



2015 S.L. Gimbel Foundation Fund Grant Application

Internal Use Only:
Grant #: 20150639

Organization / Agency Information

Organization/Agency Name: Los Angeles Christian Health Centers			20293
Physical Address: 311 Winston St.		City/State/Zip: Los Angeles, CA 90013	
Mailing Address: P.O. Box 33167		City/State/Zip: Los Angeles, CA 90033	
CEO or Director: Lisa Abdishoo, MD		Title: President & CEO	
Phone: (213) 893-1960 106	Fax: (213) 542-9856	Email: labdishoo@lachc.com	
Contact Person: Teresa Antelo		Title: Director of Grants Management	
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Program / Grant Information

Interest Area: Animal Protection Education Environment Health Human Dignity

Program/Project Name: Patient-Centered Case Management and Health Coaching			Amount of Grant Requested: \$25,000
Total Organization Budget: \$9,499,074	Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100): 81%	Per 990, Percentage of Management & General Expenses Only (Column C/ Column A x 100): 15.5%	Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100): 19%
Purpose of Grant Request (one sentence): The purpose of this grant request is to enhance LACHC's capacity to provide patient-centered health education and case management by supporting the addition of two health education positions to our patient care teams.			
Gimbel Grants Received: List Year(s) and Award Amount(s) 2014 - \$25,000			

Signatures

Board President / Chair: (Print name and Title) LISA PROFT, Chair of the Board	Signature: 	Date: 3-19-15
Executive Director/President: (Print name and Title) Lisa Abdishoo, MD, President & CEO	Signature: 	Date: 3-24-15

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Narrative

I. Organization Background; Target Population:

A) What is the history, mission and/or purpose of your organization?

The Los Angeles Christian Health Centers (LACHC) is a non-profit Federally Qualified Health Center whose mission is *to show God's love by providing quality, comprehensive healthcare services to the homeless and underserved*. Since 1995, LACHC has cared for the most vulnerable individuals with very complex health needs and significant barriers to accessing care. Our purpose is to improve their overall health status by providing comprehensive, patient-centered care.

B) What are some of your past organizational accomplishments (last three years)?

Over the last 3 years, LACHC has experienced tremendous growth and expanded its capacity to provide more team-based, patient-centered care, while responding to changes brought on by the Affordable Care Act and Payment Reform. In December 2012, was approved as a Healthy Way LA (HWLA) provider, significantly strengthening our capacity to serve more patients. LACHC also received NCQA (National Committee for Quality Assurance) recognition as a Patient Centered Medical Home-Level 1 in the fall of 2013, enhancing our care coordination and communication with patients in order to provide higher quality of care. In 2014, LACHC received 2 federal grants to significantly expand services and enhance the level of integrated care: 1) Expanded Services to add a medical team at Joshua House Clinic and expand optometry services; and a 2) Behavioral Integration Grant to hire 2 FT licensed psychologists, a social services case manager, and a behavioral health enrollment coordinator. More recently, LACHC opened a new Dental Clinic at the Pico Aliso Community Clinic expanding dental services to include the pediatric population with the support of the S.L. Gimbel Foundation.

C) What are your key programs and activities, communities you serve?

LACHC operates two full-time, fixed-site clinic locations: Joshua House Clinic in Skid Row and Pico Aliso Community Clinic in Boyle Heights. In addition, 11 part-time satellite sites are co-located at homeless shelters, mental health facilities, and permanent supportive housing sites, to further the organization's reach to these special populations throughout Los Angeles County. Our model of collaborating with other agencies has made us highly successful in reaching individuals who would otherwise go without care. LACHC provides an extensive array of services at all sites to ensure that our patients have a true health home: 1) primary medical care; 2) pediatric care; 3) dental care (only at 3 sites); 4) street outreach team; 5) HIV care; 6) pharmacy services; 7) vaccinations; 8) laboratory services; 9) health education; 10) mental health therapy; 11) substance abuse therapy; 12) social work case management services; 13) support groups; 14) optometry services; 15) patient navigator program; and 16) insurance eligibility and enrollment assistance. In calendar year 2014, LACHC provided more than 41,500 encounters to 9,350 individuals. 99% of these individuals live below 200% of the Federal Poverty Line. The patients we serve are ethnically and racially diverse: 18% black, 64% Latino, 8% are non-Latino white.

II. Project Information:

A) Statement of Need

1. Specify the community need you want to address and are seeking funds for.

LACHC cares for the most vulnerable individuals with very complex health needs and significant barriers to accessing care. According to the Bureau of Primary Health Care's Health Care for the Homeless Information Resource Center, these individuals suffer from health care problems at more than double the rate of individuals with stable housing. They often seek care when they have acute medical problems and disease is advanced. In addition, these health problems are frequently

exacerbated by mental health and/or substance abuse problems. Nearly half of LACHC's patient population has one or more mental health-related diagnoses. All these factors contribute to difficulty in adhering to a medical treatment plan, keeping appointments, following through with referrals, etc. Furthermore, research has shown that 50% of patients leave the office visits without understanding the provider's advice and in only 10% of visits are the patients involved in making the decisions. Vulnerable populations require significantly more supportive and patient-specific services that facilitate navigation of health care systems. Health coaching and case management are critical elements of health education strategies in delivering patient-centered care and engaging patients to take more responsibility in the management of their health.

B) Project Goal, Objectives and Methodology

1. State your project goal. Describe your project.

The goal of our Health Education Project is to improve our patient's ability to manage their chronic conditions and improve their health while reducing barriers to accessing care. This new project aims to enhance LACHC's capacity to provide patient-centered health education and case management through the addition of Health Coach and Nurse Case Management roles to complement team-based care efforts at Joshua House Clinic.

For the project, LACHC plans to utilize a HealthCorps member to pilot the integration of the Health Coach role as well as a new Nurse Case Manager position. (LACHC has previously applied to the Community HealthCorps program and utilized members in Outreach and Enrollment roles. The cost to host a member is \$16,500 over 10 months. Funding would help support our ability to continue participation with the program.) The Health Coach acts as a resource, educator, and advocate in helping patients build the knowledge and confidence to manage their chronic conditions. This ensures the patient understands the provider's instructions, assisting with follow-up appointments, communicating with other departments, offering emotional support, and serving as a continuity figure for the patient. The Nurse Case Managers will specifically target patients who are high utilizers of ER services in managing their medical conditions and co-occurring psychosocial factors, helping them adhere to treatment plans. Best practices and evidenced-based models using these strategies have proven to strengthen the provider-patient relationship and ultimately improve health outcomes.

2. State up to three objectives.

Objective I: A Health Coach and Nurse Case Manager will be hired to implement a health education component into the primary care visit.

Activities: Recruit 2 nurse case managers and train a HealthCorps worker in the Health Coach role. Protocol and work flows for implementing this service component will be developed.

Objective II: One Nurse Case Managers will provide intense case management for at least 50 complex care patients over a 12-month period.

Activities: Nurse Case Manager will attend Intense Case Management training, identify patient case load, and manage patient cases utilizing case management strategies.

