FY 2027 El Camino Healthcare District Grant Application

General Information

- Please note that an overview of your proposal, metrics & targets and requested amount will be provided to the El Camino Healthcare District Board.
- Information in the [FY 2027 Grant Guide](#) and [2025 Community Health Needs Assessment (CHNA)](#) will assist you in preparing a stronger application.
- Use bullet point format wherever possible.
- FY 2027 El Camino Healthcare District Community Benefit Grant Program Application **Due: <u>5:00 pm (PST), February 27, 2026.</u>**

Organization Information

Organization Name *

Organization Primary Mailing Address *

Organization Website *

Organization Tax Identification Number *

Years of Operation *

Organization Annual Operating Budget *

Number of Fulltime Employees *

Provide a brief overview of your organization *

Provide a clear and concise overview of your organization. You do not need to include a historical account of the organization. 125 word limit

Key Contacts

Top Organization Executive (Executive Director, CEO, President, Superintendent, etc.)

may list only one contact here

Prefix	First name	Last name	Suffix	Email address	Office telephone	Office extension	Contact title

☐ Same as Top Organization Executive

Primary Grant Contact

may list only up to two contacts here

Prefix	First name	Last name	Suffix	Email address	Office telephone	Office extension	Contact Role	Contact title

Program Information

Program Information

Program Title *

Health Need Selection

- The Community Benefit Grant Program of El Camino Healthcare District (ECHD) has selected five priority health needs from the 2025 Community Health Needs Assessment.
- Programs should address one or more of the health needs in the table below.

Health Need	Key Considerations
Healthcare Access & Delivery (including oral health)	Availability and access to primary care, oral healthcare, specialty care, maternal/infant health, etc.
Behavioral Health (including domestic violence & trauma)	Mental health services for depression, anxiety, substance abuse, senior isolation/loneliness, and domestic violence & trauma, etc.
Diabetes & Obesity	Relates to disease management as well as contributing factors which include healthy eating and active living, etc.
Chronic Conditions (other than diabetes & obesity)	Cardiovascular disease, cancer, respiratory conditions, Alzheimer's and dementia, and other chronic conditions
Economic Stability (including food insecurity, housing & homelessness)	Key driver of poor health outcomes

Please select the most appropriate health need for your program: *
Select one

- ☐ Healthcare Access & Delivery
- ☐ Behavioral Health
- ☐ Diabetes & Obesity
- ☐ Economic Stability
- ☐ Chronic Conditions

Healthcare Access & Delivery Goals *
Please select the goal that best aligns with your program
 Select one

- ☐ Reduce disparities in access to high-quality care
- ☐ Increase access to oral healthcare for underserved community members
- ☐ Reduce disparities and inequitable access to maternal/infant healthcare for community members
- ☐ Provide/expand workforce training in cultural competence, and compassionate and respectful care delivery

Reduce disparities in access to high-quality care initiatives *

Please select the initiative that best aligns with your program
Select one

- ☐ Support increased access to primary care and specialty care services for vulnerable individuals
- ☐ Support greater access to healthcare in schools
- ☐ Support clinical and community health navigator programs
- ☐ Support increased use of telehealth and other technology solutions

Increase access to oral healthcare for underserved community members initiatives *

Please select the initiative that best aligns with your program
Select one

- ☐ Support school- and community-based programs that offer dental screenings and care, including tele-dentistry

Reduce disparities and inequitable access to maternal/infant healthcare for community members initiatives *

Please select the initiative that best aligns with your program
Select one

- ☐ Support effective pregnancy prevention and parenting education programs
- ☐ Increase access to and utilization of adequate perinatal care for parents

Provide/expand workforce training in cultural competence, and compassionate and respectful care delivery initiatives *

Please select the initiative that best aligns with your program
Select one

- ☐ Support workforce training in cultural competence, and compassionate and respectful care delivery

Behavioral Health Goals *

Please select the goal that best aligns with your program
 Select one

- ☐ Improve behavioral healthcare access for community members
- ☐ Improve behavioral health of youth in the community
- ☐ Improve behavioral health of adults in the community

Improve behavioral healthcare access for community members initiatives *

Please select the initiative that best aligns with your program
Select one

☐ Support in-person and virtual expanded access to evidence-based counseling, addiction treatment, behavioral health case management, etc.
☐ Care management to support community members' self-management and mental health

Improve behavioral health of youth in the community initiatives *

Please select the initiative that best aligns with your program
Select one

☐ In-person or virtual programs for assisting youth in self-management techniques to reduce depression and anxiety, and for stress, coping, and resilience
☐ Support for substance use prevention and intervention initiatives with evidence of effectiveness
☐ Programs that prevent or reduce youth and young adult intimate partner and sexual violence and promote healthier relationships
☐ Programs that reduce or prevent suicide with evidence of effectiveness

