All members of the Ohio Association of Free Clinics (OAFC) are invited to submit an application to receive a grant to provide health care services to uninsured Ohioans. These funds will come to OAFC through the Ohio Department of Health and are meant to help defray the costs incurred by providing direct care for uninsured patients.

The OAFC Board of Trustees will issue (4) grant payments for State Fiscal Year (SFY) 2018. The SFY runs July 1, 2017 - June 30, 2018. If there are no changes in the State of Ohio budget for SFY 2018, the total grant amount to be disbursed, $371,727, will be divided among the clinics who apply for funds. Clinics will be allowed to apply for no more than 50% of their operating budget through this grant. You will be notified of your award amount by July 28, 2017.

Each payment is dependent on several things:

### Remaining a Member in Good Standing. A Member in Good Standing pays membership dues on time; completes the Annual Survey and other reporting data; and attends the Annual Meeting.

### Timely receipt of your reports. If you do not submit a report by the deadline, you will not receive funding for that reporting period.

### Providing services during the reporting period. If you do not see patients during the reporting quarter, you are not eligible for funding for that period.

### Reporting major changes in operations. Grant recipients are required to report changes in key staff, clinic site locations, and changes in services provided for the uninsured.

### Funding amounts are also subject to change depending on budget activities within the state budget. You will be notified immediately if changes occur. OAFC reserves the right to decrease quarterly payments in the event that a clinic’s actual budget is discovered to be significantly different, as determined by OAFC in its reasonable discretion, from the budget submitted with this application.

These funds are available to supplement your current budget. The funds will be disbursed by OAFC four times throughout the year and reports will include the number of patients and visits for five patient categories each reporting period. The funds are not tied to specific health services provided.

If your clinic wishes to apply for the SFY 2018 UCF Grant, please submit the application **by Monday, July 3, 2017 at 5:00pm**. In fairness to all those applying within the timeline given, late applications will not be accepted. You may submit the application by postal mail (Ohio Association of Free Clinics, 35 North Fourth Street; Suite 350, Columbus, Ohio 43215) or email **(bcollier@ohiofreeclinics.org**) or fax (614) 914-6520 as long as it is received by **July 3rd at 5:00pm.**

Grant award announcements will be made by July 28, 2017.

**Ohio Association of Free Clinics**

Uninsured Care Funds Grant Application SFY2018

|  |  |
| --- | --- |
| **Clinic Name** |  |
| **Executive Director/CEO** |  |
| **Executive Director Phone** |  |
| **Executive Director Email** |  |
| **Clinic Address** |  |
| **City/State/Zip** |  |
| **Clinic Phone Number** |  |
| **County Service Area** |  |
| **Address that checks should be mailed to** |  |
| **Primary Grant Contact and Title** |  |
| **Grant Contact Phone Number** |  |
| **Grant Contact Email** |  |
| **2017 Annual Operating Budget (please attach)** |  |
| **For the grant period, how many months per year is your clinic open?** |  |
| **If your clinic is not open year around, which months are you open?** |  |

1. **Please provide a narrative outlining how these funds will help you to serve uninsured patients. Remember that funds can only be used for direct services.**
2. **Please attach a copy of your Board-approved 2017 Operating Budget. These are actual clinic expenditures planned for 2017 and should not include in-kind donations.**
3. If you are awarded a grant, you will be responsible for submitting a report detailing information on patients served and services provided and a descriptive narrative of how the money was spent. These reports will be due on the following dates:

* October 12, 2017 (for 1st quarter report: July 1, 2017 – September 30, 2017)
* January 12, 2018 (for 2nd report: October 1, 2017 – December 31, 2017)
* April 13, 2018 (for 3rd report: January 1, 2018 – March 31, 2018)
* July 13, 2018 (for 4th report: April 1, 2018 – June 30, 2018)

***Please mark your calendars now!***

I initial to certify that my clinic has the capacity to report the required information by the required deadline.

I understand that if I do not submit reports by the due dates above, I will not receive funding for that reporting period.

I initial to certify that the budget submitted with this application is complete and accurate to the best of my knowledge.

I initial to certify that I will immediately report any significant operational changes in our clinic to Ohio Association of Free Clinics. \_\_\_\_\_\_\_\_\_\_

Signature Date

Printed Name

Clinic Name