



**2016 S.L. Gimbel
Foundation Fund
Grant Application**
RESUBMIT

Internal Use Only:
Grant *20160405*

*GRANT # 22582
\$50,000*

Organization / Agency Information

<i>Organization/Agency Name:</i> Planned Parenthood of the Rocky Mountains, Inc.		
<i>Physical Address:</i> 7155 E. 38 th Avenue		<i>City/State/Zip:</i> Denver, CO 80207
<i>Mailing Address:</i> Same as above		<i>City/State/Zip:</i>
<i>CEO or Director:</i> Vicki Cowart		<i>Title:</i> President and CEO
<i>Phone:</i> (303) 321-7526	<i>Fax:</i> (303) 861-0268	<i>Email:</i> Vicki.Cowart@pprm.org
<i>Contact Person:</i> Amanda Nelson, Vice President of Development		<i>Title:</i>
<i>Phone:</i> (303) 813-7644	<i>Fax:</i> (303) 861-0268	<i>Email:</i> Amanda.Nelson@pprm.org
<i>Web Site Address:</i> www.pprmm.org		<i>Tax ID:</i> 84-0404253

Program / Grant Information

Interest Area: Animal Protection Education Environment Health Human Dignity

<i>Program/Project Name:</i> Promotores de Salud		<i>Amount of Grant Requested:</i> \$50,000	
<i>Total Organization Budget:</i> \$38,446,244	<i>Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100):</i> 79.58%	<i>Per 990, Percentage of Management & General Expenses Only (Column C / Column A x 100):</i> 15.89%	<i>Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100):</i> 20.42%
<i>Purpose of Grant Request (one sentence):</i> PPRM respectfully requests a \$50,000 grant award from the S.L. Gimbel Foundation to support the development, and test the effectiveness, of our Denver-based Promotores de Salud training program which will promote sexual and reproductive health among Latina women.			
<i>Gimbel Grants Received: List Year(s) and Award Amount(s):</i> PPRM has never received a grant from the S.L. Gimbel Foundation			

Signatures

<i>Board President / Chair: (Print name and Title)</i> Vicki Cowart, President and CEO	<i>Signature:</i>	<i>Date:</i>
<i>Executive Director/President: (Print name and Title)</i> Richard Rainaldi, PPRM Board Chair	<i>Signature:</i>	<i>Date:</i>

2016 S.L. Gimbel Foundation Fund
Planned Parenthood of the Rocky Mountains Proposal

I. Organization Background; Target Population

Planned Parenthood of the Rocky Mountains (PPRM) empowers people to make informed choices about their sexual and reproductive health by providing high quality health services, comprehensive sex education, and strategic advocacy. We are a trusted provider of high quality sexual and reproductive health care, a compassionate teacher of sex education, and a determined advocate. In 1916, 10 women pioneered the idea of birth control access by forming the original Planned Parenthood in this region. Now PPRM operates 29 health centers in Colorado, Wyoming, Southern Nevada, and New Mexico. Our goals include educating patients to help them make healthy choices regarding sexuality and parenting; providing reproductive health care services to women, men, and teens; reducing sexually transmitted infections (STIs) and unplanned pregnancies; and advocating for reproductive health care rights and choices.

Health Services – PPRM is committed to providing clinically superior, patient-centered, cost effective reproductive health care, and at the same time, strives to be a leader in the reproductive health care industry. PPRM serves a low-income population with affordable, high quality health care services. Our fiscal year (FY) is October 1 – September 30. In FY 2013, 2014, and 2015, PPRM’s health centers provided services to a total of 304,817 individuals. Of all patients served in FY 2015, 41 percent reported income at or below 150 percent of the federal poverty level and 52 percent had no insurance to pay for their services.

Education – PPRM’s Responsible Sex Education Institute (the Institute) is *the* trusted sex education resource that empowers individuals of all ages, backgrounds and communities with inclusive, up-to-date and culturally relevant information and skills to foster healthy relationships, safer sex and linkage to care. In FY 2013, 2014, and 2015, PPRM served a total of 131,133 individuals with sex education across our four-state region.

