

**Report Schedule:\***

<b>Date Due</b>	<b>Type of Report</b>
December 17, 2004	Signed Agreement
February-March, 2005	Participation in self-management grantee meeting
September 30, 2005	Nine month progress report and a financial report** covering the period 1/1/05 through 8/31/05
June 30, 2006	Final narrative report
September 1, 2006	Final Financial Report** covering the period 9/1/05 through 6/30/06

\* It is the Grantee's responsibility to submit deliverables and reports on time and to alert CHCF if problems arise that impact the grant reporting schedule.

\*\*All financial reporting must be submitted on CHCF reporting forms which can be downloaded from the *Grants and RFPs Section* of our Web site, [www.chcf.org](http://www.chcf.org).

**Payment Schedule:**

- \$100,000            Within 30 days of receipt of fully-executed grant agreement
  
- \$ 80,000            Within 30 days of receipt and approval of the nine month progress report and a financial report due 9/30/05
  
- \$ 20,000            Within 30 days of receipt and approval of final financial report due 9/1/06 and all other project deliverables received

**Objectives/Scope of Work:**

This grant is being funded through the Foundation's *Consumer Partnership in Chronic Disease Care Initiative*. The objective of the grant is to implement the Improving Asthma Care through Patient Empowerment (IACPE) project for approximately 300 school age and adolescents with asthma who are patients in San Mateo Medical Center's Willow, Fair Oaks and Sequoia Teen Clinics.

The Improving Asthma Care program will incorporate the following components for all patients:

- Recruitment of patients into program utilizing patient data systems, chart reviews or provider referrals
- Case manager coordinates patient's asthma education, home evaluation by community health worker (as needed), and training patients on the use of technology application
- Provider and patient jointly develop action plans and goals for the patient
- Stratification of patients by severity into one of three tiers:

- Tier 1: Primary care provider visits, Group visits, Interactive program
- Tier 2: Same as Tier 1 plus time-limited care plan with 2-3 visits/6 months, low intensity care management
- Tier 3: Same as Tier 1 plus intensive & open-ended care management, community health worker home/phone visits, and specialty referrals

To support the implementation of the IACPE project, the San Mateo Medical Center will be responsible for the following:

- Development and implementation of the DocSite application, including training of providers in the three participating clinics
- Commitment to support implementation of the DocSite registry to participating providers after grant is completed
- Integrate pilot of a technology based solution utilizing phone or internet based application to provide education and reminders to patients

The San Mateo Medical Center will work with school nurses in the following manner:

- Inform school nurses of children's asthma action plans and medications to be taken at school
- Care manager will communicate with school nurses to help support children's use of interactive application as appropriate at school
- School nurse will help to coordinate care in conjunction with care manager

The Grantee will also be responsible for working in partnership with CHCF by participating in:

- Two meetings in Oakland with other grantees and technical advisors
- Bi-monthly conference calls to discuss progress of project and evaluation

**Evaluation:** The Grantee will work with Joan Bartlett, an external evaluator, to develop and implement an evaluation plan to measure the impact of the intervention. Improving Asthma Care through Patient Empowerment will be evaluated using a variety of process and outcome measures for patients receiving the intervention. In addition, patient self-management skills, provider skills, system changes, and costs associated with implementing the intervention will be tracked and assessed in conjunction with the external evaluator. The Grantee will be responsible for collecting the necessary data, administering any evaluation tools necessary to collect the information, and working with the external evaluator to complete the evaluation.

**Special Conditions:** None.

**Type of Organization\* (Check one)**

\_\_\_\_\_

**Private Foundation**

\_\_\_\_\_

**501(c)3 organization**

\_\_\_\_\_

**Other nonprofit organization**

**TYPE: 501(c) \_\_\_\_\_**

***\*Documentation Required***

**GRANT CONDITIONS**

**1. Political Activities**

Grant funds may not be used for any of the following purposes: to carry out propaganda, or otherwise attempt to influence legislation; to influence the outcome of any specific public election or to carry on directly or indirectly any voter registration drive; to make any grants that do not comply with the rules for individual grants and organizational grants in Section 4945 of the Internal Revenue Code; or to undertake any activity for a non-charitable purpose.

