



KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS			
POLICY AND PROCEDURES			
SUBJECT: Grant Programs		POLICY #: 4.37-P	
DEPARTMENT: Provider Relations			
Effective Date: <i>02/25/2016</i>	Review/Revised Date:	DMHC	PAC
		DHCS	QI/UM COMMITTEE
		BOD	FINANCE COMMITTEE

D. Hayward

 Douglas A. Hayward
 Chief Executive Officer

Date *2/25/16*

C. [Signature]

 Chief Medical Officer

Date *2/25/16*

[Signature]

 Chief Financial Officer

Date *2/22/16*

[Signature]

 Chief Operating Officer

Date *2/19/16*

[Signature]

 Controller

Date *2/19/16*

[Signature]

 Administrative Director of Health Services

Date *2/18/16*

[Signature]

 Director of Provider Relations

Date *2/16/16*

POLICY:

In an effort to promote local healthcare initiatives, Kern Health Systems (KHS) may develop and establish goal-orientated grant programs. All grant programs with the intent to distribute funds must be submitted for review to the Director of Provider Relations and must be approved by KHS' CEO, Finance Committee and Board of Directors. The grant program shall establish an application and reporting requirements in an effort to meet outlined goals.

PROCEDURES:

1.0 DISTRIBUTION OF GRANTS

1.1 Development

Development of grant programs will reside with the Provider Relations department and the Provider Relations Director. Development can include, but is not limited to: establishing program/goals, outlining requirements and project timeline, arranging allocation of grant funds, and creating reporting methodology.

Upon completion of grant program development, grant program will be presented to KHS Finance Board and Board of Directors for review and approval.

1.2 Application

Application, submission guidelines, and requirements for grant participants will be established during development stage and will be dependent on requirements of proposed grant program.

Application should include, but is not limited to:

- A. Applicant/Organization Name
- B. Address
- C. Tax ID Number
- D. Contact Information
- E. Amount of Funds Requested
- F. Grant Project Description
- G. Scope of Work/Work Plan for Grant Funds

Upon approval of grant program by the KHS CEO, Finance Committee and Board of Directors, KHS will publish grant program and if applicable, begin accepting participant applications. All applications will be reviewed by the Provider Relations Director and internal Grant Committee, then submitted to the KHS Finance Board and Board of Directors for final approval.

1.3 Grant Agreement/Distribution of Funds

Upon approval, grant participants will be notified by the Provider Relations Department of grant award and will enter into a grant agreement with KHS detailing program terms; at a minimum, grant agreement shall outline: grantee, amount of funds, grant period, and purpose. Upon execution of grant agreement, KHS will distribute funds to grantee in the manner established in grant program and/or agreement.

1.4 Reporting

Grant program reporting methodology will be established during development stage and will be dependent on proposed grant goals. Participants will report to KHS on grant activity on an appropriate periodic basis; reporting, shall include, at a minimum:

- a. Progress Report: Narrative of progress of proposed project
- b. Financial Report: Detailed use of grant funds.

ATTACHMENTS:

- Attachment A: Grant Agreement Template
- Attachment B: Grant Application Template

REFERENCE:

2016-02: Policy created to establish guidelines for distribution of KHS funds in order to promote goal orientated grant Programs and to satisfy the Department of Managed Health request per Quarterly Medi-Cal Network Assessment Q2'15 comment letter dated 12/30/15, page # 4.

**Kern Health Systems
Community Benefit Programs
Grant Agreement**

Kern Health Systems, a county health authority (“KHS”), has approved a grant (“Grant”) in the amount of \$_____ to _____ (“Grantee”). The Grant period is from [] through []. This Grant is made in accordance with the following terms and conditions of this Grant Agreement:

I. Purpose of the Grant

KHS is making this Grant money available to further its mission as a community health plan serving vulnerable and underserved populations in Kern County. KHS seeks to support projects that address issues related to improving community and public health. As one component of this mission, KHS seeks to support projects that address issues related to [] by Grantee. To this end, this Grant will fund projects that [] efforts of Grantee (the “Project”). Grantee shall fulfill all outlined objectives in the attached work plan (Exhibit A) and budget (Exhibit B) on [Date].

II. Conditions and Terms of the Grant

- A. As a condition of receiving this Grant, Grantee represents and warrants that Grantee or any of its Principals:
1. Are not presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any federal agency or from participating in any state or federal healthcare programs;
 2. Have not, within a three-year period preceding this offer, been convicted of or had a civil judgment rendered against them for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) contract or subcontract.
- B. As a condition of payment, Grantee represents that it is: [] (i.e. safety net provider)
- C. Grantee shall forward reports to KHS on a monthly basis. These reports are to be submitted within 25 days of the end of each month. All the reports shall document progress made during those reporting periods in accordance with the attached work plan and budget. Grantee will also report on activities carried out in compliance with the acknowledgement and communication requirements noted in Section VII. Failure to submit timely and complete reports may impact receipt of payment under this Grant Agreement.
- D. Grantee shall submit two (2) original copies of this Grant Agreement signed by an authorized representative of Grantee and one copy of Grantee’s IRS Form W-9, if not previously provided to KHS, no later than [].

III. Disbursement of Grant Funds

This Grant award will be disbursed to Grantee as indicated below.