Objective III: Health Coach will assist at least 500 patients during a 12-month period.

Activities: The Health Coach will be trained on specific chronic conditions and motivational interviewing techniques before assisting patients during the medical visit.

Project Timeline - The timeline for this project is a 12-month period. The first quarter will be dedicated to recruiting, training and developing protocols and workflows for integrating these components. In the second quarter, work flows will be implemented and the Health Coach and Nurse Case Managers will begin to assist and manage patients respectively. The second half of the project will involve the monitoring of service delivery and objectives for the project.

3. Who will this grant serve? Describe your target population.

The project will target patients at our Joshua House Clinic site dealing with multiple and complex chronic medical conditions. The Nurse Case Managers will target specific patients with one or more of the following criteria: high utilizers of hospital ER, out of control diabetes and hypertension, Chronic Obstructive Pulmonary Disease, and other co-occurring and destabilizing mental health diagnoses. Although this is a new project, we estimate that at least 50 adult, homeless patients with severe chronic medical conditions will be served through case management and at least 500 adult patients will receive health coaching interventions at the Joshua House site.

4. How does this project relate to other existing projects in the community? Partners (if any)?
We are not aware of other health care providers who deliver this specific model of health education. This type of advocacy is common in social services and our partnership with other agencies is currently well-coordinated. Once our project is implemented we will be seeking opportunities for partnership and referrals that enhance this model.

C) Project Outcomes and Evaluation

1. What are the key anticipated outcomes of the project and impact on participants?

We anticipate that the project will improve patient's health status, improve their adherence to treatment, and encourage patients to take responsibility for their health, and understanding the concept of utilizing a medical home for all their services. Patients will not have to utilize the ER.

2. How will you know if you have achieved the expected outcomes?

LACHC conducts ongoing evaluation and quality improvement activities. Our benchmarks will be reviewed regularly by our Continuous Quality Improvement committee overseen by the CMO.

3. How will progress towards the objectives be tracked and outcomes measured?

Measurable objectives will be monitored on a regular basis with reports queried through electronic medical records. All data will be reviewed and validated on a quarterly basis.

D) How will you use the grant funds?

Requested grant funds will be used to partially fund one Health Coach and one Nurse Case Manager, as well as for training expenses for the 2 Nurse Case Managers (8-session Intensive Case Management Training, San Diego, CA).

III. Project Future

A) Explain how you will support this project after the grant performance period.

We are confident that this project and the positions supported by it will be sustainable beyond the grant period through third party payors, such as Medi-Cal, grants and other individual contributions.

IV. Governance, Executive Leadership and Key Personnel/Staff Qualifications

A) Describe your board of directors and the role it plays in the organization.

LACHC's board of directors meets on a monthly basis to review and provide governance. A majority vote process is utilized to make decisions. Directors work closely with the President & CEO to develop and monitor strategic plans and ensure financial responsibility. Board committees include the following: Executive, Audit, Consumer Advisory, Fund Development, Finance, Governance, Personnel, Quality Improvement, and Public Relations.

B) Describe the qualifications of key personnel/staff responsible for the project.

Debbie Waltman, RN, Director of Nursing, will be supervising the staff and project implementation. Ms. Waltman joined LACHC in August of 2013 as the Charge Nurse and became the Director of Nursing in January 2014. She graduated from CSU, Fresno in 1993 with a BS in Nursing. She has worked in the County hospital, VA Hospitals in Utah and Washington State, prior to LACHC; she worked for a non-profit clinic in Spokane, WA as a Nurse Manager.

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V. Project Budget

Provide a detailed line-item budget for your project by completing the table below.

A breakdown of specific line item requests and attendant costs should include:

- 1) Line item requests for materials, supplies, equipment and others:
 - a. Identify and list the type of materials, supplies, equipment, etc.
 - b. Specify the unit cost, number of units, and total cost
 - c. Use a formula/equation as applicable. (i.e. 40 books @ \$100 each = \$4000)
- 2) Line item requests for staff, compensation, benefits:
 - a. Identify the position; for each position request, specify the hourly rate and the number of hours (i.e. \$20/hr x 20 hours/week x 20 weeks = \$8,000)
 - b. For benefits, provide the formula and calculation (i.e. \$8,000 x 25% = \$2,000)

Line Item Description	Line Item Explanation	Support From Your Agency	Support From Other Funders	Requested Amount From TCF	Line Item Total of Project
Health Coach	Contracted services through Community HealthCorp Program. \$16,500 over 10 mos. Health Coach will be dedicated 100% to the project 40 hrs/wk (\$10.31/hr), Request from TCF is 60%/960hrs	6,500		10,000	16,500
Nurse - Case Manager #1	(\$20.34/hr. x 1,248annual hours = \$25,384)		15,230	10,154	25,384
Fringe Benefits (FB)	(FB 22% \$25,384 = \$5,584)		3,350	2,234	5,584
Nurse - Case Manager #2	(\$31.48/hr. x 1,248annual hours = \$39,287)	15,714	23,573		39,287
Fringe Benefits (FB)	(FB 22% \$39,287 = \$8,643)	1,475	5,186	1,982	8,643
Office & Computers Supplies	Monthly Expenses: (\$85 x 12mo).	1,020			1,020
Training	\$1,200 x 2 persons	2,400			2,400
Travel & Lodging to training	1 nights x \$225 per night 2 staff. Per Diem \$90per day x 2days			630	630
TOTALS:		27,109	47,339	25,000	99,448

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VI. Sources of Funding: Please list your current sources of funding and amounts.

Secured/Awarded

Name of Funder: Foundation, Corporation, Government	Amount
HRSA federal funding	\$47,339
LACHC patient revenue	\$27,109

Pending

Name of Funder: Foundation, Corporation, Government	Amount	Decision Date

Diversity of Funding Sources: A financially healthy organization should have a diverse mix of funding sources. Complete those categories that apply to your organization using figures from your most recent fiscal year.

Funding Source	Amount	% of Total Revenue	Funding Source	Amount	% of Total Revenue
Contributions	\$789,400	8.7%	Program Fees	\$2,974,450	32.8%
Fundraising/Special Events	\$0	0	Interest Income	\$787	0%
Corp/Foundation Grants	\$984,000	10.8%	Other:	\$1,184,816	13.1%
Government Grants	\$3,140,332	34%	Other:	\$2,213	.6%

Notes:

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VII. Financial Analysis

Agency Name: Los Angeles Christian Health Centers
 Most Current Fiscal Year (Dates): From 7/1/12 To: 6/30/13

This section presents an overview of an applicant organization's financial health and will be reviewed along with the grant proposal. Provide all the information requested on your **entire organization**. Include any notes that may explain any extraordinary circumstances. Information should be taken from your most recent 990 and audit. **Double check your figures!**

Form 990, Part IX: Statement of Functional Expenses

1) Transfer the totals for each of the columns, Line 25- Total functional expenses (page 10)

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
\$ 5,644,455	\$ 4,570,892	\$ 880,044	\$ 193,519

2) Calculate the percentages of Columns B, C, and D, over A (per totals above)

- Program services (B) – A general rule is that at least 75% of total expenses should be used to support programs
- Management & general administration (C) – A general rule is that no more than 15% of total expenses should be used for management & general expenses
- Fundraising (D) – A general rule is that no more than 10% of total expenses should be used for fundraising

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
	Columns B / A x 100	Columns C / A x 100	Columns D / A x 100
Must equal 100%	82%	15%	3%

3) Calculate the difference between your CURRENT year budget for management & general expenses and your previous management & general expenses per your 990 (Column C)

Percentage of Organization's <u>Current</u> Total Budget used for Administration (from cover page)	Column C, Management & general expenses per 990 above	Differential
19 %	15%	4 %

If the differential is above (+) or below (-) 10%, provide an explanation: N/A

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Quick Ratio: Measures the level of liquidity and measures only current assets that can be quickly turned to cash. A generally standard Quick Ratio equals 1 or more.

