



(/sp/fafcc)

# Applications ▾

Save Draft

Mark Complete

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Please complete all required fields.

You can save as a draft and return later to complete by clicking "Save Draft" at the bottom of the page.

When you are ready to submit this step, please click the blue "Save" button at the bottom of the page.

## BEFORE YOU BEGIN

### Eligibility

Please select Yes for each statement below that applies to your clinic/network. If a statement does not apply to your clinic/network, select No. If it is determined you are not eligible, please contact FAFCC to discuss your circumstances and see what arrangements may be made for your participation in the program. At this time you may complete the application and save as a draft, but will be unable to submit until your eligibility has been reconciled.

**Our clinic/network is a member of FAFCC and in good standing \***

**Our clinic/network has a competent administrator to serve as Project Liaison for this program, and can provide a resume or biography upon request. \***

**Our clinic/network has administered grants previously and can supply copies upon request of previous grant applications as well as programmatic and financial reports for grants. \***

## Read Before Starting

FAFCC is the fiscal agent for the State of Florida's \$9.5 million appropriation to the free and charitable clinic sector, with all expenditures funded by this program to be incurred by June 30, 2023. There are no carry-over of funds. The number and size of the grants awarded will be based upon the number of applications received from eligible organizations, purpose(s) of funds requested, amount of funds requested in proportion to operating budget, organizational capacity, and total funding available. There is no predetermined number of awards, and the submission of a grant application does not guarantee that a grant will be awarded. This application package must be completed by 5 pm EST on Friday, August 12th. This is a competitive grant process, late submissions will not be accepted and extensions will not be provided. We strongly encourage that grantseekers begin the proposal at least three days prior to the deadline as extensions WILL NOT be provided for technical difficulties.

# ORGANIZATION INFORMATION

**Legal Name \***

**Address \***

**City \***

**State \***

**Postal Code \***

**Phone \***

**Website \***

**E-mail Address \***

**Tax ID \***

**Our clinic/network is presently covered under the Sovereign Immunity statute (766.1115, F.S.) and plans to maintain that status through June 30, 2023. \***

Yes

No

**County(s) served: \***

**Does your clinic have multiple clinic sites? \***

Yes

No

**Please provide each location's clinic name and address.**

**Mission Statement \***

To be the best

A mission statement is a formal summary of the aims and values of your organization succinctly described in no more than a couple sentences.

## FINANCIAL INFORMATION

### Fiscal Year Start Date \*

Date of Fiscal Year for Your Annual Budget

### Fiscal Year End Date \*

Date of Fiscal Year for Your Annual Budget

### Legal Structure \*

### Choose the Option that Corresponds to an Independent CPA Examination of your Finances \*

If you choose the last option and have an operating budget that exceeds \$50,000.00, you must include in your request for funding the preparation of an audit (or a review; if your budget is \$100,000 or less) that will be completed by June 30, 2023.

## MOST RECENT BOARD APPROVED OPERATING BUDGET

If your clinic/network is part of a multi-service organization, only include the income/expenses, including personnel, allocable to the clinic/network; if your clinic owns and operates multiple sites or multiple programs under membership, be sure that the budget encompasses all sites; do not count capital expenditures or in-kind contributions.

FAFCC members who belong to parent organizations are required to submit an operating budget that reflects the cost to operate the clinic only, this should NOT include programs or other parent organization entities not included in FAFCC membership. If this cannot be reflected in the "income" field, this can at least be done so in the "expenses" field.

**Income \***

\$

**Expenses \***

\$

The expenses inputted below will be used by the applicant to determine whether the request amount is no more than 20% of their organization's budget.

**Date of when your most recent operating budget was approved by your board \***

# PREVIOUS FISCAL BUDGET, ACTUALS

If your clinic/network is part of a multi-service organization, only include the income/expenses, including personnel, allocable to the clinic/network; if your clinic owns and operates multiple sites or multiple programs under membership, be sure that the budget encompasses all sites; do not count capital expenditures or in-kind contributions.