- A. Grantee will receive Grant funds in equal installments on a quarterly basis to operationalize the Project. Grantee will submit invoices monthly, based on actual expenses. See enclosed Monthly Financial Report template. Invoices for payment of Grant funds shall be submitted in a form approved by KHS. The payment of Grant funds shall be based on actual expenses incurred by Grantee. All Grants funds are payable in arrears.
- B. Grantee understands that KHS has no obligation to provide additional support to Grantee for this or any other purpose. Expenditure of Grant funds must be consistent with the approved Grant budget, attached as Exhibit B. Revisions of the Grant budget must be requested in writing.
- C. Notwithstanding the provisions of this Section III, KHS will not make any disbursement of the Grant funds unless Grantee is in compliance with all of the terms and conditions applicable to the award contained in this Grant Agreement, and only as long as the disbursement of the Grant (1) will not violate any provision of law, regulation, or administrative ruling to which KHS is subject, and (2) will not subject KHS to any tax, penalty or fine.

IV. Default, Termination, Repayment

KHS will not be obligated to disburse any Grant funds, if, at the time of the disbursement, Grantee is in default under the terms of any agreement providing funding from KHS. KHS, in its sole discretion, may terminate the Grant and KHS will be under no further obligation to extend funding should Grant proceeds be used for any purpose other than those specified under this Grant Agreement. KHS, in its sole discretion, may terminate the Grant at any time without any further obligation to Grantee,[]

V. Monitoring

KHS reserves the right to monitor and conduct an evaluation of the project operations funded by the Grant. This monitoring may include a site visit by KHS personnel at a reasonable time to review the progress, pertinent records and/or subcontracts, and other material related to Grant activities. KHS reserves the right to audit all financial records pertaining to Grant activities.

VI. Indemnification

Grantee agrees to indemnify, defend and hold KHS and KHS's officers, directors, employees, agents and authorized representatives harmless from and against all loss, damage, or claims arising as a result of Grantee undertaking Grant award activities pursuant to this Grant Agreement including any loss due solely to the acts or omissions of Grantee in the performance of this Grant Agreement.

VII. Acknowledgement and Communication

- A. In all written materials for public distribution prepared in accordance with project activities funded by this Grant, Grantee shall include the following statement: “This project is funded in part by Kern Health Systems and will benefit low-income and uninsured residents of Kern County.”
- B. During the term of this Grant Agreement, Grantee must name Kern Health Systems as grantor in all communications relating to this project and must acknowledge KHS at all fundraising events as a sponsor of this project.
- C. If applicable to this Grant, permanent signage recognizing Kern Health Systems will be posted in a conspicuous location at or near the entrance of any site that uses KHS funds to improve its physical plant; this signage will recognize Kern Health Systems as a founding donor or language to that effect. In using any KHS trademarks or logos, Grantee shall comply with KHS’s branding policies.
- D. If mutually agreed, KHS and Grantee organizations will prepare and issue joint press releases that recognize KHS’s contribution and its importance in addressing community needs.
- E. KHS will include information regarding the grants on KHS’s external website.
- F. Grantee will report on all the above listed activities in the reports required by and in accordance with the schedule determined at the time the Grant is awarded.

VIII. No Right of Assignment or Delegation

Grantee may not assign or otherwise transfer its rights or delegate any of its obligations under this Grant Agreement, with the exception of any needed subcontractors, which shall agree to be bound by all applicable terms and conditions of the Grant. Any such assignment shall be null and void *ab initio* and is considered a material breach of this Grant Agreement.

IX. Validity and Amendment

If any term or part of any term or condition of this Grant Agreement is determined to be invalid it shall not affect the validity of the other terms and conditions. This Grant Agreement can be modified by an amendment written and authorized by representatives of KHS and Grantee.

X. Notices

Any notices required or permitted to be given shall be in writing and shall be deemed delivered upon personal delivery; 24 hours following deposit with a courier for overnight delivery; or 72 hours following deposit in the U.S. Mail, registered or certified mail, postage prepaid, return-receipt requested, addressed to the parties at the following addresses or to such other addresses as the parties may specify in writing:

To KHS: Kern Health Systems
9700 Stockdale Highway
Bakersfield, California 93311
Attn.: Chief Executive Officer

To Grantee: Name of Organization
Address
_____, California 9 ____
Attn.: _____

[Signatures follow on next page]

XI. Authorized Signature

This Grant Agreement correctly sets forth Grantee's understanding of the terms and conditions of the Grant. Grantee accepts this Grant Agreement by having an authorized individual sign and date in the spaces provided below.

The terms of this Grant accepted and agreed to:

KERN HEALTH SYSTEMS

NAME OF ORGANIZATION

By: _____
Douglas A. Hayward
Chief Executive Officer

By: _____ (Print Name)
_____ (Title)

Date: _____

Date: _____

EXHIBIT A

WORK PLAN

EXHIBIT B

BUDGET

Kern Health Systems Grant: Scope of Work

I. WORKPLAN

Please describe your proposed project by completing the chart below. Include as many measurable objectives and specific details as possible. Please be sure information detailed in this section corresponds to the project and budget narrative.

Organization Name: _____

Project Name: _____

Project Period: _____

Contact Name: _____ Contact Phone: _____

Use the following table to summarize your proposal. You may replicate and expand as needed.

Project Goal: Target Population:	Estimated Number of KHS members served:	Timeline		Activities	Expected Outcome(s)	Evaluation Method(s)
		Start Date	Target End Date			

Kern Health Systems Grant: Proposed Budget

BUDGET: Complete template below and provide justification for each item in a separate written narrative.

Organization Name: _____

Project Period: _____

Project Title: _____

Budget Contact Name and Phone: _____

PROJECT BUDGET	TOTAL BUDGET	Other Revenue Sources	In-Kind (if applicable)	Request from Kern Health Systems
PERSONNEL/STAFFING EXPENSES (List title and % FTE on project)				
Benefits (_____ % of Personnel)				
Total Personnel				
OPERATING EXPENSES				
TOTAL OPERATING EXPENSE				
OTHER COSTS				
TOTAL EXPENSES (Personnel + Operating + Other Costs)				