

CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2020 GRANT APPLICATION

APPLICATION CHECKLIST

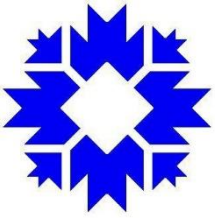
All applicants for 2020 Jack Hopkins funding must submit the following:

- ✓ **COMPLETED APPLICATION FORM**
- ✓ **PROJECT BUDGET DETAILING THE USE OF HOPKINS FUND**
- ✓ **A YEAR-END FINANCIAL STATEMENT** including fund balances, total revenue and expenditures
- ✓ **SIGNED, WRITTEN ESTIMATES** if an agency is seeking funding for capital improvements
- ✓ **A MEMORANDUM OF UNDERSTANDING** signed by all agencies participating in an application for a Collaborative Project
- ✓ **501(c)(3) DOCUMENTATION** for any first-time applicant. (Agencies who have previously applied from Jack Hopkins funding do not need to provide this documentation.)

Incomplete applications will not be considered for funding.

ALL APPLICATIONS DUE BY MONDAY, 30 MARCH, 4:00 PM.
send to: council@bloomington.in.gov
with subject "2020 JHSSF Application - [agency name]"

No late applications accepted.



**CITY OF BLOOMINGTON, COMMON COUNCIL
JACK HOPKINS SOCIAL SERVICES FUNDING COMMITTEE
2020 GRANT APPLICATION**

AGENCY CONTACT INFORMATION

Lead Agency Name: Volunteers in Medicine of Monroe County

Address: Address: PO Box 2568, Bloomington, IN 47402

Phone: 812-333-4032

E-Mail: info@vimmonroecounty.org

Website: www.vimmonroecounty.org

President of Board of Directors: Philippa M. Guthrie

Name of Executive Director: Nancy E. Richman, Ph.D., MPA

Phone: 812-333-4032

E-Mail: nrichman@vimmonroecounty.org

Name and Title of Person to Present Proposal to the Committee: Nancy Richman

Phone:

E-Mail:

Name of Grant Writer:

Phone:

E-Mail:

AGENCY INFORMATION

Lead Agency:

Is the Lead Agency a 501(c)(3)? Yes No

Note: If your agency is a first-time applicant for Jack Hopkins funding, you must provide 501(c)(3) documentation with your application.

Number of Employees:

Full-Time	Part-Time	Volunteers
8*	5*	200
*including 3 FTE Bloomington Hospital		

AGENCY MISSION STATEMENT (150 words or less)

Note to faith-based applicants: If your organization is a faith-based agency, please provide the mission statement of your proposed project, not your agency. Please further note: 1) Hopkins funds may never be used for inherently religious activity; 2) Any religious activity must be separate in time or place from Hopkins-funded activity; 3) Religious instruction cannot be a condition for the receipt of services; and 4) Any Hopkins program must be open to all without a faith test.

In cooperation with others in the community, Volunteers in Medicine provides the following services without cost to the medically underserved in Monroe and Owen counties:

- Easily accessible, quality primary and preventive health care
- Treatment for both acute and chronic conditions
- Health education that empowers individuals to take responsibility for their own well-being

PROJECT INFORMATION

Project Name: Early Detection of Cardiovascular Disease Risk in Uninsured Adults

Total cost of project: \$5,714.54

Requested amount of JHSSF funding:

Total number of City residents anticipated to be served by this project in 2020: 250-500

Total number of clients anticipated to be served by this project in 2020: 250-500

PROJECT SYNOPSIS (250 words or less)

Please provide a brief overview of your project. This synopsis will be used in a summary of your proposal. Please begin your synopsis with the amount you are requesting and a concrete description of your proposed project. E.g., "We are requesting \$7,000 for an energy-efficient freezer to expand our emergency food service program."

VIM seeks a one-time investment of \$5,714.54 to purchase the Alere Cholestech System in order to offer patients onsite fasting lipid testing for the screening of risk factors for cardiovascular disease.

High blood cholesterol is one of the major risk factors for heart disease. Research shows that patients living in poverty, who are uninsured, are more likely to have elevated LDL cholesterol and high triglycerides as compared with their insured counterparts. Preventive health screening labs are important for all VIM patients. However, because of their higher risk, early detection is particularly important for Hispanic and Latino patients who, if they are undocumented non-citizens, are no longer able to access free services from the hospital. It is increasingly important for VIM to offer critical point-of-service testing to patients unable to access free labs and unable to afford medical bills.

