sidewalks, parks and playgrounds).

____ Acquisition of Real Property

____ Disposition of Real Property (sale, lease or donation)

____ Privately-Owned Utilities

____ Relocation Payments and Assistance to Displaced Persons

____ Removal of Architectural Barriers, Handicapped Accessibility

____ Housing Rehabilitation

____ Historic Preservation

____ Commercial or Industrial Rehabilitation, including façade improvements and correction of code violations

____ Special Economic Development or assistance to microenterprises

II. PROJECT DESCRIPTION

The Five-year Consolidated Plan identifies priority community development needs for Carson City (see Appendix II). The need for your proposed project will be determined by identifying how the project impacts upon the adopted Consolidated Plan Priority Needs. Greater consideration will be given to projects/programs that provide a clear description of the project/program with supporting data and methodology of how the project will meet these needs.

1. Describe the proposed project/program, including how the project/program will address the National Objective indicated (CDBG ONLY) and whether the project/program is new, ongoing, or expanded from previous years.

Nevada Health Center is requesting funding for medical equipment for its Sierra Nevada Health Center (SNHC). Currently the SNHC has 18 exam rooms, of which 15 are fully equipped. The 15 equipped exam rooms are at capacity with the amount of patients seen daily by our five providers. In the summer of 2013, NVHC will be expanding patient capacity by adding an additional provider. Nevada Health Centers is pleased to welcome back Dr. Cesar P. Udani to the Sierra Nevada Health Center. Dr. Udani previously worked at NVHC before leaving to address family business. In past years, Dr. Udani has been incredibly popular with the patients, and the community is excited to welcome him back.

In addressing the CDBG outlined Priority Community Development Needs, NVHC is in line with the priorities of providing health facilities and services. We also meet the goals of the Carson City Community Service Grant. The staff capacity at NVHC's Sierra Nevada Health Center continues to expand. With three providers in 2011, five in 2012, and now a sixth in the summer of 2013, NVHC continues to increase the level of low-cost health services to low-income and uninsured individuals in Carson City. With the addition of a sixth provider, it is essential that more fully-equipped space is available in order to maximize the amount of individuals served. In 2012, NVHC saw 5,800 unduplicated patients. With an additional provider, it is expected that number will increase by 1,500 unduplicated patients for a total number of patients served by the end of 2013 expected to be 7,300.

2. If the proposed project/program already exists, please describe your success rates in providing services to low- to moderate-income persons:

The Sierra Nevada Health Center has been providing quality, affordable health care to low to moderate income and uninsured individuals in Carson City since 1995. For the past 18 years, NVHC has operated on the principle that all people, regardless of where they live or their ability to pay, have the right to quality health care services. Sierra Nevada Health Center provides services on a sliding scale based on ability to pay. NVHC is a Federally Qualified Community Health Center and receives funding through the Health Resources and Services Administration to provide care to the uninsured. While this funding really helps with patient care costs, there is not enough to cover all of our equipment needs. It is quite common for NVHC to turn to communities where our health centers are located for assistance, when federal funding isn't enough.

NVHC encourages all low to moderate income and uninsured individuals to utilize our services to maintain healthy lives and healthy families. It is our belief that healthy families create healthy communities.

Currently, for 2012, 62% of all patients seen at the SNHC are low to moderate income. We expect the percentage of low to moderate income patients to grow in 2013. Also in 2013, NVHC will apply to the National Center of Quality Assurance (NCQA) to become certified as a Patient Centered Health Home. This certification will indicate that all of our health centers keep the patient and the patient's family at the center of their care and that the quality of care each and every patient receives is above the standard norm. In order to improve our quality of care, NVHC has added registered nurses to our health centers, including Sierra Nevada Health Center. A grant from the Dream Fund of UCLA is supporting the nurses until we can show that they are actually cost effective. Including registered nurses as a part of our staff will enable the providers to see more patients and the income generated from this will eventually cover the cost of employing registered nurses.

3. Describe who will benefit from the proposed project/program.

All individuals requiring health services and residing in Carson City and surrounding areas will benefit from this program. With the availability of three more exam rooms to accommodate an additional provider, more patients will be served. Although the Sierra Nevada Health Center sees primarily low to moderate income and uninsured individuals, the services at the health center are available to anyone requiring them. Services include but are not limited to preventive care, care for chronic conditions, illness care, well baby checks and immunizations, laboratory services and health education. We recently opened a "Walk-In Clinic" where 3 days a week patients can be seen without an appointment. Sierra Nevada Health Center also recently opened its own in house pharmacy where our patients can obtain medications at a reduced cost.

