

Michigan Department of Community Health Application for Funding of Free Clinics Fiscal Year 2013

Application must be sent to MDCH on or before 3/30/2013

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|--|-------------------------------------|-------------------|
| Applicant Information: | | |
| 1. Name of Free Clinic Organization: | | |
| | | |
| 2. Mailing Address: | 3. Clinic Address (if different): | |
| | | |
| 4. Contact Name and Title: | | |
| | | |
| 5. Phone Number: | 6. FAX Number: | 7. Email Address: |
| | | |
| 8. Preferred Method(s) of Contact: | | |
| Phone | FAX | Email |
| Other (Please Explain): | | |
| | | |
| 9. Web Site Address (If Applicable): | | |
| | | |
| 10. Federal Tax Identification Number: | 11. First Year of Clinic Operation: | |
| | | |
| 12. Sponsoring Organization (If Applicable): | | |
| | | |
| 13. Hospital or Health System Affiliation (If Applicable): | | |
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| Required Application Questions: | |
| 14. For all clinic staff, approximately how many volunteer hours per week (on average) are donated to the clinic? | |
| 15. For clinic staff providing health care services, approximately how many volunteer hours per week (on average) are donated to the clinic? | |
| 16. Does a majority of clinic care come from volunteer health care professionals? | |
| Yes | No* |
| *Applicants that do not provide a majority of clinic care through volunteer health care professionals will not be eligible for this funding allocation. | |
| 17. Are some health care services provided by the clinic free of charge? | |
| Yes | No* |
| *Applicants that do not provide health care services free of charge will not be eligible for this funding allocation. | |

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| 18. Are fees collected from clients for any clinic services? | |
| Yes* | No |
| *If yes, please explain below: | |
| | |
| 19. Do you require that clients lack insurance coverage for services received at the clinic? | |
| Yes | No* |
| *If no, what percent of clients receiving services do not have insurance? % | |
| 20. On average, how many patients without insurance visit the clinic each month? | |
| | |
| 21. Select all services offered by the free clinic from the following list: | |
| <input type="checkbox"/> Urgent Care <input type="checkbox"/> Ongoing Primary Care <input type="checkbox"/> Minor Emergency Services <input type="checkbox"/> X-Ray <input type="checkbox"/> Lab Testing <input type="checkbox"/> Mental Health Counseling <input type="checkbox"/> Prescription Assistance <input type="checkbox"/> Glucometer Strips <input type="checkbox"/> Employment Physicals | <input type="checkbox"/> Dental Care <input type="checkbox"/> Assistance Applying for Medicaid and/or Other Insurances and Assistance <input type="checkbox"/> Health Education Classes (e.g., for diabetes) <input type="checkbox"/> Specialty Clinics (specify types of specialties in the space below) <input type="checkbox"/> Other Diagnostic Testing (specify types of testing in the space below) <input type="checkbox"/> Other services (specify in the space below) |
| Notes on the information above: | |
| | |

Required Budget Information:

All applicants must submit a line-item budget including the clinic's revenue sources and the clinic's operating expenses for the past year. If your organization prepares formal budgets for a defined fiscal year, or by calendar year, you may submit that budget for the most recent completed fiscal year.

Revenue Summary Questions:

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|--|---|
| 22. What percentage of the clinic's revenue comes from third party or patient billing? | % |
| 23. What percentage of the clinic's revenue comes from Medicaid? | % |
| 24. What percentage of the clinic's revenue comes from Medicare? | % |

Required Spending Plan:

Funds awarded through this grant **must** be used to cover clinic expenses incurred during the period from **June 1, 2013 through September 30, 2013**. All applicants must submit a spending plan detailing the expenses to be covered by MDCH funds received during that period. Although actual awards will vary in amount based on the number of eligible applicants, for the purpose of this application, please base your spending plan on a grant award of \$5,000.

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Required Signature from Authorized Organizational Representative

Your signature below certifies the following:

1. The information provided in this application and in all attachments is accurate and complete to the best of your knowledge.
2. Your free clinic organization meets the following eligibility requirements:
 - The clinic is located within Michigan and provides health care services to the uninsured population of Michigan.
 - The clinic or the organization under which it operates has 501(c)(3) or other nonprofit status.
 - The majority of clinic care comes from volunteer health care professionals.
 - Services provided by the clinic are free of charge.
 - Clients served do not have insurance for the services provided.

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|------------------|-------|
| Signature: | Date: |
| Printed Name: | |
| Title of Signee: | |

Application Checklist

In addition to the signed and completed application form, all applicants must submit the items listed below for the application to be considered complete. Use this checklist to ensure you have included all the required elements.

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|---|
| <input type="checkbox"/> Completed and signed application form |
| <input type="checkbox"/> Proof of 501(c)(3) or other nonprofit status |
| <input type="checkbox"/> Clinic mission statement |
| <input type="checkbox"/> Line-item budget detailing revenue and expenditures for the past year of operation |
| <input type="checkbox"/> Spending plan for MDCH funds (6-1-2013 through 9-30-2013) based on an award of \$5,000 |

Print and mail completed applications to:

Michigan Department of Community Health
ATTN: Gagandeep Kaur
Capitol View Building, 7th Floor
201 Townsend Street
Lansing, Michigan 48913

Completed applications must be sent on or before March 30, 2013.

If you have any questions on this process, please contact Gagandeep Kaur by phone at (517) 373-8088 or through email at kaurg@michigan.gov.

Please note: Contact information submitted through this application process may be shared with other grant making institutions. If you have questions or concerns contact Gagandeep Kaur.