Cash	+ Accounts Receivables	/Current Liabilities	= Quick Ratio
\$2,720,588	\$1,302,879	\$497,330	8.1

Excess or Deficit for the Year:

Excess or (Deficit) Most recent fiscal year end (6/30/14)	Excess or (Deficit) Prior fiscal year end (6/30/13)
\$ 3,475,235	\$ 1,031,238

Notes:

VIII. Application submission check list:

	<u>Submit FOUR (4) Copies: 1 ORIGINAL (WITH ORIGINAL SIGNATURES) and 3 copies, collated and stapled together of the following:</u>		<u>Submit ONE (1) Copy:</u>
X	Completed Grant Application Form (cover sheet, narrative (3 pages maximum), budget and sources of funding, financial analysis page.	X	A copy of your current 501(c)(3) letter from the IRS
X	A list of your Board members and their affiliations	X	A copy of your most recent year-end financial statements (audited if available; double-sided)
X	Your current operating budget and the previous year's actual expenses	X	A copy of your most recent 990 (double-sided)
X	Part IX only of the 990 form, Statement of Functional Expenses (one page). If you completed a 990-EZ, fill out the attached Part IX, Functional Expenses of the 990 form using figures from your 990-EZ		
X	For past grantees, a copy of your most recent final report.		

LOS ANGELES CHRISTIAN HEALTH CENTERS

	Audited Financial Statements FY 06/2014	BOARD APPROVED REVISED ANNUAL BUDGET FY 6/2015
Revenues		
Direct Contributions		
Individual/small business cont-	789,400	80,000
Total Direct Contributions	<u>789,400</u>	<u>80,000</u>
Donated Goods & Services		
Donated professional services--	55,869	177,600
Gifts in kind - goods-	284,482	150,335
Total Donated Goods & Svcs	<u>340,351</u>	<u>327,935</u>
Grants - Non-Government		
Foundation/trust grants-	984,000	370,000
Total Grants - Non-Govt	<u>984,000</u>	<u>370,000</u>
Revenue from Government Grants		
Federal grants-	3,140,332	3,403,083
Total Revenue from Govt	<u>3,140,332</u>	<u>3,403,083</u>
Total Contributions, Support	<u>5,254,083</u>	<u>4,181,018</u>
Earned Revenues		
Revenue from Government Agencies		
Local government contract/fees-		612,537
Medicare/Medicaid payments-	2,974,450	4,440,141
Total Revenue from Govt	<u>2,974,450</u>	<u>5,052,678</u>
Revenue from Program-Related Fees		
Program service fees-	1,184,816	292,665
Total Revenue Prog Fees	<u>1,184,816</u>	<u>292,665</u>
Revenue from Investments		
Interest-savings/short-term in-	787	1,200
Total Revenue from Investmts	<u>787</u>	<u>1,200</u>
Total Earned Revenues	<u>4,160,053</u>	<u>5,346,543</u>
Miscellaneous Revenue		
Total Revenues	<u>9,414,136</u>	<u>9,527,561</u>

	Audited Financial Statements FY 06/2014	BOARD APPROVED REVISED ANNUAL BUDGET FY 6/2015
Expenses		
Personnel Related		
Grants, Contracts & Direct Assistance		13,792
Specific Assistance		45,000
Total Grants, Contracts & Direct Assst	-	58,792
Salaries & Related Expenses		
Officers & directors salaries-	176,010	176,010
Salaries & wages - other-	3,967,559	5,152,427
Employee benefits-	366,436	707,359
Payroll Taxes & Worker's Comp-	234,278	449,417
Total Salaries & Related Exp	4,744,283	6,485,213
Contract Service Expenses		
Accounting fees-		39,724
Professional fees - Legal fees -other-	335,827	386,407
Donated professional services -	55,870	177,600
Total Contract Service Exp	391,697	603,731
Total Personnel Related	5,135,980	7,147,736
Non-Personnel Related		
Supplies - Office-	76,553	88,910
Medicine, drugs, supplies-	276,522	367,200
Donated materials & supplies-	284,482	150,335
Lab Testing & Radiology-	150,847	126,000
Client Assistance-	11,798	33,528
Telephone & telecommunications-	27,163	38,916
Postage & shipping-	20,695	13,100
Mailing services	4,928	
Printing & copying-		10,000
Books, subscriptns, references		
Total Nonpersonnel Expenses	852,988	827,989


	Audited Financial Statements FY 06/2014	BOARD APPROVED REVISED ANNUAL BUDGET FY 6/2015
Facility & Equipment Expenses		
Rent, parking, other occupancy-	422,198	396,355
Utilities-		43,584
Waste management-		43,145
Personal property taxes		-
Equipment rental & maintenance-		45,140
Deprec & amort - allowable-	128,592	110,000
Total Facility & Equip Exp	<u>550,790</u>	<u>638,224</u>
Travel & Meeting Expenses		
Travel-		8,600
Conferences, conventions, meet-	35,064	26,510
Total Travel & Meeting Exp	<u>35,064</u>	<u>35,110</u>
Other Expenses		
Insurance-	61,120	58,496
Membership dues - organization-	26,186	38,232
Staff development-		49,804
Computer services & equipment	234,959	218,769
Credit Card & Other Charges		6,600
Total Other Expenses	<u>322,265</u>	<u>371,901</u>
Business Expenses		
Bad debt expense-	73,053	194,433
Licenses, taxes - other		18,475
Fees & assessments		-
Total Business Expenses	<u>73,053</u>	<u>212,908</u>
Total Non-Personnel Related	<u>1,834,160</u>	<u>2,086,132</u>
Total Exp (excluding contingency)	6,970,140	9,233,868
Contingency provisions	-	92,339
Total Expenses (includ contingency)	<u>6,970,140</u>	<u>9,326,207</u>
NET SURPLUS/(DEFICIT)	<u>2,443,996</u>	<u>201,354</u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	445,038.	198,426.	237,495.	9,117.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages	2,838,374.	2,499,920.	212,710.	125,744.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	234,399.	200,754.	23,505.	10,140.
10 Payroll taxes	274,645.	206,961.	57,268.	10,416.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	67,718.		67,718.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O.)	206,895.	161,507.	25,590.	19,798.
12 Advertising and promotion				
13 Office expenses	84,783.	69,852.	13,433.	1,498.
14 Information technology	90,058.	59,085.	29,332.	1,641.
15 Royalties				
16 Occupancy	326,767.	267,461.	48,219.	11,087.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,147.	6,909.	15,238.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	110,396.	93,142.	14,012.	3,242.
23 Insurance	49,431.	35,087.	14,193.	151.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>DONATED MEDICINES AND SUPPLIES</u>	301,616.	301,616.		
b <u>MEDICATION & MEDICAL SUPPLIES</u>	162,343.	162,211.	128.	4.
c <u>LABORATORY TESTING</u>	136,921.	136,921.		
d <u>BAD DEBT</u>	85,094.		85,094.	
e All other expenses	207,830.	171,040.	36,109.	681.
25 Total functional expenses. Add lines 1 through 24e.	5,644,455.	4,570,892.	880,044.	193,519.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

