

BEACH CITIES HEALTH DISTRICT COVID-19 EMERGENCY AND DISASTER RELIEF GRANT OVERVIEW

Beach Cities Health District (BCHD) is among the largest preventive health agencies in the nation, and has served the communities of Hermosa Beach, Manhattan Beach and Redondo Beach since 1955. We offer an extensive range of dynamic health and wellness programs, with innovative services and facilities to promote health and prevent diseases in every lifespan—from pre-natal and children to families and older adults.

In times of emergency and disaster, the Beach Cities Health District (“District”) may allocate funding to address disaster relief efforts to support the communities of Hermosa Beach, Manhattan Beach and Redondo Beach. Grant allocation for emergency and disaster response will be granted in an expedited fashion to be responsive to the community need.

Emergency and Disaster Relief Grants are outside of the District’s traditional grant allocation processes and may only be awarded in response to a crisis that warrants the activation of the District Operations Center as outlined in the District’s Emergency Operation Plan. BCHD’s Emergency and Disaster Relief Grants provide **disaster relief health initiatives** funding that may otherwise not be funded by other means. Emergency and Disaster Relief Grants may be awarded to non-profit agencies and local jurisdictions (e.g., cities, police departments, fire departments) serving Beach Cities residents based on specific operational and recovery objectives and priorities as determined by District Operations Center. Emergency and Disaster Relief Grants funding is intended for one-time projects and not intended to be an ongoing source of funding.

Grant applications will open for a competitive process and will be selected based on their ability fill community health related service gaps to address the community’s needs in the emergency or disaster. Request must meet the criteria established within the scope of the District Operations Centers’ operational and recovery objectives and priorities. Selected grantees will be allocated designated funding in a lump sum.

Mission

To enhance community health through partnerships, programs and services for people who live and work in Hermosa, Manhattan and Redondo Beach.

Vision

A healthy beach community.

COVID-19 has had an unprecedented impact on our community. Disaster and Relief Grants will fund non-profit organizations seeking to fill health-related service delivery gaps to support relief and recovery efforts during the pandemic. Grants will be awarded to organizations fulfilling one of the following disaster recovery priorities:

Grant Recovery Priorities

- Testing Initiatives for First Responders and Essential Workers
- Food Security
- Support for Older Adults and the Vulnerable
- Mental Health
- Service delivery enhancements to accommodate COVID-19 physical distancing restrictions

Application will open on Monday, May 11, 2020 and are due no later than noon on Monday, June 1, 2020. Grant award announcements will be made in June 2020. Please submit completed application via email/mail/fax to:

Charlie Velasquez
Executive Assistant to the CEO
1200 Del Amo St.
Redondo Beach, CA 90277
Charlie.Velasquez@bchd.org
Fax: (310) 376-4738

Application Criteria

- Non-profit organizations requesting Emergency and Disaster Relief Grants must provide services to residents or employees in the three Beach Cities.
- The health initiative must impact the health of the community within the scope of the District's Operation Centers' operational and recovery objectives and priorities.
- Funding cannot in any way be related to fundraising activities or sponsorships for charitable events.
- Applicants associated with foundations that are sponsored or controlled by existing District grant recipients are not eligible to apply for additional funding.
- Funding cannot be for basic research, defined herein as the pursuit of knowledge without immediate practical program or human application.
- The applicant must complete the Emergency and Disaster Relief Grants application form in its entirety for consideration. Incomplete applications will be returned.
- The applicant must sign an agreement and submit a final summary report at the completion of the project.
- Emergency and Disaster Relief Grants funding is intended for one-time projects and not intended to be an ongoing source of funding.

An ad-hoc Emergency and Disaster Relief Grants Committee will review applications through a competitive selection process.

In accordance with AB 2019, BCHD staff members and Board members are prohibited from scheduling individual meetings with grant applicants to discuss their grant proposal.

**BEACH CITIES HEALTH DISTRICT
COVID-19 EMERGENCY AND DISASTER RELIEF GRANT APPLICATION**

GENERAL INFORMATION

Name of Organization: _____ **Today's Date:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Website:** _____

REPRESENTATIVE CONTACT INFORMATION

1st Contact:

Contact Name: _____ **Relation to Organization:** _____

Phone Number: _____ **Email Address:** _____

2nd Contact (optional):

Contact Name: _____ **Relation to Organization:** _____

Phone Number: _____ **Email Address:** _____

HEALTH INITIATIVE DESCRIPTION

Health Initiative Name: _____

Describe the health initiative you are proposing in detail related to COVID-19.



Live Well. Health Matters.

What are your goals and objectives of this health initiative?

Describe your service delivery plan.

How will success of the grant be measured? Please describe specific metrics you will be tracking.

HEALTH IMPACT

**How does the health initiative impact the health of the community within the scope of the Grant Recovery Priorities?
How will you measure impact? Please identify specific metrics.**

Date of Project:

From: _____ To: _____

BUDGET

Please indicate with detail the costs of the health initiative and how the grant money will be spent.

Amount Requested: \$ _____

Please itemize how the grant money will be spent:

Expense Item	Description	Cost Estimate	# of Units needed	Total
				\$
				\$
				\$
				\$
				\$
Total Expenses:				\$

Please add additional pages/attachments if applicable

Total cost of health initiative if greater than amount requested: \$ _____

Other Sources of Funding (if applicable):

1. _____
2. _____
3. _____

ELIGIBILITY REQUIREMENTS:

In order to be eligible for an Emergency and Disaster Relief Grants, please check each box indicating that your request for funding meets the following requirements:

1. Funding will **not** be related to fundraising activities or sponsorships of charitable events.
2. Funding will serve the residents and/or employees of Hermosa Beach, Manhattan Beach, and/or Redondo Beach.
3. This applicant organization is a 501(c)(3) non-profit with tax-exempt status.

SIGNATURE

I verify that the above information is true and correct to the best of my knowledge:

Signature: _____ Print Name: _____ Date: _____

OFFICE USE ONLY

EDR Liaison Approval

This organization/individual has completed all documentation necessary for submitting the application for grant consideration:

Yes No (explain below):

Rationale: _____

EDR Liaison Signature: _____ Date: _____

CEO Approval:

This group/individual is approved for an Emergency and Disaster Relief Grants:

Yes No (explain below):

Rationale: _____

Awarded Amount

\$

CEO Signature: _____ Date: _____

Additional Notes: