

**APPLICATION FOR FUNDING FROM WHITE MOUNTAIN
COMMUNITIES SPECIAL HEALTH CARE DISTRICT FOR
FISCAL YEAR 2021-2022**

INSTRUCTIONS:

Each organization desiring financial support from White Mountain Communities Special Health Care District (“the District”) must complete this application and mail or email the PDF version to the District. The mailed version must be postmarked no later than April 1, 2021; the PDF version must be emailed with delivery confirmation on or before April 1, 2021.

Your cooperation in this process will enable the District Board to effectively prepare a budget for the upcoming fiscal year.

Applications should be addressed to:

White Mountain Communities Special Health Care District
PO Box 2955
St. Johns, AZ 85936

The PDF version must be emailed to:
admin@whitemountainhealthdistrict.org

The PDF version of the cover letter and application will be posted on the District’s home page www.whitemountainhealthdistrict.org for your convenience.

Additionally the application will be emailed to the District providers. Please contact Dana Overson, District Administrator, at 928-337-2014 or e-mail admin@whitemountainhealthdistrict.org with any questions you may have, or to request a copy of the application.

Each organization submitting an application for funding must send a representative to the District’s April 2021 board meeting. (Notification of the date, time and location of the April meeting will be issued as soon as possible.) Representatives of requesting agencies should be prepared, at the April 2021 meeting, to summarize their organization’s utilization of District funds in prior years, and to respond to questions from the Board of Directors and any community members in

attendance, about their request for funding in FY 2021-2022. If the Board is unable to make final decisions about funding requests at the April 2021 meeting, attendance and participation in subsequent meetings may also be required of requesting agencies.

The Health Care District intends to follow the expenditure of funds for purposes of accountability. Any contract covering disbursement of funds may include a provision for meetings between Board members of the Healthcare District and the Board Members of the applicant organization. No more than two members of the Health Care District may attend mutually agreeable meetings, preferably after the first and third quarters, with the applicant Board of Directors for purposes of understanding the use of District funding as well as discussions and inputs beneficial to both parties.

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The District awards funding to assist with "emergency medical" and "primary care" services, as those most needed by our communities. In the upcoming period these evaluation criteria will continue to be used. You may refer to Article 2 Powers and Duties Statute § 48-5541 for detail regarding project eligibility. A PDF of this statute is on our website.

1. Name of Applicant Organization:

2. Applicant's Corporate Status: (not-for-profit, municipality, etc.)

3. Contact person: Provide the name and contact information of the person whom the District should contact with questions about this application.

4. Identification of service:
 - a. Describe fully the kind of health care service(s) you wish to deliver and for which you desire funding.
 - b. Estimate the units of this service that you expect to deliver during FY 2021-2022. If possible, estimate the number of individual persons that will receive this service.
 - c. Explain the consequences to the community if this service is not provided within the boundaries of the District.
 - d. Explain in detail the benefits to the community if the service is provided.
 - e. Explain in detail alternate plans, if any, if this project is not funded by the District.

5. Identify the amount of funding requested this year in exchange for the service(s) described in # 4 above.

6. Budget: Prepare a detailed budget for your organization and clearly show with specificity of how the requested District funding will be spent. This budget may become part of the contract for funding/services.

7. In addition to evaluation of financial need, the Health Care District will evaluate applications based upon how well proposed programs address needs as identified in the Community Health Needs Assessment of our communities.
8. If you have contracted with the District, please identify and list specific details, any contract requirements that were problematic. Please make suggestions here for improving these components of the funding application process.
9. Describe here the manner in which you think it will be most effective for you to document that the contracted services have in fact been delivered, and have been of acceptable quality. When reporting results, applicants will be required to provide a current report period view of any metrics compared to the prior year to date performance of the same metrics. (Note that in addition to requiring documentation of delivery of services, the District reserves the right to also request additional information pertaining to the applicant's financial situation, including, but not limited to, quarterly financial statements, audited financial statements, tax reports, etc.).
10. Include copies of the following that apply to your organization:
 - a. most recent updated internally-prepared financial statements
 - b. copies of the three prior years of your audited or reviewed financial statements
 - c. copies of the three prior years filed IRS FORM 990's
 - d. documentation of your corporate status
 - e. a written statement from the firm's accountant as to the apparent level of solvency of the firm.