 <p>The Community Foundation Serving the Counties of Riverside and San Bernardino</p>	<p>S.L. Gimbel Foundation Fund Grant Evaluation Form Docket 4</p>
<p><i>Grant Period:</i> December 1, 2013 – November 30, 2014</p>	<p><i>Evaluation Due Date:</i> December 15, 2014</p>

Organization: Los Angeles Christian Health Centers	20293
Contact Name: Ms. Lisa Abdishoo MD	Title: <u>President & CEO</u>
Phone Number:	Email Address:
Award Amount: 25000	Grant Number: 20130963

PROJECT OBJECTIVES

Objective I: Two pediatric dental operatories and dental lab will be fully operational and equipped with digital x-ray and Electronic Dental Record by May 2014.

Activities: Complete renovation of new dental space, purchase dental and IT equipment, and supplies. Recruit and train new pediatric dental staff.

Objective II: Services are marketed to the Boyle Heights community through outreach to at least ten local schools and community organizations.

Activities: Conduct advance marketing of services in the clinic and at local schools/organizations.

Objective III: 1080 pediatric dental visits provided in the first year of the project.

Activities: Identification of high-risk children, conduct pediatric visits on an ongoing basis, provide oral health education to parents and children.

Report Questions

1. Describe the project's key outcomes and resulted based on your goals and objectives. Provide the number of clients services and other relevant statistics.

LACHC is pleased to report that Objectives I and II were achievable during the one-year grant period. However, meeting Objective III was difficult due to construction challenges, which significantly delayed the projected timeline to begin services by 6 months. These challenges will be explained further in question 2.

Objective I: Renovation of the previous space was completed by December 10, 2014. All dental and IT equipment and supplies have been ordered and received. 2 dental operatories are operational and equipped. The renovated space also includes a waiting area for patients, a bathroom, and dental laboratory. (See pictures). We anticipate a start date in early January once electrical, plumbing, and final inspections are completed by December 19. (Please refer to the expense report and related invoice.)



Integration of the Electronic Dental Record (EDR) system with the current EMR was initiated in early August 2014 at our Skid Row dental site and transition from paper charts has been successful. The EDR will be utilized at full capacity once services begin in January at the Pico Dental Clinic. In addition, a dentist, Alexis Hwang Lau, DDS, was hired full-time 11/17/2014 and is very proficient in pediatric dentistry. She is currently in training and assisting in the completing of pediatric dental policies and protocols.

Objective II: Since the late summer 2014, staff at the Pico Aliso Clinic began marketing the pediatric dental services to patients. Outreach and Enrollment staff have been able to market LACHC services and the dental clinic at many community events and organizations located in the Boyle Heights community, including:

1. Pico Gardens Resident Advisory Council (RAC)
2. Health Fair at the Mariachi Plaza
3. Victory Outreach Church
4. Outreach event at Barrio Planners
5. Care 1st Toy Drive at Pico Aliso
6. Health 4 All Posada at the California Immigrant Policy Center
7. Dolores Mission
8. Mendez High School
9. Roosevelt High School
10. Boyle Heights High School
11. 2nd Street Elementary School

Objective III: Unfortunately, due to the challenges and delays previously mentioned, we have not been able to begin to serve pediatric dental patients as initially projected. Once we pass inspections, we will be ready to start taking appointments and providing dental services. We plan to market to our current pediatric patients through warm hand-offs from the pediatrician to the dentist. We would be happy to provide a follow-up report in the summer of 2015 as to patients served and success stories.

2. What were the challenges and obstacles you encountered (if any) in attaining your goals and objectives? How did you overcome and/or address the challenges and obstacles? What were the lessons learned?

Challenges and obstacles that were encountered during this reporting period included difficulty securing the necessary permits from the City of Los Angeles to move forward with initiating construction. Because the building was built in the late 1920s, there were numerous challenges we discovered with bringing the facility up to Title 24 and OSHPD 3 code compliance. Construction started in early June 2014. We worked closely with our General Contractor and Forensic Architect to meet the minimum necessary code requirements. But all these steps, including scheduling inspections, pushed the projected completion date 6 months back. We are anticipating electrical, plumbing, and a final inspection from the City during by December 19, 2014.

3. Describe any unintended positive outcomes as a result of the efforts supported by this grant.

This project with all its construction challenges has been extremely educational and will be helpful in saving us time when we launch a capital campaign in Spring 2015 in the Skid Row service area.



Additionally, LACHC received some private funding to give the front lobby a new face and a more pediatric-friendly environment. With these 2 renovation projects, we plan to host a Pico Dental Clinic Grant Opening in mid-February of 2015 for the community, offering one-on-one and group tours. In addition to community member, we plan to invite our funding partners, including S.L. Gimbel Foundation, and Councilman Huizar's Office to represent.

4. Describe the overall effect this grant has had on your organization.

This grant plays a significant role in supporting our vision and commitment to providing comprehensive care and offering a medical home for our patients. The need for pediatric dental services among our pediatric patients and in the surrounding community has been evident for many years.

5. Tell us a few success stories that made an impact on your organization and/or community as a result of this grant.

Pico Aliso staff share the current patients are very eager for our pediatric dental services to begin. We are happy to provide success stories and pictures in a follow-up report in 2015.

6. Provide a financial report on the use of your grant funds (expenditures).

Please refer to attached expense report.



Celia Cudiamat

From: Celia Cudiamat
Sent: Friday, June 12, 2015 2:45 PM
To: 'Teresa Antelo'
Subject: Gimbel Foundation Grant Application
Attachments: Gimbel Application 2015.doc

Importance: High

Thank you for submitting an application to the Gimbel Foundation grant opportunity.

The reviewers are asking for the following:

1) Regarding the Project Budget, Line Item Health Coach – specify the hourly rate and number of hours that add up to \$10,000.

Please submit via email a new Project Budget page by July 1, 2015, preferably ASAP.