**2. IRS Determination**

A copy of the determination letter from the Internal Revenue Service should be submitted to CHCF as an attachment to this Agreement. *(Public agencies are exempt from this requirement.)*

**3. Reporting**

**Progress Reports**

Periodic reports may be required as a condition of this grant. Narrative reports should include project progress to date and any related project activities. Financial reports should include a summary of expenditures for the period covered by the report, consistent with the approved project budget.

**Final Report**

A final report is usually required as a condition of CHCF grants (see page 2 of this agreement for the specific requirements of this grant). If required, the final report should be comprehensive and include: 1) a summary of the project objectives; 2) accomplishments toward achieving those objectives and any changes made during the course of the project in the strategy for accomplishing them; 3) problems you may have encountered and how they were resolved; and 4) a complete financial statement showing all grant funds received and expended. In the case of multi-year grants, the final financial

report need only report on expenditures from the last reporting period through the end of the grant period.

#### **4. Expenditure of Funds**

This grant is to be used in accordance with the Grantee's approved program and budget. Permission to make any major changes in program objectives, implementation strategy, key personnel, timetable, or in the approved budget (line items added or deleted or transfers among line items, amounting to \$1,000 or 10 percent of the approved line item amount, whichever is larger), must be requested in writing, and CHCF's approval obtained before such changes are implemented.

Grantees are encouraged to deposit grant funds in insured interest bearing accounts. Interest funds accrued during the course of the grant may be used to benefit project activities with prior approval of CHCF staff assigned to the project. Any funds (including interest accrued) not expended or committed for the purposes of the grant within the grant period (or any authorized extension of the grant period) must be returned to CHCF within 60 days of the close of the grant.

#### **5. Payments**

All payments under this grant will be made in accordance with the specific requirements described under the "Payment Schedule". Payments contingent on progress reports listed under the "Report Schedule" will be issued within thirty (30) days of receipt and approval of the reports. Reference: page 2 of this agreement.

#### **6. Financial Records**

The Grantee is expected to maintain complete books and records of revenues and expenditures for the project, which should be made available for inspection at reasonable times if deemed necessary by CHCF. CHCF, at its expense, will periodically audit a selected number of its grants. If your grant is selected, you will be expected to provide all necessary assistance in connection with such audit. Records must be kept for at least three (3) years after completion of the grant.

#### **7. Acknowledgement and Publicity**

CHCF may periodically issue a general press release announcing grant awards. If the Grantee wishes to issue a press release regarding this grant, CHCF requires review and final sign-off of the text by its Publishing and Communications Department.

Any publication produced by the grantee that refers or results from this grant should include an acknowledgment of CHCF that reads: *Supported by a grant from the California HealthCare Foundation, based in Oakland, California.*

#### **8. Grant Termination**

CHCF, at its sole option, may terminate the grant at any time if, in CHCF's judgment, the grantee becomes unable to carry out the purposes of the grant, ceases to be an appropriate means of accomplishing the purposes of the grant, or fails to comply with any of the conditions of the grant award.

**9. Limitation**

It is expressly understood that CHCF has no obligation to provide other or additional support for this or any other project or purposes.

**Acceptance of Terms and Conditions.** This document is to be signed by an official authorized to sign for your organization and by the project director,\* signifying that your organization agrees to comply with all the terms and conditions of the grant specified above. If the project director is authorized to sign for the institution, the same person may sign in both capacities.

The above terms and conditions of the grant are hereby accepted and agreed to as of the date specified:

For: \_\_\_\_\_  
Grantee Institution

By: \_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Signature of Project Director

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\*The project director is the individual directly responsible for developing the proposed activity, its implementation, and day-to-day direct supervision of the project.

**Please return a signed copy of this document to:**

**Darnise Martin  
California HealthCare Foundation  
476 Ninth Street  
Oakland, CA 94607**