FAFCC members who belong to parent organizations are required to submit an operating budget that reflects the cost to operate the clinic only, this should NOT include programs or other parent organization entities not included in FAFCC membership. If this cannot be reflected in the "income" field, this can at least be done so in the "expenses" field.

**Income \***

\$

**Expenses \***

\$

**Is there is a 20% difference (positive or negative) in your operating expenses between the previous fiscal year's actual operating budget and the current, board-approved operating budget? \***

# PROJECT LIAISON

If your Project Liaison is different than your Executive Director, please update the information below:

**Liaison Prefix \***

**Liaison First Name \***

**Liaison Last Name \***

**Liaison Title \***

**Liaison E-mail \***

**Liaison Direct Phone \***

**Liaison Ext.**

## BUDGET OVERVIEW

Each grantseeker will be required to submit a Grant Budget Form along with the Grant Application. The Application process is a single grant proposal broken down by the following Budget Categories: Personnel Costs, Programmatic Costs, Operational Costs, and Conference Award, and CRM Award.

### Personnel Costs

FAFCC defines Personnel Costs as costs that can be attributed to employees that are employed hourly or by salary. This can include administrative staff, and healthcare providers. This does not include consultants and contractors (see programmatic costs).

Personnel Costs may include:

- Medical Director
- Executive Director
- Office Manager
- Development Director
- Fringe Benefits (Health Insurance, FICA, etc.)

### Programmatic Costs

FAFCC defines Programmatic Costs as those that can be attributed specifically to the execution of a project/program. Programmatic Costs may include:

- Medical Equipment & Supplies
- Contracted Services (includes companies outside of immediate clinic staff that perform service such as clinic cleaning, data hosting services, lab fees, etc.)
- Consulting Services Software (ex. donor management, EMR software, etc.)

### Operational Costs

Also known as Overhead or Administrative Expenses, FAFCC defines Operational Costs are those costs that are not directly attributable to a specific project/program, but which are necessary to the operation of the grantseeker. Operational Costs may include:

- Insurance(BOD Insurance, etc.)
- Rent
- Utilities
- Technology hardware
- Internet connections
- Office equipment (laptop/computer, printer/scanners, etc.)
- Outside examination of finances from an independent auditing firm

### Conference Award

This is the recommended funding request for the 2023 FAFCC Annual Conference. This amount is calculated by multiplying the number of attendees by the \$350.00 registration fee. This request can only be applied to the 2023 Annual Conference and cannot be retroactively applied to past conferences.

### Patient Services Reporting

FAFCC's contract with the Florida Department of Health requires it to monitor member clinics to ensure the funding goes toward increasing clinic capacity, surrounding support in delivering services, ability to fulfill the clinic's mission, and ability to sustain operation and expand service to clients. FAFCC is required to prepare a patient services report that documents the number of clients served by member clinics, the types of services provided, and the number of appointments per client during the contract term and submit it to the DOH. To ensure quality reporting, FAFCC will include an additional \$264.00 to the total award for each grantee. This will be used to pay an annual licensing fee of \$264.00 directly by the grantee to the patient service database provider during the life of the grant. This will be a new patient services platform introduced to awardees prior to the annual

patient services report due at the end of the grant cycle. Grantees must use this funding for this particular purpose and cannot reallocate these specific funds for other expenditures.

As this will be automatically applied to all grant awards, grantees are asked to consider this award amount when determining if their total request complies with several budget considerations identified in the Notification of Funding Availability (NOFA). All proposed expenses must fall in the following Capacity Building Designations as outlined in the NOFA:

- Planning, Organizational Assessment, or Other Strategic Consulting
- Personnel Costs for Healthcare Providers
- Administrative, Development, and Program Support Personnel Costs
- Technology and Equipment
- Training and Professional Development
- Marketing and Communications
- Outside CPA Examination of Finances
- Other Strategic Needs

Expenses cannot include building construction or renovation projects or the purchase of vehicles. University and College-based grantseekers are not permitted to include expenses for indirect costs (a handling or management fee). Grant funds cannot be directed toward the renewal of a grantseeker's FAFCC membership dues. Grantseekers will be required to submit an accompanied Grant Budget Form for the Grant Application.