Celia Cudiamat | Executive Vice President of Programs The Community Foundation

CORPORATE OFFICE: 3700 Sixth Street, Suite 200 | Riverside, CA 92501
OFFICE: 951.241.7777 x 114 | **FAX:** 951.684.1911

COACHELLA VALLEY OFFICE: 777 E. Tahquitz Canyon Way, Suite 200-48 | Palm Springs, CA 92262
OFFICE: 760.969.5027 | **FAX:** 760.969.5028

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Strengthening Inland Southern California through philanthropy.



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2015 S.L. Gimbel Foundation APPLICATION

V. Project Budget

Provide a detailed line-item budget for your project by completing the table below.

A breakdown of specific line item requests and attendant costs should include:

- 1) Line item requests for materials, supplies, equipment and others:
 - a. Identify and list the type of materials, supplies, equipment, etc.
 - b. Specify the unit cost, number of units, and total cost
 - c. Use a formula/equation as applicable. (i.e. 40 books @ \$100 each = \$4000)
- 2) Line item requests for staff, compensation, benefits:
 - a. Identify the position; for each position request, specify the hourly rate and the number of hours (i.e. \$20/hr x 20 hours/week x 20 weeks = \$8,000)
 - b. For benefits, provide the formula and calculation (i.e. \$8,000 x 25% = \$2,000)

Line Item Description	Line Item Explanation	Support From Your Agency	Support From Other Funders	Requested Amount From TCF	Line Item Total of Project
Health Coach	Contracted services (1FTE's) Community HealthCorp Program	6,500		10,000	16,500
Nurse - Case Manager #1	(\$20.34/hr. x 1,248annual hours = \$25,384)		15,230	10,154	25,384
Fringe Benefits (FB)	(FB 22% \$25,384 = \$5,584)		3,350	2,234	5,584
Nurse - Case Manager #2	(\$31.48/hr. x 1,248annual hours = \$39,287)	15,714	23,573		39,287
Fringe Benefits (FB)	(FB 22% \$39,287= \$8,643)	1,475	5,186	1,982	8,643
Office & Computers Supplies	Monthly Expenses: (\$85 x 12mo).	1,020			1,020
Training	\$1,200 x 2 persons	2,400			2,400
Travel & Lodging to training	1 nights x \$225 per night 2 staff. Per Diem \$90per day x 2days			630	630
TOTALS:		27,109	47,339	25,000	99,448



SHIP TO: 03066026
 Pico Aliso Community Clinic
 1625 E 4th St
 Dr David Campbell
 Los Angeles, CA 90033-4201

BILL TO: 03066025
 Pico Aliso Community Clinic
 1625 E 4th St
 Los Angeles, CA 90033-4201

EQUIPMENT INVOICE

Pico Aliso Community Clinic
 1625 E 4th St
 Los Angeles, CA 90033-4201

REFERENCE#	24484236
INVOICE#	14944624
INVOICE DATE	11/25/2014
FED ID#	11-3136595 DUNS#01-243-0880
CENTER	HSD-NORTH LOS ANGELE
ORDER#	GK8400
CUSTOMER PO	PICO #004
BALANCE DUE	\$28657.18

LINE#	ITEM#	DESCRIPTION	TAX	QTY	UNIT PRICE	TOTAL PRICE
WO#:		WO10272281	Call Type: Installation			
	N30					
	102414gj					
	mrs					
1	5641804	MIDMARK CORP Sgl Water Recyc Vac,3User	Y	1	2171.00	2171.00
	S/N: V1594395					
2	1541389	PARTS WAREHO Small Air-Water Separator	Y	1	143.00	143.00
3	5641586	MIDMARK CORP 2 Buttn Contrl Panl:1A,1V	Y	1	208.00	208.00
	S/N: 141112249569					
4	1890684	TPC ADVANCED Mirage Asst Stl Purple Gry	Y	2	369.00	738.00
	S/N: 141113250613					
	S/N: 141113250614					
5	8441001	ARIBEX INC Nomad Dental Portabl XRay	Y	1	5613.00	5613.00
	S/N: KA-140929-46					
6	1449097	BELMONT USA, B-20N X-Calibur Chr w/Std.Upho	Y	2	4028.00	8056.00
	S/N: AL14I0095					
	S/N: AL14I0097					
	color tumbleweed narrow w/slings					
7	1893931	TPC ADVANCED Belmont Chair Bracket	Y	2	117.00	234.00
8	8619914	DCI EQUIPMEN PRO 31 Delivery Unit	Y	2	1814.00	3628.00
	S/N: PRO31-52474					
	S/N: PRO31-52473					
	3 HP tubingd, Dr Syringe,HVE,SE					
9	8615594	DCI EQUIPMEN Clean Water Sys.Opt,Pro30	Y	2	175.00	350.00
	S/N: 141118252845					
	S/N: 141118252844					
10	6424490	DCI EQUIPMEN Water Outlet & Flow Contr	Y	2	61.00	122.00
11	6428411	DCI EQUIPMEN Addl HVE, & Hose	Y	2	78.00	156.00
12	6434377	DCI EQUIPMEN Syringe,Quick Clean	Y	2	85.00	170.00

REFERENCE# 24484236
 INVOICE# 14944624
 INVOICE DATE 11/25/2014
 ORDER# GK8400



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ORDER#	GK8400
CUSTOMER PO	PICO #004
BALANCE DUE	\$28657.18

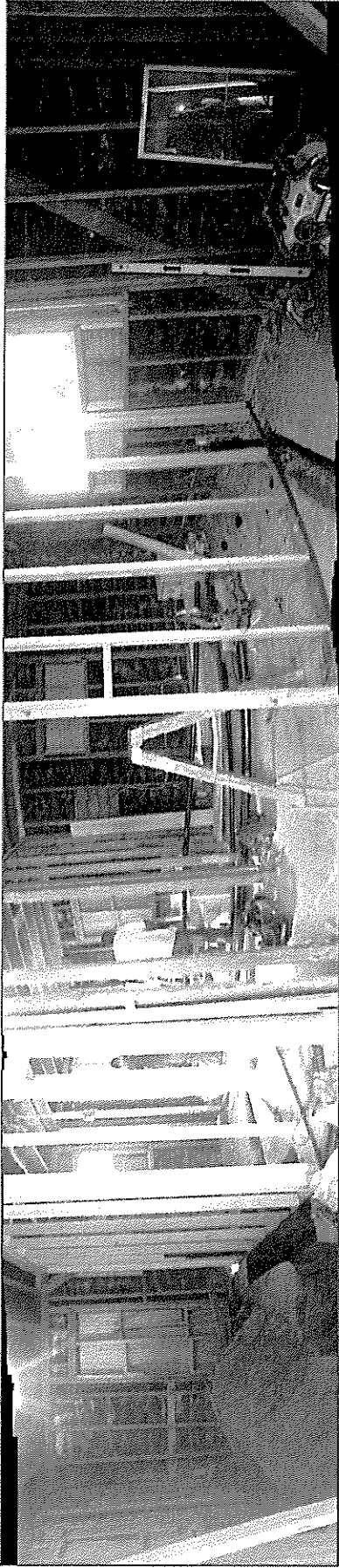
Please detach and mail above with your payment