Improve behavioral health of adults in the community initiatives *

Please select the initiative that best aligns with your program
Select one

☐ In-person or virtual programs for assisting community members in self-management techniques to reduce depression and anxiety, and for stress, coping, and resilience
☐ Support for screening, accurate diagnosis, effective treatment, and follow-up for behavioral health and substance use/addiction treatment services
☐ Programs that support targeted unmet needs such as supporting expectant parents and parents of infants, isolated older adults, individuals experiencing or at risk of homelessness or intimate partner violence
☐ Programs that reduce or prevent suicide with evidence of effectiveness
☐ Support community and school-based nutrition education and healthy food access interventions (i.e. school/ community gardening interventions, healthy cooking curricula, food resource management, community health workers, etc.)

Diabetes & Obesity Goals *

Please select the goal that best aligns with your program
Select one

☐ Increase physical activity among community members
☐ Prevent/reduce obesity & diabetes among community members

Increase physical activity among community members initiatives *

Please select the initiative that best aligns with your program
Select one

☐ Support physical activity interventions shown to contribute to weight loss and reduced screen time among youth and adults
☐ Support implementation of school wellness policies for promoting physical activity

Prevent/reduce obesity & diabetes among community members initiatives *

Please select the initiative that best aligns with your program
Select one

☐ Support obesity/diabetes prevention and obesity treatment programs with evidence of effectiveness
☐ Support diabetes treatment/ self-management programs with evidence of effectiveness
☐ Expand screening and referral for abnormal blood glucose/pre-diabetes and type 2 diabetes

Chronic Conditions Goals *

Please select the goal that best aligns with your program
Select one

☐ Increase prevention and early intervention of chronic diseases in the community
☐ Improve chronic disease management among community members

Increase prevention and early intervention of chronic diseases in the community initiatives *

Please select the initiative that best aligns with your program
Select one

☐ Provide education and improve access to screenings
☐ Support evidence-based chronic disease prevention and early intervention programs

Improve chronic disease management among community members initiatives *

Please select the initiative that best aligns with your program
Select one

☐ Support evidence-based chronic disease treatment and self-management programs

Economic Stability Goals *

Please select the goal that best aligns with your program
Select one

☐ Reduce housing instability among community members
☐ Reduce barriers to employment/careers that provide community members with a living wage
☐ Reduce food insecurity and increase healthy food access for low-income community members

Reduce housing instability among community members initiatives *

Please select the initiative that best aligns with your program
Select one

☐ Support independent living and efforts to improve substandard living conditions
☐ Support efforts to improve access to social services that address income and housing insecurity

Reduce barriers to employment/ careers that provide community members with a living wage initiatives *

Please select the initiative that best aligns with your program
Select one

☐ Support efforts to improve access to workforce training and employment opportunities for underrepresented populations

Reduce food insecurity and increase healthy food access for low-income community members initiatives *

Please select the initiative that best aligns with your program
Select one

☐ Support increased utilization of healthy/ culturally appropriate food through CalFresh/SNAP enrollment, existing food banks, and other sites

Demographics

Geographical Area Served

Provide the **approximate** percentages of individuals to be served from each city below.

Selections must total 100%, though the % sign may not appear.

Cupertino

Los Altos

Los Altos Hills

Mountain View

Sunnyvale

Geography Total *
This field is automatically calculated

Age

Provide the approximate percentage of requested funding allocated to each group.

Selections must total 100%, though the % sign may not appear.

Age Group Youth: 0-17

Age Group Adults: 18-25

Age Group Adults: 26-54

Age Group Adults: 55-64

Age Group Older Adults: 65+

Age Group Total *

This field is automatically calculated

Insurance

Please provide the insurance demographic information for the populations that are served by your program. Provide approximate percentages of individuals served in each category.

Selections must total 100%, though the % sign may not appear.

Insurance Medicare

Insurance Medi-Cal

Insurance Uninsured

Insurance Commercial Covered CA

Insurance Commercial Employer Sponsored

Insurance Other

Insurance We Do Not Collect This Info

Insurance Total *
This field is automatically calculated

Languages

Use the fields below to indicate which languages this program will be provided in.

- Use a "1" for yes
- Use a "0" for no

English *

Mandarin *

Spanish *

Vietnamese *

Japanese *

Tagalog *

Korean *

Hindi *

Other languages served:

Please use the space below to list any additional languages, not listed above, that this program will be provided in.

Additional Demographic Information

Provide additional demographics, socioeconomic status and other information on the population(s) to be served with grant funding. *

Examples: Percent of individuals 200% below FPL, Percent of uninsured individuals, Children ages 0-5, Elementary school students from 3rd -5th grades, Older adults at risk for falls ages 55+, Older Adults at risk for re-hospitalization ages 65+, etc.