4. If your project is designed to serve a specific or limited clientele, please indicate the population you will be serving with your project/program:

_____ Abused Children _____ Illiterate Persons _____ Homeless Persons
_____ Battered Spouses _____ Elderly _____ Severely Disabled Adults
_____ Migrant Farm Workers _____ Other (Please explain)
NVHC provides services to everyone.

5. For CDBG ONLY. If your project/program will not be serving one of the above limited clientele categories, explain how you will document client income and how you will document that at least 51% of your clientele will be low-to-moderate income:

In order to track the amount of low to moderate income individuals seen at the Sierra Nevada Health Center, questionnaires are provided to all patients to record their demographic and income information. Data is collected from each patient including their race, ethnicity, date of birth and address and entered into the NVHC Electronic Health Records (EHR). Patients are also asked to provide proof of dependents and proof of income. Reports can be easily generated through this system and we can verify the number of patients that are seen that are low-income.

6. How will the funds be used on this project/program?

The funds for this project will be used to purchase equipment to fully support two exam rooms at the Sierra Nevada Health Center in Carson City. Equipment includes: 2 wall units, 1 Mayo stand, 2 exam stools, 2 exam tables, 1 biohazard trash can, 2 regular trash cans, 1 printer, 1

provider laptop with MA desktop system, 2 exam room systems and 1 Cisco switch. With additional exam room capacity, the additional provider will enable SNHC to see an increased amount of patients. (The exam room systems and the Cisco switch are needed for our electronic health records; they provide the data ports and allow for the patient data to get into our electronic health record system.)

7. Describe how your organization plans to reduce the need for grant funding in the future:

   The funding requested for this project, is for a one-time purchase.

8. Could your organization use less than the amount of funds requested for the proposed project/program? Please explain.

   Although the NVHC Sierra Nevada Health Center needs funding to equip three exam rooms, we are only requesting funds to equip two exam rooms. If funding for two is not available, NVHC would graciously accept funding to equip one exam room.

9. Are there other agencies or organizations that provide the same service as your organization? If so, how do you coordinate your services with that organization?

   There are no other agencies or organizations that provide the same services to low/moderate and uninsured individuals in Carson City.

10. What is the geographic target area that will be served by this project/program?

    ☐ Target Area (specify geographic area) _____
    OR
    ☒ Community-wide

For Public Improvement (construction) Projects only

1. Is the proposed project part of a larger project or is it a stand-alone project? (If part of a larger project, please describe the entire project.)

   _____
   _____
   _____

2. Can this project be done in different phases? _____ Yes _____ No
   If YES, explain.

   _____
   _____
   _____
   _____

3. Have CDBG or CSSG funds been used for an earlier phase? _____ Yes _____ No

4. Who currently holds title to the property involved?

   _____
   _____
   _____

5. With whom will title be vested upon completion?

_____

_____

_____

6. Do any rights-of-way, easements or other access rights need to be acquired?

_____ Yes _____ No _____ N/A

7. If the project requires water rights or well permits, have they been acquired?

_____ Yes _____ No _____ N/A

For CDBG Economic Development projects only:

1. Identify the proposed employers that will be assisted with this project; (b) describe how they will comply with the requirement that at least 51% of the permanent full-time jobs created are either held by or made available to LMI persons; and (c) explain how they will document the jobs created and the income levels of the persons hired.

_____

_____

_____

_____

_____

For CDBG Housing Projects please indicate:

The number of homes to be rehabilitated: _____

The number of persons to be benefited: _____

III. PROJECT MEASUREMENT

Carson City has implemented a Performance and Outcome Measurement System into the application and grant/project administration process. When completing this section, keep in mind that ***outputs*** are specific descriptions of what your project is intended to accomplish (such as serve a total of 20 clients) and ***outcomes*** are the benefits or changes that result from the program (such as how well the service met the client needs).

1. What are the projected **outputs,** or total number of people served, from this program/project?

The outputs for this project will be the exam room equipment purchased and the increased capacity for another physician, resulting in an increase of 1,500 patients served.

2. Of the total number of people in Question 1, how many of these are low-to-moderate income (LMI)? How many are Carson City residents?

Of the patients seen at the Sierra Nevada Health Center, 62% of them are low-to-moderate income. Of the 1,500 patients expected to be seen by the new provider, it is expected that 930 of those will be low-to-moderate income. Sixty-nine percent of all of the patients seen at the

Sierra Nevada Health Center live in Carson City. Of the 1,500 patients expected to be seen by the new provider, it is expected that 1,035 of those will reside in Carson City.

3. What is the projected **outcome** of this program/project? (How will the outputs benefit the total number of people in Question 1?)