LINE#	ITEM#	DESCRIPTION	TAX	QTY	UNIT PRICE	TOTAL PRICE
13	6431244	DCI EQUIPMEN Light on Curved Post, 110v S/N: 1244PC-502626 S/N: 1244PC-502627	Y	2	1118.00	2236.00
14	3990099	Equip Shipping/Handling	Y	1	886.45	886.45
15	1891455	TPC ADVANCED Mirage Doctor Stool w/Std S/N: 141113250616 S/N: 141113250615	Y	2	291.00	582.00
16	5645934	MIDMARK CORP PowerAir Oilless Comp 1-3 S/N: V1415798	Y	1	4041.00	4041.00

REFERENCE# 24484236	INVOICE# 14944624	INVOICE DATE 11/25/2014	ORDER# GK8400	Customer Service 1-800-645-6694 Option 1 for Equipment; Option 5 for Credit and Billing ** See reverse side for Terms Of Sale **	Page: 2	<table border="1"> <tr> <td>LABOR</td> <td>.00</td> </tr> <tr> <td>EQUIPMENT & PARTS</td> <td>28448.00</td> </tr> <tr> <td>SUB TOTAL</td> <td>28448.00</td> </tr> <tr> <td>Shipping & Handling</td> <td>886.45</td> </tr> <tr> <td>Tax</td> <td>2640.10</td> </tr> <tr> <td>ORDER TOTAL</td> <td>31974.55</td> </tr> <tr> <td>Less Deposit</td> <td>3317.37</td> </tr> <tr> <td>BALANCE DUE</td> <td>\$28657.18</td> </tr> </table>	LABOR	.00	EQUIPMENT & PARTS	28448.00	SUB TOTAL	28448.00	Shipping & Handling	886.45	Tax	2640.10	ORDER TOTAL	31974.55	Less Deposit	3317.37	BALANCE DUE	\$28657.18
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ORDER TOTAL	31974.55																					
Less Deposit	3317.37																					
BALANCE DUE	\$28657.18																					

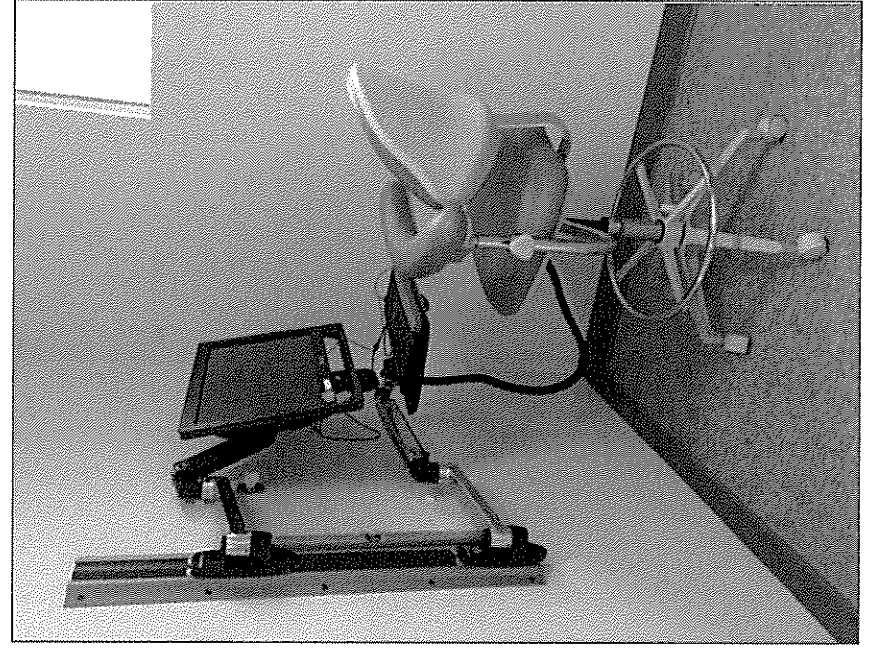
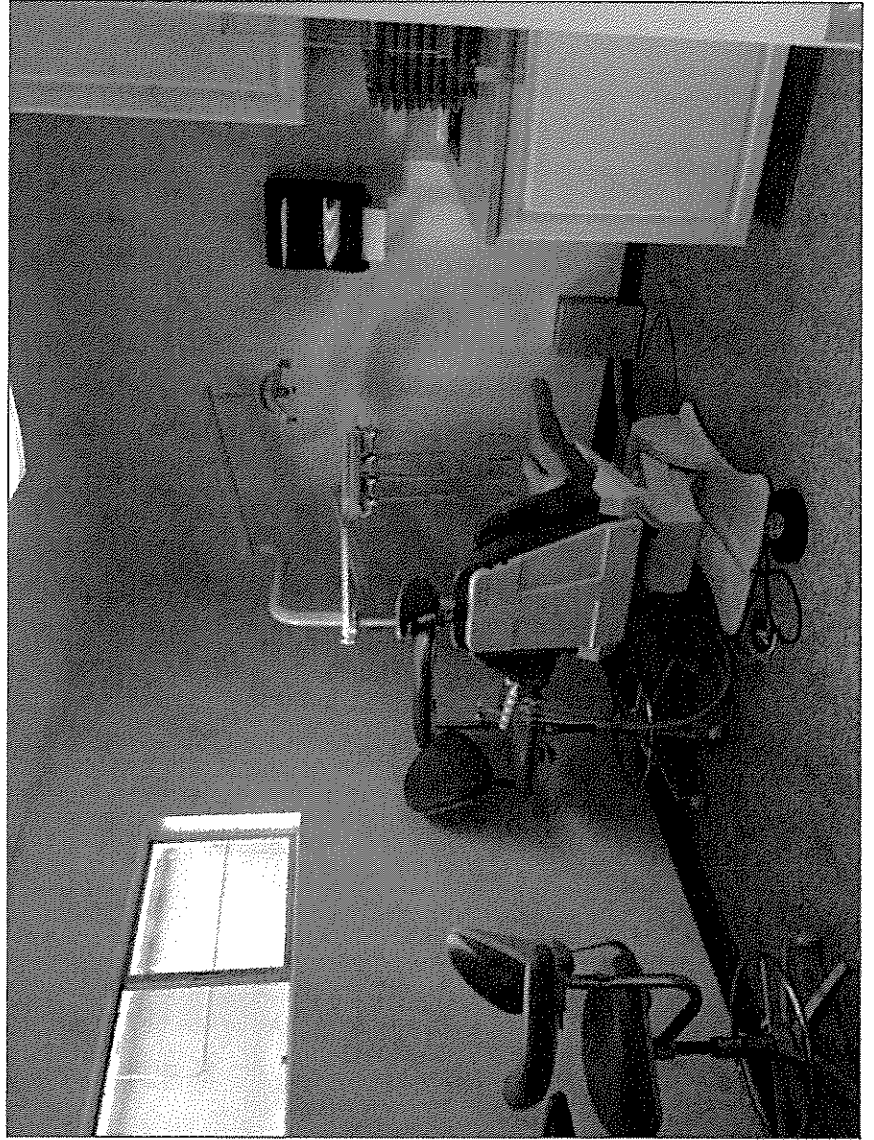