Use the link below to access a copy of the budget format template. [https://www.fafcc.org/resource/resmgr/22-23fy\\_grant\\_budget\\_form.xlsx](https://www.fafcc.org/resource/resmgr/22-23fy_grant_budget_form.xlsx) ([https://www.fafcc.org/resource/resmgr/22-23fy\\_grant\\_budget\\_form.xlsx](https://www.fafcc.org/resource/resmgr/22-23fy_grant_budget_form.xlsx))

**I, the Project Liaison, have read and understand the State Funds Grant's budget Structure and parameters and hereby check the box as confirmation of my comprehension. \***

I Understand

## Budget Breakdown

**Proposal Title \***

The proposal title is intended to be specific to your grant proposal. However, the language should also be broad enough, that if your proposal is not fully funded, the title will still be relevant to your



awarded balance. This should NOT be derivative of your organization’s mission statement.

Please think critically when devising a proposal title that identifies an overarching or unifying theme of you grant request. A successful grant title will accurately and succinctly identify the scope of your grant proposal.

**Are you requesting funding for Personnel Costs? \***

Yes

No

# PERSONNEL COSTS

**Describe the scope of work to be performed under Personnel Costs from implementation to completion by June 30, 2023 \***

At a minimum, it will detail the activities and/or tasks, timeline and deliverables under personnel expenses.

**Amount Requested \***

|    |  |
|----|--|
| \$ |  |
|----|--|

This is the sum amount of personnel costs

**Budget Justification \***

Explain how you arrived at the amount requested, please be specific as possible.

**Have any of the provided line items in the budget justification been funded by FAFCC in the 21-22 Grant Cycle? \***

▼

**Statement of Need \***

Explain why your clinic/network needs this category of funding and how it will enhance your ability to fulfill your mission

**If FAFCC cannot fully fund this specific item, please indicate whether and how much you would still need to receive in order to implement and operationalize this item by June 30, 2023 \***

|    |  |
|----|--|
| \$ |  |
|----|--|

**In the event your organization cannot be funded in all requested budget categories, please indicate your funding preference for Personnel Costs \***

▼

**Are you requesting funding for Operational Costs? \***

- Yes
- No

## OPERATIONAL COSTS

**Describe the scope of work to be performed under Operational Costs from implementation to completion by June 30, 2023 \***

At a minimum, it will detail the activities and/or tasks, timeline and deliverables under operational expenses.

**Amount Requested \***

|    |  |
|----|--|
| \$ |  |
|----|--|

This is the sum amount of operational costs

**Budget Justification \***

Explain how you arrived at the amount requested, please be specific as possible.

**Have any of the provided line items in the budget justification been funded by FAFCC in the 21-22 Grant Cycle? \***

▼

**Statement of Need \***

Explain why your clinic/network needs this category of funding and how it will enhance your ability to fulfill your mission

**If FAFCC cannot fully fund this specific item, please indicate whether and how much you would still need to receive in order to implement and operationalize this item by June 30, 2023 \***

|    |  |
|----|--|
| \$ |  |
|----|--|

**In the event your organization cannot be funded in all requested budget categories, please indicate your funding preference for Operational Costs \***

▼

**Are you requesting funding for Programmatic Costs? \***

- Yes
- No

# PROGRAMMATIC COSTS

**Describe the scope of work to be performed under Programmatic Costs from implementation to completion by June 30, 2023 \***

At a minimum, it will detail the activities and/or tasks, timeline and deliverables under programmatic expenses.

**Amount Requested \***

|    |  |
|----|--|
| \$ |  |
|----|--|

**Budget Justification \***

Explain how you arrived at the amount requested, please be specific as possible.

