

2018 Letter of Inquiry - Goal 1**Applicant Information****LETTER OF INQUIRY FOR:****Goal 1:**

Strengthen Systems of Health by catalyzing health systems to be accessible, equitable, and deliver health not just health care

APPLICANT INFORMATION**Name of organization:**

Fort Bend County

Mailing address:

HHS – Social Services
301 Jackson Street
Richmond, TX 77469

City: State: Zip code:

Richmond TX 77469

County:

Fort Bend

Website:

<https://www.fortbendcountytexas.gov/government/departments/health-and-human-services/social-services>

Federal tax ID number:

If your organization is a 501(c)(3) or 170(c), this is the number that is on your IRS Determination Letter and annual 990 Report.

If your organization is a governmental agency, please enter your EIN number. If your organization has another form of tax status

documentation, ***please provide that document as an attachment to this LOI.***

74-6001969

ABOUT YOUR EXECUTIVE DIRECTOR/CEO**Prefix: First name:**

Ms. Anna

Middle name:**Last name: Suffix:**

Gonzales <None>

Title:

Director of Social Services

Office phone:

281-238-3506

Extension:**E-mail:**

(Notifications regarding this application will be sent to this email address)
anna.gonzales@fortbendcountytexas.gov

About the Organization

ABOUT THE ORGANIZATION

1.1 Year your organization was established

1837

1.2 Briefly describe your organization, including mission. (100 words)

The Fort Bend County Collaborative Information System (FBCCIS), a program of Fort Bend County Social Services; is a collaboration of twelve nonprofits and county agencies that partner to deepen the impact of clients who seek services among the participating agencies. The collaboration aims to reduce duplication of services and better serve the community.

1.3 List the programs/services provided by your organization. (100 words)

- *Six organizations provide basic human needs services.
- *One organization is the local federally qualified health center.
- *One is the local Housing Authority.
- *One is a local community paramedic program.
- *Two provide behavioral health services.
- *One provides educational services.

About the Proposal

ABOUT THE PROPOSAL

2.1 Choose the EHF strategy on which your proposal will focus: (select one)

S4: Strengthen Rural Health

2.2 Amount requested:

450000

2.3 Dates this funding request will cover:

(mm/dd/yyyy)

Project Start Date:

7/1/2019

Project End Date:

7/1/2022

Use of Funds**USE OF FUNDS****3.1 Provide a concise description of grant purpose: (30 words)**

The purpose of this grant is to close the gap between adequate healthcare coverage, case management and other services in the rural areas of Fort Bend County.

3.2 From which county will this grant be administered? (Select one)

Fort Bend

3.3 What is the challenge or opportunity this proposal aims to solve for its participants, the community or the sector?**What critical unmet need is being addressed? (250 words)**

The challenge is to streamline the appointment process by having families and individuals make one appointment and receive multiple services.

Those in rural areas and small towns are particularly affected because the transportation options are limited.

3.4 Describe how this funding will be utilized and your projected outcome(s). (300 words)

The funding for this project will be utilized to help families and individuals living in rural areas have their holistic needs met during one visit.

Once community-based team members have been identified, everyone will come together three times a week to help increase patient access to effective community resources.

3.5 List 3 to 6 measurable deliverables for your proposed work? These are the success metrics for your work.

They may be outputs such as the number of clients served, or units of service provided within the grant period.

They may also include outcomes such as observable behavior changes or shifts in a population you wish to serve.

(150 words)

1. Measure participants attendance by the number of appointments kept versus the number of appointments canceled.
2. Host a meeting twice a month to evaluate if the services are meeting the community needs.
3. Conduct exit interviews at the participant's last appointment.
4. Conduct an area analysis.

Organizational Effectiveness (OE)**ORGANIZATIONAL EFFECTIVENESS (OE)**

Episcopal Health Foundation seeks to invest in strengthening grantee organizational performance in core areas such as its people, finances, and strategy through Organizational Effectiveness (OE) funding. OE Investments are primarily used to pay for consulting engagements to plan, coach, project-manage, assess, facilitate, train, and/or evaluate. Organizations seeking OE funding are indicating 1) a readiness for change; 2) a willingness to challenge its current state; and 3) a disposition to incorporate learnings from the change process into the daily organizational routines.

3.6 If this applies to you and your organization, please describe your OE project and its estimated cost. (150 words)

Additional Comments/information? (50 words)
(not required)

Attachments

ATTACHMENTS

Attachments are not required.

Attachment

Attachment