Program Detail

Program Detail

Describe the health need(s) your program will address. Please provide data, if possible. See the FY 2027 Grant Guide for local health and demographic data resources.*

Using bullet points, cite local, state, national or your internal agency data to document need addressed by your program. Please use the most current 2025 Community Health Needs Assessment (CHNA and data within the last five years, unless citing industry gold standard(s).A strong health needs statement should effectively demonstrate: a. Unmet health need(s) in the target population and draw upon current data, local if possible b. How the program addresses the need(s) c. How the program addresses any gaps in service, if applicable. Provide a link to data source(s) for each citation. Word limit: 300

Program Summary*

Provide a summary of the proposed program. A strong summary is one paragraph that clearly states: a. Purpose of the program b. Types of services provided c. Who will provide services (i.e.: health educator, RN, licensed therapist, etc.) d. Who will benefit from services e. State if using evidence based program or industry practice Word limit: 300

Provide a bullet point list of the proposed services to be funded by this grant. *

Activities and services should include information on duration and frequency, as applicable. For example: • Individual one-hour case management sessions • Ninety-minute group counseling sessions • Clinical appointment with physician or nurse practitioner • Four community dental screenings • Walk-in immunization services (6 hours/week). Word limit: 150

Outreach Plan*

Describe your outreach plan, including 1) how you will reach the target population 2) achieve program volume metrics (see "Program Metrics" section of application).

Program Delivery Site(s)

Provide the name and address of organization sites where services will be delivered. If services are provided only at your agency location, please list your location address. *

Note: Services provided at other agencies will require a signed letter of commitment or memorandum of understanding (MOU).
Please attach for each partner agency in the section below. If you require more than two file uploads, please contact Community Benefit.

Letters of Commitment / Memos of Understanding

Budget

For FY 2027, substantial additional funding is expected to be available for the El Camino Healthcare District Community Benefit Grant Program.

Please consider your current funding needs for the application. Additionally, grantees are encouraged to consider requests for new or innovative programming that may complement an existing El Camino Healthcare District funded program.

Budget

FY 2026 Approved Amount

Are you requesting an increase in funding from your prior year's grant? *

If you are a new applicant or did not receive a grant last year, select "No".
Select one

- ☐ Yes
- ☐ No

Requesting More Funds

If requesting increased funds, how will these new funds be used: *

Select one

- ☐ Grow the program
- ☐ Add a new element to the program
- ☐ Replace/backfill lost funding
- ☐ Other

Please explain how additional funds will be used. *

If additional funding is for an existing program, where did this funding come from last year? *

if you don't receive this funding, what will be the impact to the program? *

Budget: Personnel Expenses

Provide personnel titles and percentage of position salary and benefits covered by the requested amount. Provide narrative for the requested personnel amount.

1. Position Title, FTE

2. Position Title, FTE

1. Requested amount

2. Requested amount

3. Position Title, FTE

4. Position Title, FTE

3. Requested amount

4. Requested amount

5. Position Title, FTE

Describe how agency benefits amount will be used *
Which personnel positions requested will received these funds and at what percentage.

5. Requested amount

Agency benefits requested amount

Total amount of personnel expenses
*this field is automatically calculated

Budget narrative for personnel expenses *
Please use this space to provide a budget narrative for all personnel budget requested line items.

Budget: Non-Personnel Expenses

Provide non-personnel description, requested amount, and narrative for the requested non-personnel amount.

1. Facilities/Utilities
Examples: Rent, storage, gas/electricity, water, garbage, security, phone/internet, mileage, IT

2. Supplies/Consumables

Examples: Office administration supplies, program delivery supplies/materials, participant stipends, program food purchases

1. Requested amount

<i>For facilities/utilities</i>

2. Requested amount

<i>For supplies/consumables</i>

3. Miscellaneous other costs

Examples: Consultants, fees, training, contract services, equipment

4. Administration overhead

Typically at the rate of 10% of program related expenses for general indirect costs related to HR, Management/Administration, Insurance, etc.

3. Requested amount

For miscellaneous other costs

4. Requested amount

For administration overhead

Total amount requested for non-personnel expenses

*this field is automatically calculated

Budget narrative for non-personnel expenses *

Total requested amount

*this field is automatically calculated

Total program budget amount *

Input the total cost amount of this program

Percentage of total program being requested

*this field is automatically calculated as a percent though the percent symbol may not appear.

Additional Budget Information

List any fees for services charged/collected *
If no fees are charged/collected, put N/A

List top 5 additional funders and the percentage of the program they are funding.

If fewer than 5 additional funders, put N/A or 0 in the unused fields.

Please note: the numbers entered should represent a percentage even though the percent sign may not appear.