BEFORE (March 2014)



AFTER

- 1 of 2 Dental Operatories, including Wall-mounted adjustable computer terminal



...MORE AFTER



Dental Chair



Dental Lab

S.L. Gimbel Foundation

Grant Period: December 1, 2013 to November 30, 2014

Dental equipment and supplies for Pediatric dental program.	Year 1	Year 2	TOTAL
	if applicable		
PERSONNEL/STAFFING EXPENSES			
	\$ -		\$ -
	\$ -		\$ -
	\$ -		\$ -
Subtotal, Personnel/Staffing Expenses	\$ -		\$ -
Fringe Benefits	\$ -		\$ -
TOTAL, PERSONNEL	\$ -	\$ -	\$ -
PROGRAM/OPERATING EXPENSES			
2 Patient Chairs (B-20N X-Calibur)	\$ 8,056.00		\$ 8,056.00
1 PowerAir Oilless Air Compressor	\$ 4,041.00		\$ 4,041.00
1 Nomad Dental Portable Xray	\$ 5,613.00		\$ 5,613.00
2 DCI Pro 31 Delivery Units	\$ 3,628.00		\$ 3,628.00
2 DCI Light on Curved Posts	\$ 2,236.00		\$ 2,236.00
1 Single 1HP Wet Vac with Water Recycler	\$ 2,171.00		\$ 2,171.00
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Other:			\$ -
			\$ -
TOTAL PROGRAM EXPENSES	\$ 25,745.00	\$ -	\$ 25,745.00
INDIRECT/OVERHEAD EXPENSE	\$ -		
TOTAL EXPENSES (Personnel + Program + Indirect)	\$ 25,745.00		\$ 25,745.00

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248204092
July 29, 2008 LTR 4168C E0
95-4315734 000000 00 000
00016104
BODC: TE

LOS ANGELES CHRISTIAN HEALTH
CENTERS, % CFO
311 WINSTON ST
LOS ANGELES CA 90013-1519119

07667

Employer Identification Number: 95-4315734
Person to Contact: Ms. Lumpkins
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of July 18, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in July 1991, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3), of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I



The Community Foundation

Strengthening Inland Southern California through Philanthropy

S. L. Gimbel Foundation Fund

BOARD OF DIRECTORS

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Randall Tagami

Diane Valenzuela

Dr. Jonathan Lorenzo Yorba
President and CEO

August 26, 2015

Ms. Lisa Abdishoo MD
President & CEO
Los Angeles Christian Health Centers
P.O. Box 33167
Los Angeles, CA 90033

Dear Ms. Abdishoo:

Congratulations! A grant has been approved for **Los Angeles Christian Health Centers** in the amount of **\$25,000** from the S.L. Gimbel Foundation. The **performance period for this grant is September 1, 2015 to August 31, 2016**. Additional funding beyond the performance period is not guaranteed. It is highly recommended that alternative funding sources be sought accordingly. The grant is to support the following as specified in your proposal:

Patient-Centered Case Management and Helath Coaching: To support the addition of two health' education positions to our patient care teams.

This grant is subject to the terms outlined in the enclosed Grant Agreement. After you have reviewed the terms and conditions of the Grant Agreement, please sign and date the enclosed copy and return the original copy to The Community Foundation within the next two weeks. Please retain a copy of the signed agreement for your records. Funds will be released upon receipt of the signed Grant Agreement.

A condition of this grant is that you agree to submit the Grant Evaluation Form which includes a narrative report and fiscal report. The **Grant Evaluation is due by September 15, 2016** and a copy will be available online.

We wish you great success and look forward to working with you during the grant performance period.

If you have any questions, please call me at 951-684-4192 ext. 114 or email me at ccudiamat@thecommunityfoundation.net.

Sincerely,

Celia Cudiamat
Executive Vice President of Programs

20293 Los Angeles Christian Health Centers

20150639

GIMB4



Confirmed in Compliance
with National Standards for
U.S. Community Foundations

2015 S.L. Gimbel Foundation Fund

Grant Agreement

Organization: Los Angeles Christian Health Centers

Grant Amount: \$ 25,000 **Grant Number:** 20150639

Grant Period: September 1, 2015 to August 31, 2016 (Evaluations due by September 15, 2016)

Purpose: **Patient-Centered Case Management and Health Coaching: To support the addition of two health' education positions to our patient care teams.**

1. Use of Grant Funds

Grant funds must be expended within the grant period, for the purpose and objectives described in your grant proposal. Grant funds may not be expended for any other purpose without prior written approval by The Community Foundation. If there are significant difficulties in making use of the funds as specified in your proposal, or if the grant funds cannot be spent within the grant period, notify us in writing promptly.

Formal requests for extensions or variances must be submitted to the Foundation's Board of Directors for approval a minimum of 60 days before the end of the grant period.

Requests for variances or extensions are reviewed on a case-by-case basis and approved by the Board of Directors. If a request is denied, unused funds must be immediately refunded to the Foundation.

2. Payment of Grant Funds

The grant funds will be paid in full by the Foundation upon receipt of the signed Grant Agreement. Challenge grant funds will be paid in full upon receipt of the signed Grant Agreement and upon receipt of documentation providing evidence that condition(s) of the challenge grant has/have been met.

3. Certification and Maintenance of Exempt Organization Status

This grant is specifically conditioned upon Grantee's status as an eligible grantee of The Community Foundation. The Foundation has obtained a copy of the Grantee's IRS determination letter. Grantee confirms that it has not had any change in its tax-exempt status, and shall notify the Foundation immediately of any such change.

4. Final Report and Records

The Grantee will submit the Grant Evaluation report per the deadline set forth in the award letter. This report includes a narrative on outcomes based on goals and objectives set forth in the grant proposal and an expenditure report documenting use of grant funds. If equipment was purchased, copies of receipts need to be included.

5. Grantee's Financial Responsibilities

Grantee will keep records of receipts and expenditures of grant funds and other supporting documentation related to the grant at least four (4) years after completion of the grant and will make such records of receipts, expenditures and supporting documentation available to the Foundation upon request.

6. Publicity

The Community Foundation recommends publicity for the grant and acknowledging The Community Foundation in internal correspondence, brochures as appropriate; newsletters, annual reports and email blasts or e-newsletters.

The credit line of "Made possible in part by a grant from the "S.L. Gimbel Foundation Advised Fund at The Community Foundation – Inland Southern California" is suggested. When your donors are listed in printed materials, include the S.L.