By equipping two more exam rooms, giving NVHC's Sierra Nevada Health Center a total of 17 rooms equipped to see patients; SNHC has the expanded capacity to facilitate an additional physician. With the addition of another physician, SNHC can see an additional 1,500 patients per year resulting in a healthier Carson City. Since SNHC sees an average of 62% low to moderate income individuals, with the increased capacity, more individuals in that income range will have access to services.

4. What procedures will be put into effect to create, compile and maintain data to track performance measurement for this program/project?

All patient information is entered into the EHR. Through the patient EHR, we can closely monitor how many low to moderate income and uninsured or underinsured individuals have been seen at the Sierra Nevada Health Center in Carson City. NVHC relies on our Management Information Officer to maintain the integrity of the patient EHR. Recently, NVHC hired an Electronic Health Records (EHR) Specialist who understands and trains staff on data entry, to ensure the data is properly entered for accurate and efficient retrieval.

IV. PROJECT BUDGET

Complete the Budget Summary chart. More detailed budgets may be attached in support of the proposal. Identify sources of leveraged funding for the activity. Include the status of these funds (i.e. cash on hand, grants received, planned fund-raising, etc.) Attach copies of funding commitment letters or other evidence of funding support.

Project/Program Title:	**Funds Requested**	**Leveraged Funds**	**Total Funds**
Project/Program Expenses FY 2013-14			
Salaries and Benefits		$2,129,451	$2,129,451
Rent and Utilities		$70,884	$70,884
Mortgage		$39,000	$39,000
Equipment	$19,979	$122,081	$142,060
Equipment Maintenance & Repair		$1,788	$1,788
Office Supplies + Medical Supplies		$80,666	$80,666
Operating Supplies			
Postage and Shipping			
Printing and Publications			
Advertising and Promotion – Outreach		$1,422	$1,422
Subscriptions and Dues		$1,169	$1,169
Liability/Other Insurance		$57,791	$57,791
Professional Fees		$1,971	$1,971
Other project costs: (Specify Below)			
Recruiting		$53,034	$52,034
Laboratory and x-ray fees		$105,516	$105,516
Janitorial and Security		$26,580	$26,580
Property Tax		$53,034	$53,034
TOTALS	$19,979	$2,744,387	$2,764,366

V. PROJECT ADMINISTRATION

A. Provide the names, phone numbers and e-mails of the following people. (There may be more than one person responsible in each category. If the specific individual is not known, please give a job title):

1. The person to whom all questions regarding the application should be directed:

   Shirley Hampton, RN Chief Development Officer, 775-720-4865 shampton@nvrhc.org

2. The person directly responsible for on-site supervision of the project/program, such as a project manager:

   Jassmin Martell-Perez, Director of Operations, 775-400-0500 jmartell@nvrhc.org

3. The person responsible for the financial management of the project/program, including preparation, review and approval of reimbursement requests:

   Brenda Jozwiak, Chief Financial Officer, 775-887-7590 ext. 1130 bjozwiak@nvrhc.org

4. Please list the name, address, phone number and e-mail of the person responsible for preparing the quarterly reports and tracking the performance on this program/project.

   Shirley Hampton, RN Chief Development Officer, 775-720-4865 shampton@nvrhc.org

VI. AGENCY INFORMATION

1. Proof of non-profit status for private agencies (governmental entities and schools are exempt):

Date of incorporation	June 1976
Date of IRS certification	July 1994
Tax exempt number	94-3199117

2. DUNS Number: _139767255___
   For information on DUNS, go to: http://www.ccr.gov/pdfs/DUNSGuideGovVendors.pdf

3. Attach the following to each copy of the Proposal for Funding:

   a. IRS Tax Exempt "501(c)(3)" letter.

   b. Proof of incorporation from Secretary of State (CERTIFICATE ONLY)

   c. Current organization chart with names of staff members. Staff members may not serve as a Board Member of the agency they work for.

   d. List of current Board of Directors and terms of office. If a member of your Board of Directors is in a position to obtain a financial benefit or interest from your proposed project, you may be ineligible for CDBG funds (See 24 CFR 570.611).

   e. *For all 501(c)(3) non-profit organizations*: a copy of the organization's most recently submitted Federal Tax Return (Form 990 or 990EX). Governmental bodies and schools are exempt from this requirement.

4. Required Certification (see instructions):

   Applicant certifies that to the best of his/her knowledge, all information submitted as part of this application is true. Applicant will comply with all grant and contract requirements if funding is approved.

Signature of Authorized Official	Date 1/17/13
Walter B. Davis, Chief Executive Officer Typed Name and Title of Authorized Official	775-400-0622 Phone Number

Signature of President of Board of Directors	Date 1/17/13
Bill Gordon, Board Chair Typed Name of President of Board of Directors	775-901-3699 Phone Number