1. Additional funder name *

2. Additional funder name *

1. Additional funder percentage *

2. Additional funder percentage *

3. Additional funder name *

4. Additional funder name *

3. Additional funder percentage *

4. Additional funder percentage *

5. Additional funder name *

5. Additional funder percentage *

Additional Funder Total Percentage *

*this field is automatically calculated as a percent though the percent symbol may not appear.

Program Metrics

Volume Metrics

Provide definition of individuals served*

Examples of individuals served definition. Number of individuals receiving a health screening. Number of individuals receiving health education classes. Number of individuals receiving case management sessions.

Individuals Served FY 2027 6month Target *

Individuals Served FY 2027 Annual Target *

Provide definition of services provided*

Examples of services provided definition. Number of health screenings performed (health screenings x individuals served). Number of health education classes provided (classes x individuals served). Number of case management sessions provided (case management sessions x individuals served)

Services Provided FY 2027 6month Target *

Services Provided FY 2027 Annual Target *

Collective Impact Metric

Select **one** Collective Impact Metric within the program's associated health need.

Collective Impact Metric: Healthcare Access Metrics *

Select one

- [ ] Number of individuals establishing care with a PCP or specialist as a result of agency
- [ ] Number of individuals receiving follow-up care after a health screening
- [ ] Number of individuals enrolled in a clinical and/or community service based on needs identified by their navigator/care manager
- [ ] Number of individuals reporting improved oral health after service

Collective Impact Metric: Behavioral Health Metrics *

Select one

- ☐ Number of adults demonstrating improvement on treatment plan goals
- ☐ Number of youth demonstrating improvement on treatment plan goals
- ☐ Number of hours of counseling/care management sessions provided to adults
- ☐ Number of hours of counseling/care management sessions provided to youth
- ☐ Number of individuals enrolled in a clinical and/or community service based on needs identified by their navigator/care manager
- ☐ Number of hours of training provided to program participants

Collective Impact Metric: Diabetes & Obesity Metrics *

Select one

- ☐ Number of individuals with one or more improved biometrics (e.g., BMI, weight, and/or A1c)
- ☐ Number of individuals who report 150 minutes or more of physical activity per week
- ☐ Number of individuals who report consuming at least 3 servings of fruits and vegetables per day

Collective Impact Metric: Chronic Conditions Metrics *

Select one

- ☐ Number of individuals who demonstrate improved self-management through self-report or biometric indicators (e.g., blood pressure, A1C, etc.)
- ☐ Number of individuals completing one or more health screenings

Collective Impact Metric: Economic Stability Metrics *

Select one

- ☐ Number of individuals with improved living conditions as a result of services provided
- ☐ Number of individuals connected to a sustainable source of healthy food (CalFresh/SNAP, food banks, etc.)
- ☐ Number of hours of training provided to program participants

Collective Impact Metric FY 2027 6month Target *

Collective Impact Metric FY 2027 Annual Target *

Outcome Metrics

Insufficient Example Outcome Metric	Improved Example Outcome
Increased participation in activities that will reduce social isolation	Participants who report at least a 5-point increase in social isolation on the ABC Scale
Clients who increase participation in activities that promote physical activity	Clients who report at least a 30 minute weekly increase in moderate to strenuous physical activity as assessed by pre/post survey

Outcome Metric targets should not be set at 100%, as metric targets should reflect stretch goals rather than completion of program processes (i.e., clients receiving program materials).

Outcome Metric 1 *

Outcome metric 1 FY 2027 6-month Target *
*the number entered in this field should represent a percentage though the percent symbol may not appear.

Outcome metric 1 FY 2027 annual target *
*the number entered in this field should represent a percentage though the percent symbol may not appear.

Outcome Metric 2

Outcome metric 2 FY 2027 6-month target
*the number entered in this field should represent a percentage though the percent symbol may not appear.

Outcome metric 2 FY 2027 annual target
*the number entered in this field should represent a percentage though the percent symbol may not appear.

Required Documents

W-9 *
Attach a copy of your most recent W-9.
<i>must be dated within the last 3 years

Audited Financials *

If you are unable to provide your most recent audited financials, you may submit your organizations most recent 990 form. If your organizations budget is below $2M you may submit your organizational budget in place of the audited financials.

Executive Director and Board of Directors Roster *

Provide a roster with your organization's top executive and board of directors on agency letterhead.

Additional Information (optional)

Additional Information (optional)

Provide additional information about this program or your organization.

Application Survey

Please take a few minutes to answer questions and provide us with feedback on our application process. All responses are anonymous.

(Note: clicking the link below will open the survey, but do not forget to come back and click submit to complete your application.)

Click on this link to begin the survey: https://www.surveymonkey.com/r/FY2027APP