Gimbel Foundation Advised Fund at The Community Foundation in the appropriate contribution size category. When publishing our name, please note the "The" at the beginning of our name is a legal part of our name. It should always be used and capitalized. Attaching our logo is also appreciated. Our logo can be downloaded from our website at www.thecommunityfoundation.net.

7. Indemnification

In the event that a claim of any kind is asserted against the Grantee or the Foundation related to or arising from the project funded by the Grant and a proceeding is brought against the Foundation by reason of such claim, the Grantee, upon written notice from the Foundation, shall, at the Grantee's expense, resist or defend such action or proceeding, at no cost to the Foundation, by counsel approved by the Foundation in writing.

Grantee hereby agrees, to the fullest extent permitted by law, to defend, indemnify, and hold harmless the Foundation, its offices, directors, employees, and agents, from and against any and all claims, liabilities, losses, and expenses (including reasonable attorneys' fees) directly, indirectly, wholly, or partially arising from or in connection with any act or omission by Grantee, its employees, or agents in applying for or accepting the Grant, in expending or applying the Grant funds or in carrying out any project or program supported by the Grant, except to the extent that such claims, liabilities, losses, and expenses arise from or in connection with any bad faith act or omission by the Foundation, its officers, directors, employees, or agent.


8. Termination

The Community Foundation may terminate this agreement, withhold payments, or both at any time, if, in the Community Foundation's judgment: a) The Community Foundation is not satisfied with the quality of the Grantee's progress toward achieving the project goals and objectives; b) the Grantee dissolves or fails to operate; c) the Grantee fails to comply with the terms and conditions of this agreement.

9. Limitation of Support

This Agreement contains the entire agreement between the parties with respect to the Grant and supersedes any previous oral or written understandings or agreements.

I have read and agree to the terms and conditions of the Grant Agreement.



Signature

9/10/15

Date

LISA ABDISHOO

Printed Name

PRESIDENT & CEO

Title

Organization: 20293 Los Angeles Christian Health Centers
Grant Number: 20150639



LOS ANGELES CHRISTIAN
HEALTH  CENTERS

LACHC Board of Directors

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Steve Kennedy, MBA, MDiv

Edward Lee, MD, MPH

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Thomas Vidal, Esq

Joseph West, Esq

Ezell Williams

President & CEO

Lisa Abdishoo, MD

LACHC Main Office
202 W. 1st St., Ste. 4-0435
Los Angeles, CA 90012

Phone: (213) 893-1960
Fax: (213) 229-9061

Mission:

*To show God's love by
providing quality,
comprehensive healthcare
services to the homeless
and underserved.*

www.lachc.com

Tax ID # 95-4315734

September 16, 2015

Celia Cudiamat
S. L. Gimbel Foundation Fund
3700 Sixth Street, Suite 200
Riverside, CA 92501

Dear Ms. Cuidamat:

On behalf of the Board of Directors and leadership of Los Angeles Christian Health Centers (LACHC), I would like to thank the Board of Directors of the S.L. Gimbel Foundation for the generous grant in the amount of \$25,000 to support our efforts in patient-centered case management and health coaching.

Enhancing our patient care teams with a Health Coach and Nurse Case Manager will make a significant impact in the way we deliver care to our patients. We look forward to sharing our outcomes and accomplishments at the end of the grant period. We also extend an invitation to you and the Board to visit our clinic sites at any time.

Per your request, enclosed is a signed copy of the Grant Agreement. Please contact Teresa Antelo, Director of Grants Management, at tantelo@lachc.com or directly by phone at (213) 225-2659 for any questions.

With appreciation,



Lisa Abdishoo, MD
President & CEO

Encl: Original signed Grant Agreement (9/10/15)

The Community Foundation

Strengthening Inland Southern California through Philanthropy

BOARD OF DIRECTORS September 29, 2015

Philip Savage IV
Chair of the Board

Sean Varner
Vice Chair of the Board

Pat Spafford, CPA
Chief Financial Officer

Sergio Bohon
Secretary of the Board

Glenda Bayless

Dr. Paulette Brown-Hinds

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James Cuevas
Immediate Past Board Chair

Paul Granillo

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Kirk Harns

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Andrew Jaramillo

Dr. Albert Karnig

D. Matthew Pim

Teresa Rhyne

Dr. Henry Shannon

Tamara Sipos

Beverly Stephenson

Randall Tagami

Diane Valenzuela

Ms. Lisa Abdishoo
President and CEO
Los Angeles Christian Health Centers
P.O. Box 33167
Los Angeles, CA 90033

Dear Ms. Abdishoo:

The Community Foundation is pleased to enclose a grant check for **\$25,000** from the S. L. Gimbel Foundation, a component fund at The Community Foundation. By cashing the grant check, you are agreeing to the conditions stated under the *Terms of Grant* which you have signed and returned. The completed Grant Evaluation form is due by September 15, 2016 and will be available online on The Community Foundations website under Grants/Forms. Please note that any grant variances or extensions must be requested in writing and in advance. Any remaining grant funds must be returned to The Community Foundation at the end of the grant period.

We greatly appreciate any help you can give us in publicizing the grant. **Please use the following credit in any grant announcements or materials funded by the grant: "The (name of project/program) is supported by a grant from The S. L. Gimbel Foundation."** You may send copies of articles printed in local papers, stories in your agency newsletter, annual report, press releases, and other publications for our files.

If you have any questions, please contact me at 951-241-7777.

Sincerely,



Celia Cudiamat
Executive Vice President of Programs

20150639

39683

GIMB4

Dr. Jonathan Lorenzo Yorba
President and CEO



Confirmed in Compliance
with National Standards for
U.S. Community Foundations

The Community Foundation
 Strengthening Inland Southern California through Philanthropy
 3700 SIXTH STREET, SUITE 200
 RIVERSIDE, CA 92501
 951-241-7777 / FAX 951-684-1911

CITIZENS BUSINESS BANK
 A Financial Services Company
 3695 Main Street, Riverside, CA 92501
 90-3414-1222

EZShield™ Check Fraud Protection for Business

39683

PAY * Twenty-Five Thousand and no/100 *

TO THE ORDER OF

DATE

08/27/2015

AMOUNT

\$*****25,000.00

Los Angeles Christian Health Centers
 P.O. Box 33167
 Los Angeles, CA 90033



Jonathan Lorenzo Galva
Chris Chidambaram
 AUTHORIZED SIGNATURE

Security features. Details on back.

⑈039683⑈ ⑆122234149⑆ 244124437⑈

The Community Foundation

39683

20293 Los Angeles Christian Health Centers

08/27/2015 039683

20150639	08/25/2015	Patien-Centered Case Management and Helath Coaching	25,000.00
GIMB	S.L. Gimbel Foundation Advised Fund	25,000.00	

CHECK TOTAL: \$*****25,000.00

The Community Foundation

39683

20293 Los Angeles Christian Health Centers

08/27/2015 039683

20150639	08/25/2015	Patien-Centered Case Management and Helath Coaching	25,000.00
GIMB	S.L. Gimbel Foundation Advised Fund	25,000.00	

CHECK TOTAL: \$*****25,000.00