The immediate benefits of this system are:

1. It is CLIA-waived, thus no special certification or training is required.
2. It yields rapid results (just 5 minutes) which enables the provider to provide immediate counseling and intervention.
3. It uses finger stick sampling, rather than a blood draw, which makes it less painful as well as less time-consuming.
4. It offers highly accurate results.
5. It will improve patient compliance as no referrals for labs will be needed for this test.
6. It will improve clinic efficiencies, such as eliminating calling patients back into the clinic after their hospital lab results are received.

Address where project will be housed: same as above

Do you own or have site control of the property at which the project is to take place?

Yes No N/A

If you are seeking funds for capital improvements to real estate and if you do not own the property at which the project the project will take place, please explain your long-term interest in the property. For example, how long has the project been housed at the site? Do you have a contract/option to purchase? If you rent, how long have you rented this property and what is the length of the lease? Be prepared to provide a copy of your deed, purchase agreement, or lease agreement upon the Committee's request.

N/A

Is the property zoned for your intended use? Yes No N/A
If "no," please explain:

N/A

If permits, variances, or other forms of approval are required for your project, please indicate whether the approval has been received. If it has not been received, please indicate the entity from which the permitting or approval is sought and the length of time it takes to secure the permit or approval.

Note: Funds will not be disbursed until all requisite variances or approvals are obtained.

N/A

Is this a collaborative project? Yes No. If yes: List name(s) of agency partner(s):

If this is a collaborative project, please indicate: how your missions, operations and services do or will complement each other; the existing relationship between your agencies and how the level of communication and coordination will change as a result of the project; and any challenges and steps you plan to take to address those challenges.

PROJECT COSTS

Is this request for operational funds? Yes No

If "yes," indicate the nature of the operational request:

Pilot Bridge Collaborative None of the Preceding – General request for operational funds pursuant to 2020 funding guidelines.

Other Funds Expected for this Project (*Please indicate source, amount, and whether confirmed or pending*):

Please describe when you plan to submit your claims for reimbursement and what steps precede a complete draw down of funds:

Reimbursement period 1: July-September 2015

- Purchase Cholestech LDX Starter Kit & supplies for the first 6 months (see budget breakdown)

Reimbursement period 2: October-December 2015

- Purchase supplies for the second 6 months (see budget breakdown)

If completion of your project depends on other anticipated funding, please describe when those funds are expected to be received: N/A

FISCAL LEVERAGING (*100 words or less*)

Describe how your project will leverage other resources, e.g., other funds, in-kind contributions, or volunteers.

This project leverages funds in several ways.

In-kind:

1. With a contract to purchase supplies, the Cholestech Analyzer is provided by the company at no charge (value 2,136.15).
2. The printer (\$300) and unlimited paper are being donated to VIM by the company.

FUNDING PRIORITIES -- RANKED

Due to limited funds, the Committee may recommend partial funding for a program. In the event the Committee is unable to meet your full request, **will you be able to proceed with partial funding?**
[] Yes [] No

If “yes”, please provide an itemized list of program elements, ranked by priority and cost:

	Item	Cost
Priority #1	Starter Kit and supplies for the first 6 months	\$2,811.71
Priority #2	Supplies for the second 6 months	\$2,902.83
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
TOTAL REQUESTED		

JACK HOPKINS FUNDING CRITERIA

NEED (200 words or less)

Explain how your project addresses: a previously-identified priority for social services funding as documented in the [Service Community Assessment of Needs](#), the City of Bloomington, Housing and Neighborhood Development Department's [2015-2019 Consolidated Plan](#), or any other community-wide survey of social service needs.

SOURCE: According to SCAN 2012, a significant number of people, particularly at lower incomes do not receive regular check-ups or have a primary family doctor (p.99). The inability or unwillingness of individuals to seek regular medical check-ups has serious implications for the prevention and treatment of chronic diseases. Identification of chronic disease risk factors and early disease detection through screening may decrease the burden of chronic disease and protect and promote the health of older adults.

Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. Risk factor identification, screening and interventions have been successful in preventing chronic diseases and their associated morbidity and mortality in older adults.

NEED: At the same time, both SCAN and HAND's 2010-2014 Consolidated Plan note that providing high quality, affordable health care for low-income uninsured individuals is a priority for social service funding in our community. All VIM patients are uninsured with household incomes of 200% FPL or below. VIM is the only safety net medical facility in Monroe County, leveraging and coordinating the existing resources of the health care community to provide medical, dental and behavioral health services to people that otherwise would fall through the cracks.

ONE-TIME INVESTMENT (100 words or less)

Jack Hopkins Funds are intended to be a one-time investment. Please explain how your project fits this criterion. If you are requesting operational funds (e.g., salaries, rent, vouchers, etc), please explain how your project satisfies an exception to the one-time funding rule (pilot, bridge, or collaborative). If you are requesting operational funds that do not satisfy one of the aforementioned exceptions, but your request is being made pursuant to the 2020 allowance for operational funds, please make that clear. If you are requesting operational funding, you must detail your plan for future funding.