**Have any of the provided line items in the budget justification been funded by FAFCC in the 21-22 Grant Cycle? \***

▼

**Statement of Need \***

Explain why your clinic/network needs this category of funding and how it will enhance your ability to fulfill your mission

**If FAFCC cannot fully fund this specific item, please indicate whether and how much you would still need to receive in order to implement and operationalize this item by June 30, 2023 \***

|    |  |
|----|--|
| \$ |  |
|----|--|

**In the event your organization cannot be funded in all requested budget categories, please indicate your funding preference for Programmatic Costs \***

## **Recommended project funding for the 2023 FAFCC conference**

**Number of attendees \***

**Amount Requested for 2023 Annual Conference**

The number of attendees provided above multiplied by \$350.00 for cost of each registration fee equals your total amount requested for the 2023 Annual Conference.

## **Patient Services Reporting Award**

This amount must be included in your request and is intended for the purpose of paying an annual CMR Clinic licensing fee of \$264.00 during the life of the grant.

## **CMR Licensing Fee is \$264**

Grantees must use this funding for this particular purpose and cannot reallocate these specific funds for other expenditures.

## **Grant Request Amount**

Please note, no one grantseeker will be awarded more than \$250,000.00 to ensure availability of funds.

**Calculated Grant Amount Requested for Grant Proposal**

**As defined in the NOFA, grant requests are capped at 25% for operating budgets under 249,999, and 20% above 250,000. Have you met this requirement? If not, please provide an explanation. \***

# GRANT OVERVIEW

**Describe the demand for the grant by the community, including the target population (if appropriate). \***

Include the current local, state or national climate to support your request.

## OUTCOMES

Prior to completing this section, please thoughtfully examine and review what your intended outcomes will be for the duration of the grant cycle as you are asked to report your progress on these outcomes for every reporting period. Goals for the grant cycle are strongly encouraged to incorporate measurable outcomes, as this is a tool used by the association to monitor progress, performance, and to determine if capacity building is occurring. Outcomes may include but are not limited to health/patient outcomes, development outcomes, as well as, administrative efficiencies and processes.

**What are the specific outcomes you expect to achieve within the grant's scope of work? \***

**Aside from patient services data, how will you track your progress? \***

**How will you measure your successes, identify barriers, and make corrections in your program? \***

**What is the anticipated timeline for achieving these results? \***

**How will you know when your results have been achieved? \***

## SUSTAINABILITY

**Aside from FAFCC are there any partners critical to your success? If so, please list them and describe what role they will play. \***

**Total number of grant and award dollars received from funders in the last fiscal year. \***

|    |  |
|----|--|
| \$ |  |
|----|--|

This number should exclude grant dollars received from the FAFCC State Funds Grant

**Total number of fundraising and private dollars received from donors in the last fiscal year. \***

\$

**Describe how you intend to sustain the grant's scope of work once the grant cycle is complete? \***

**Outside of FAFCC funded projects, how has your clinic or network implemented steps toward self-sustainability? \***

**Being aware that the theme and emphasis of this grant program is capacity building, how will the grant funding increase member clinics' capacity, surrounding support in delivering services, ability to fulfill their mission, and ability to sustain operations and expand service to clients? \***

## **DIVERSITY, EQUITY, AND INCLUSION**

DEI efforts are in integral part of any healthcare organization. Over the next few years, FAFCC will be working to define what DEI initiatives look like in the free and charitable clinic sector. The below demographic questions will help the association to understand clinics on an individual scale in regards to data collection. The questions are not punitive and will have no effect on the grant award should your clinic be unable to provide the data.

