



RECEIVED

JUL 06 2016

# 2017-2018 REQUEST FOR FUNDING

City of Longview, WA  
Executive Office

APPLICATION DUE: Wednesday, July 5, 2016

## Instructions

1. Please type or print.
2. Answer each question within the space provided. Please do not include additional attachments or supplementary pages unless they are essential to our understanding of your project.
3. Attach organization's most recent tax return. If no tax return is available, attach the organization's most recent annual financial statement.
4. Attach a detailed budget for the project.
5. Are you a non-profit agency? ☒ yes ☐ no  
If so, what is your IRS designation? **501c(3) 91-20165542**  
[Please attach proof of non-profit status.]

Please sign, date, and send completed application to:  
**Dave Campbell, City Manager**  
City of Longview  
P.O. Box 128  
Longview, WA 98632

Organization <b>Community Health Partners (CHP)</b>		Activity Name <b>Free Medication Distribution Program</b>	
Activity type: Event/Festival, Marketing or Facility <b>Facility (Provide free medications to patients)</b>			
Address <b>PO Box 2853</b>			
City <b>Longview</b>	County <b>Cowlitz</b>	State <b>Washington</b>	Zip <b>98632</b>
<b>Contact Person</b>			
Name <b>Kenneth Dale</b>			
Title <b>Executive Director</b>		Phone <b>(360) 562-2986</b>	
<b>Project Information</b>			
Title and brief description of project: <b>Free Medication Distribution Program: It is for medical clinic patients with urgent and chronic care health conditions, and for dental patients who have no medical or dental insurance, Vision, and resources and referral services are also offered to the low income, and Medicaid patients who have yet to find a primary care physician. CHP programs serve approximately 1,550 patients each year. Of those 1,550 patients over 60% make their home in Longview. Each week the medical clinics see between 27 to 35 patients. The quarterly dental clinic that is supported by University of Washington dental students sees an average of 55 patients per clinic. CHP's strength lies with its volunteers. Over 200 people volunteer, and the goodwill of the community provides over \$250,000 in-kind services per year. The diagnosis of CHP patients is as varied as the population itself. More patients are needing medications for diabetes, hypertension, asthma and depression. Patients often need to pick between food or medication. CHP offers free medications so this choice is not necessary. If we are successful in acquiring these funds, we will be able to offer medications to more folks who have no funds</b>			
Timeline for project: <b>Jan. 1, 2017 to Dec. 31, 2018. CHP is a year round program.</b>		Geographic area served by this project: <b>Longview, Kelso and surrounding region in Cowlitz county.</b>	
Number of people served by project: <b>3,200 (over two years)</b>		Attendance, # predicted to travel 50+ miles to attend <b>N/A:</b>	
Attendance, # predicted to travel from out of state/out of country: <b>N/A</b>		Attendance, # predicted to pay for overnight lodging: <b>N/A</b>	
Attendance, # predicted to <u>not</u> pay for overnight lodging: <b>N/A</b>		Predicted paid lodging nights: <b>N/A</b>	
<b>2017</b>	Amount requested from City of Longview <b>\$4,000</b>	Total project cost: <b>\$13,600</b>	Date of project: From <b>1/17</b> to <b>12/17</b>
<b>2018</b>	Amount requested from City of Longview <b>\$4,000</b>	Total project cost: <b>\$14,600</b>	Date of project: From <b>1/18</b> to <b>12/18</b>

**FUNDING SOURCES FOR THIS PROJECT**

List all firm commitments to date to fund this project:

Source	Amount
<b>The Health Care Foundation</b>	<b>\$5,500</b>
<b>Private Donations</b>	<b>\$4,100</b>
<b>City of Longview</b>	<b>\$4,000 (awarded for 2016)</b>

List any other sources of funding you have applied for:

Source	Amount	Status
<b>City of Longview</b>	<b>\$8,000</b>	<b>Pending</b>

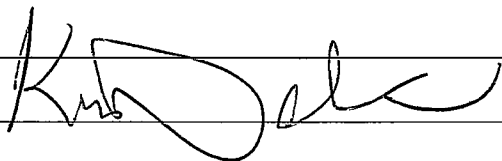
Specifically, how will this grant be used? How do you document your results?

**This grant will be used to augment CHP's current medication program. Our volunteer physician's must be able to diagnosis a patient and then feel confident that non-narcotic drugs are available to them so they may write prescriptions that will complete their treatment. In the urgent care clinic, doctors rely on the history of a drug and its effectiveness against the ailment. With the chronic care patients, we can see the effect of any drug during their weekly, up to 90 days' treatment. The CHP pharmacy is required by law to keep strict records of prescriptions. Review of the records can be used to assess what has worked**

How will this project be financed in the future?

**CHP will continue to actively seek grants from corporations and foundations. We will also to continue to do direct mail campaigns, community appeals, special events, and use our web page to raise funds. Our Board Development committee will take the lead along with the Executive Director in these initiatives.**

Signature


Date **July 5, 2016**

GRANT REPORT	
2015 amount received from the City of Longview for this project:	\$ 4,000
2016 amount received from the City of Longview for this project:	\$ 4,000

<i>Note: If project is in process for 2017, please estimate the answers to the following:</i>
How were these funds used?
<b>Funds are used to augment the purchase of needed non-narcotic prescription medications for the treatment of patients in our free medical urgent and chronic care clinics</b>

How did you measure your results? Please document the achievement of your goal.
<b>CHP's volunteer staff nurses continually review the clinic pharmacy inventory. They are able to maintain the needed inventory of medications that the volunteer doctors use to prescribe non-narcotic medications for the patients of the free medical clinics.</b>

How will this project be financed in the future?
<b>CHP will continue to actively seek grants from corporations and foundations. We will also to continue to do direct mail campaigns, community appeals, special events, and use our web page to raise funds. Our Board Development committee along with the Executive Director will take an active role in these initiatives.</b>
<b>Please provide original project budget, original grant amount, actual project revenues, and actual project expenditures (with explanation of large variances)</b>

List all project costs in the following categories:	2017	2018
<b>Project Management/Administration:</b>		
Project Manager Salary/Consultant Fees/Staff Costs:	\$	\$
<b>Goods &amp; Services:</b>		
Contract Services – Consultant Fee	\$	\$
Materials/Supplies/Equipment	\$	\$
Construction Cost	\$	\$
Other Misc. Expenses (medications)	\$ 13,600	\$ 14,600
<b>Total Goods &amp; Services:</b>	\$	\$
<b>Operations:</b>		
Facility Rent	\$	\$
Utilities	\$	\$
Other	\$	\$
<b>Total Operations:</b>	\$	\$
<b>Other:</b>	\$	\$
	\$	\$
	\$	\$
<b>TOTAL COSTS:</b>	\$	\$

List all funding sources for this project:	2017	2018
<b>Health Care Foundation</b>	\$ 5,500	\$ 5,500
<b>Private Donations</b>	\$ 4,100	\$ 5,100
<b>City of Longview</b>	\$ 4,000	\$ 4,000
<b>TOTAL OTHER REVENUE:</b>	\$ 13,600	\$ 14,600