

**APPLICATION FOR FUNDING FROM WHITE MOUNTAIN
COMMUNITIES SPECIAL HEALTH CARE DISTRICT FOR
FISCAL YEAR 2024-2025**

INSTRUCTIONS:

Each organization desiring financial support from White Mountain Communities Special Health Care District (“the District”) must complete this application and either email the PDF version to admin@whitemountainhealthdistrict.org or mail it to the District in an envelope postmarked no later than April 10, 2024.

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 emailed to you for your convenience. Please contact Dana Overson, District Administrator, at 928-245-1122 or e-mail admin@whitemountainhealthdistrict.org with any questions you may have, or to request a copy of the application. Applications can also be obtained on the District website www.whitemountainhealthdistrict.org.

Each organization applying for funding must send a representative to the District’s May 2024 board meeting. (Notification of the date, time and location of the May meeting will be issued as soon as possible.) Representatives of requesting agencies should be prepared, at the May 2024 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 2024-2025. If the Board is unable to make final decisions about

funding requests at the May 2024 meeting, attendance and participation in subsequent meetings may also be required of requesting agencies.

The District intends to follow the expenditure of funds for purposes of accountability. Any contract covering disbursement of funds will include a provision for meetings between Board members of the District and the Board Members of the applicant organization. No more than two members of the District will attend two 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 as well as a downloadable application 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 2024-2025. 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. Explain in detail any alternate plans if the District is unable to fund this project. If there is not an alternate plan please identify if the project will be undertaken without District assistance, or if the project is mandatory due to patient jeopardy or regulatory mandate which will interrupt the delivery of services.
 - d. Explain in detail the benefits to the community if the service is provided.

5. Identify the amount of funding requested this year in exchange for the service(s) described in #4 above. Vendor itemized quotes for requested funding **must** be included with your application.
6. Budget: Submit 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. If you previously 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.
8. 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.).
9. The District will use submittals of the financial information below as the primary determination of need for proposed financial assistance. Given the revisions and reductions to District funding experienced the past six years, the District has encouraged Providers to reach self-funding to the greatest extent possible.

For corporate, Not-for-Profit organizations, include copies of:

- a.) the most recent IRS Form 990 that conforms to the same year of fully audited financial statements, and
- b.) the current year (full or partial) audited or unaudited internal financial statements including an income statement and a balance sheet, and

- c.) For submitting organizations that use departmental accounting, include the financial results of the department sponsoring and benefiting from the proposal, as well as the full organization, and
- d.) a listing of any off-balance sheet assets or unaccounted for periodic adjustments such as account depreciation, and
- e.) disclose each regulatory agency that licenses, sets rates, standards of care, scope of operations and the renewal period for each.

For other organizations that are not classified as Not-for-Profit entities, or are multifunctional entities that encompass both eligible and non-eligible operations to qualify for District assistance, include the following:

- a.) the controlling governing body, the authority to either tax (by means of ad valorem or transactional taxes) and/or entity bonding authority, and
- b.) the current year (full or partial) internal financial statements showing the revenues collected from services delivered, subscriptions and/or other sources (governmental or non-governmental). If less than 6 months of information is displayed for the current year, include the same for the previous year, and
- c.) the current year (full or partial) internal financial statements showing the expenses incurred by the eligible portion of the entity. If common resources are deployed in both eligible and ineligible portions of the enterprise, show the percentage allocation method and amount charged to each portion of operations. The allocation method and the amount charged should be for the entire organization. Please DO NOT submit individual names or compensation amounts in order to maintain individual privacy, and
- d.) if revenues exceed expenses, are those funds retained by the eligible entity, and
- e.) if expenses exceed revenues how is the shortfall met, and
- f.) the method for capital funding of assets within the eligible entity and the amount expended during the previous 18 months, and
- g.) for the eligible entity, disclose each regulatory agency that licenses, sets rates, standards of care, operations, and the renewal period for each.