VIM seeks a one-time investment from the JHSSF to purchase the Alere Cholestech LDX System in order to offer patients an onsite complete lipid profile.

Undetected risk factors for cardiovascular disease lead to potential risk of serious medical complications, ultimately, costing the healthcare system in Bloomington many thousands of dollars. This investment will enable VIM to enhance what is already high quality care while maximizing cost savings over the long term. These benefits directly translate into the clinic having greater capacity to serve its clients. The need for onsite testing is particularly critical for our undocumented noncitizen Hispanic and Latino patients.

LONG-TERM BENEFITS (200 words or less)

Explain how your program will have broad and long-lasting benefits for our community.

As the number of people with chronic conditions grows both locally and worldwide, medical care takes an ever-increasing proportion of national (and local) health care budgets. High cholesterol, in particular, has no direct symptoms and therefore its diagnosis depends on the patient having access to screening tests that measure cholesterol.

Because of its chronic nature, the severity of its complications and the means required to control complications, cardiovascular disease is costly, not only for the affected individual and his/her family, but also for the health care system as a whole. Beyond the direct costs of medications, tests, and hospitalizations, the indirect costs (loss of work and premature retirement due to heart attack) and intangible costs (correlations with obesity, diabetes,) also have great impact on the lives of patients and their families. Appropriate action taken at the right time is beneficial in terms of quality of life, and is cost-effective, especially if it can prevent hospital admission.

Providing free early detection and treatment for uninsured patients is a priority for the clinic. This grant will enhance VIM's capacity to provide convenient and timely onsite testing, resulting in improved care for the most vulnerable of Bloomington's residents.

OUTCOME INDICATORS (100 words or less)

Please describe the outcome indicators you intend to use to measure the success of your project.

The ultimate outcome of a project (e.g., reduced hunger, homelessness or addiction rates) are often not readily observable within the Jack Hopkins funding period. For that reason, we are asking agencies to provide us with outcome indicators. In contrast to program activities (what you bought or did with grant funds) and the long-term impacts of a program (the lasting social change effected by your initiative), the data we seek are the short-term indicators used to measure the change your program has created during the period of your funding agreement. Where possible, this information should be expressed in quantitative terms.

Examples: an agency providing a service might cite to the number of persons with new or improved access to a service. If funds were used to meet a quality standard, the agency might report the number of people who no longer have access to a substandard service. An agency seeking to purchase equipment or to make a physical improvement might cite to the number of residents with new or improved access to a service or facility. If funds were used to meet a quality standard or to improve quality of a service or facility, an agency might report the number of people who have access to the improved service or facility.

This funding request is for a piece of equipment and supplies to last 12 months. The outcome indicators:

- In the course of 12 months, VIM will provide lipid testing to 2 patients daily for a total of 480 individuals.
- 50 of these patients will be Hispanic. Thus, point-of-service testing will allow 50 Hispanic patients to be tested free-of-charge rather than through a referral to the hospital resulting in a bill for the blood draw and lab analysis.

OTHER COMMENTS *(500 words or less)*

Use this space to provide other information you think the Committee would find useful. Any additional comments should supplement, not restate, information provided in the foregoing.

Final Comment: Clearly, the key question this year (again) will focus on the expansion of HIP 2.0 and implication for VIM. We expect (and hope) that many VIM patients will become insured through HIP – this is a good thing. VIM continues to be active in helping our eligible patients to enroll, while we continue to care for those who can't. For those that enroll, VIM will ensure a smooth transition to a new medical home with seamless continuity of care.

HIP 2.0 appears to be an administratively complex and confusing program and the logistics and details of coverage are still being defined at this point in time. Already we are aware of several gaps in HIP Plus coverage. Dental, for example, is woefully inadequate to meet the needs of people who have grown up in poverty.

We are concerned that even after the implementation of HIP 2.0, there are still going to be nearly 400,000 uninsured Hoosiers. We are concerned about the 6-month lock out period where people will have no health care at all. We are concerned that many people with insurance (through HIP Basic or the Marketplace) will find themselves underinsured, with copays, deductibles, premiums, and medication costs that are too high for them to afford. This creates barriers to needed care and leaves people vulnerable to financial ruin if they get sick, or persuades them not to seek care at all. The VIM Board and management will spend the next many months educating ourselves about these issues and the role VIM will continue to play as a safety net medical home for people living in poverty.

We can hope that, one day, no one will be without health insurance and that everyone who needs it will have easy access to medical care – however, that hope is not yet a reality. There is no doubt that there will be medical need in Bloomington and surrounding communities for the indefinite future. And, for as long as need exists, VIM's mission is to offer high quality, easily accessible, services to meet that need.