**Can your clinic or network provide a demographic breakdown of your staff? \***



Yes

No

BREAKDOWN BY RACE

**American Indian or Alaska Native (enter percentage (%) of total population of staff). \***

**Asian (enter percentage (%) of total population of staff). \***

**Black or African American (enter percentage (%) of total population of staff). \***

**Native Hawaiian or Other Pacific Islander (enter percentage (%) of total population of staff). \***

**White (enter percentage (%) of total population of staff). \***

BREAKDOWN BY ETHNICITY

**Hispanic or Latino (enter percentage (%) of total population of staff). \***

**Not Hispanic or Latino (enter percentage (%) of total population of staff). \***

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**Can your clinic or network provide a demographic breakdown of your volunteers? \***

Yes

No

BREAKDOWN BY RACE

**American Indian or Alaska Native (enter percentage (%) of total volunteers). \***

**Asian (enter percentage (%) of total volunteers). \***

**Black or African American (enter percentage (%) of total volunteers). \***

**Native Hawaiian or Other Pacific Islander (enter percentage (%) of total volunteers). \***

**White (enter percentage (%) of total volunteers). \***

**BREAKDOWN BY ETHNICITY**

**Hispanic or Latino (enter percentage (%) of total volunteers). \***

**Not Hispanic or Latino (enter percentage (%) of total volunteers). \***

**Can your clinic or network provide a demographic breakdown of your board of directors? \***

Yes

No

**BREAKDOWN BY RACE**

**American Indian or Alaska Native (enter percentage (%) of total population of your BOD) \***

**Asian (enter percentage (%) of total population of your BOD). \***

**Black or African American (enter percentage (%) of total population of your BOD). \***

**Native Hawaiian or Other Pacific Islander (enter percentage (%) of total population of your BOD). \***

**White (enter percentage (%) of total population served). \***

**BREAKDOWN BY ETHNICITY**

**Hispanic or Latino (enter percentage (%) of total population of your BOD). \***

**Not Hispanic or Latino (enter percentage (%) of total population of your BOD). \***

# ATTACHMENTS AND ACKNOWLEDGEMENTS

The required documents you need are: 1. Attachment 1 – 501c3 Letter 2. Attachment 2 – Most Recent Board Approved Operating Budget 3. Attachment 3 – Previous Fiscal year, Actual Operating Budget (actuals) 4. Attachment 4 – Audit, Review, Compilation, or Letter of Explanation 5. Attachment 5 – Overall Grant Budget 6. Attachment 6 – Clinic/Network’s most recent 990 form or proof of exemption Attachments must be submitted to FAFCC by no later than 5 pm EST on August 12th, 2022. Please submit the application below. Upon submission, the WizeHive Account holder will receive an automated email confirming receipt of your application. If an email is not received, please check your spam inbox prior to contacting Marcie (marcie@fafcc.org) to confirm."

**501c3 Letter \***

  

**Most Recent Board Approved Operating Budget \***

  

**Previous Fiscal year, Actual Operating Budget (actuals) \***

  

**Audit, Review, Compilation, or Letter of Explanation \***

  

Please download and complete this template for your Overall Grant Budget:  
[https://www.fafcc.org/resource/resmgr/22-23fy\\_grant\\_budget\\_form.xlsx](https://www.fafcc.org/resource/resmgr/22-23fy_grant_budget_form.xlsx)  
([https://www.fafcc.org/resource/resmgr/22-23fy\\_grant\\_budget\\_form.xlsx](https://www.fafcc.org/resource/resmgr/22-23fy_grant_budget_form.xlsx))

### Overall Grant Budget \*

Please use the provided template

+ Select a file



### Clinic/Network's most recent 990 form or proof of exemption \*

+ Select a file



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## Acknowledgment of the notification of funding availability (NOFA)

I, the Project Liaison, have read and understand the Notification of Funding Availability(NOFA) and hereby check the box as confirmation of my comprehension. \*

I Understand

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## Acknowledgement of the Intended Purpose and Nature of the State Funds Grant

The State Funds Grant is a state appropriated source of funding that utilizes taxpayer dollars through the joint approval of the State Senate and House of Representatives, and requiring the signature of the Governor. Due to the nature of this grant, annual support is not guaranteed, and therefore promote and encourage the self-sustainability of all grantseekers.

As stated in this year's Notification of Funding Availability(NOFA), the purpose of the State Funds Grant is to implement a funded program that supports capacity building products and processes of FAFCC members to improve organizational capacity, effectiveness, and efficiency and service expansion of FAFCC members.

I, the Project Liaison, have read and understand the State Funds Grant's source of funding as well as its intended purpose to support sustainability and capacity building amongst the Free and Charitable Sector. \*

I Understand

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## Acknowledgement of the Member Management Fee

Structure:

- Member organizations will be billed for the management fee quarterly
- Member organizations must use other funds (besides the public and private funds raised by FAFCC) to pay the management fee
- Member organizations must remain in good standing which means that annual membership dues, and management fees are paid and up-to-date

Benefits:

- The management fee paid to the FAFCC covers administrative costs associated with managing the State Funds Grant such as managing and reporting the results of public and private funds provided to member organizations
- Funds the association to develop additional sources of revenue for member organizations
- Allows 100% of the State Funds Grant to be used for their intended purpose (i.e. without administrative or indirect costs)

Please read the Member Management Fee Policy above or by clicking on the link provided:

LINK TO FAFCC PAGE: <https://fafcc.site-ym.com/page/ManagementFeePolicy>  
(<https://fafcc.site-ym.com/page/ManagementFeePolicy>)

**I, the Project Liaison, have read and understand FAFCC's Member Management Fee policy and hereby check the box as confirmation of my comprehension. \***

I Understand

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## **Acknowledgement of the Purpose and Responsibilities of the Project Liaison**

The Project Liaison as outlined in the NOFA is capable of performing the duties required to manage and oversee the successful performance of the grant. The Project Liaison is the lead contact on all grant related matters which include forwarding FAFCC correspondences to additional team members as they relate to deadlines, management fees, and payments. Additionally, the project liaison will be expected by FAFCC staff to be knowledgeable of the progress and outcomes of funded projects, and to communicate them through written or verbal communications.

FAFCC WILL NOT be responsible for forwarding or sending grant correspondences to an organization's employees who are not the designated Project Liaison.

**I, the Project Liaison, have read, understand, and will assume the responsibilities as outlined in the above statement. \***

I Understand

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## **Notice of Compliance**

In facilitating the State Funds Grant, the Florida Association of Free and Charitable Clinics maintains a continued interest in the projects that it supports. Timely reporting facilitates this process and enables the association to review the impact of grant awards as required by the Department of Health. Therefore, if a grantseeker were to be awarded, grant payments will be provided upon receipt and review of key deliverables.

Grantees will receive a 24 hour grace period if grant deliverables are not provided by the required date for each reporting period. Grantees will then be notified by the association and will have three days to submit outstanding deliverables before additional action is taken. Action taken by the association may include the following:

- Written notice attached to grantees performance for the duration of the grant cycle
- A request for a monitoring call

Any deliverable not met within five days of the specified deadline will result in a hold of all remaining payments. In addition to, the grantee in question will be considered out of compliance with the association until outstanding deliverables are submitted and have participated in a mandatory monitoring call where corrective action is discussed and agreed upon between both the association and the grantee.

Grant performance is a consideration in the grant determination process, and repeat offenses may affect your participation in future grant cycles.

**I, the Project Liaison, have read and understand the above notice of compliance. \***

I Understand

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## Notice of Available Funding

The Florida Legislature's appropriation for this program in 2022-2023 is \$9,500,000. The number and amount of the grant awards will be based upon the number of applications received from eligible organizations, applicant organization's most recent board approved operating budget, past performance in prior year state grant funding programs, and results of application scoring. There is no predetermined number of awards or amounts. Funding of grant awards is subject to FAFCC's receipt of funds from the State of Florida, Department of Health. However, no one grantseeker will be awarded more than \$250,000.00 to ensure availability of funds.

**I, the Project Liaison, have read and understand the above notice of available funding. \***

I Understand

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## Signatures

**I, the Project Liaison, hereby certify that all of the information contained in this application, and the attached documentation, is true and accurate to the best of my knowledge. \***

Project Liaison, please sign by typing your full name

**I, the Board Chair or Executive Director, hereby certify that all of the information contained in this application, and the attached documentation, is true and accurate to the best of my knowledge \***

Board Chair or Executive Director, please sign by typing your full name



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