Public Affairs – PPRM’s mission is to protect reproductive choice and expand access to healthcare services and programs through political advocacy, government relations, and activist mobilization. In FY 2013, 2014, and 2015, we engaged over 251,000 activists in our region.

II. Project Information

PPRM respectfully requests a \$50,000 grant award from the S.L. Gimbel Foundation to support the launch and evaluation of our Denver-based *Promotores de Salud (PdS)* training program. We will utilize funding for the program manager salary and benefits, travel, training, stipends and gift cards for promotores, and technology. As outlined in our budget, we have also allocated funds to professional fees for a portion of Dr. Henry’s time as well as graduate student time. PPRM will pay Dr. Henry as well as the graduate student as independent contractors for the *PdS* program. A hybrid model, this program combines elements of our successful Las Vegas *PdS* program, which has been serving the Latino community with reproductive health care education since 2010 and the *PdS* program of Planned Parenthood Los Angeles (PPLA). The *PdS* model is designed to expand routine preventive health care access to the Latino population by utilizing trained Latino community health workers to provide education and linkage to health services to their peers.

Substantial health disparities in sexual and reproductive health exist between the Latino population and the white, non-Hispanic population in Denver, and across the U.S. The Latino population, particularly Latinos living in neighborhoods characterized by poverty and social disorganization, are often difficult to reach; our communities need effective health innovations and programs to reduce health disparities and increase access to care. The establishment of community

health worker networks, or *PdS* programs, in Latino communities has been shown to be an effective method of intervention to promote health^{1,2,3} and recognized by the Institute of Medicine, the American Public Health Association, and the Centers for Disease Control and Prevention. Over the past 30 years, technological advancements in delivering information and tracking interactions have grown exponentially but have not yet been widely adopted by *PdS* programs; similar to other populations, however, the Latino community has embraced new technology⁴, and it is reasonable to hypothesize that the incorporation of technology into *PdS* interventions would not only be accepted, but could enhance the effectiveness of promotores.

The basic tenants of a successful *PdS* model are promotores who are selected and trained to work within the communities they live, ensuring that they are familiar with local cultural norms. These shared social attributes and trusting relationships enable promotores to successfully facilitate access to services and improve the quality and cultural competence of services. Promotores can enhance provider-patient communication; preventive care; adherence to treatment, follow-up, and referral; and navigation of the healthcare system. Additionally, promotores can build individual and community capacity by increasing health knowledge and self-sufficiency through outreach, community education, case management, social support, and advocacy among Latino communities. PPRM's promotores will be able to help clients schedule appointments immediately and help them understand the services PPRM offers. Promotores participants will also have access to our Clients in Need Fund to help reduce the cost of care, which can often be a barrier.

There are several organizations in the Denver community currently running *PdS* models, though they are not focused on reproductive health. The Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR) and Sisters of Color United for Education do work in sexual health specifically with Latino populations; it is PPRM's intention to work with these existing systems to maximize impact and ensure that participants have a solid linkage to holistic care.

As a new program our Denver *PdS* model has never been evaluated; therefore, the goal of the first year of the Denver program is to develop and test the effectiveness of the promotores (i.e., lay health workers) training program. Additionally, we aim to determine if the incorporation of technology (cloud-based texting platform, case management database, personal electronic devices) into the *PdS* program enhances the ability of promotores to conduct outreach, teach effectively, improve case management, and enhance tracking procedures for program evaluation. While PPLA's *PdS* program was evaluated several years ago, the results, unfortunately, are not relevant as we have made significant modifications from the PPLA program. Our *PdS* Nevada program has not been evaluated. While *PdS* programs are becoming more prevalent throughout the U.S, these technological advancements have not been widely adopted by or evaluated for effectiveness by any *PdS* programs, and we look forward to analyzing if and how they elevate our programming. Two years ago, PPRM and Dr. Kimberly Henry of CSU formed an academic-community partnership to develop and evaluate the Denver *PdS* program. This collaboration has helped us to secure the resources necessary for a successful launch, including: well developed ties to the community, resources to convene an advisory council and community partners, experience

¹ Lewin, S. A., Babigumira, S. M., Bosch-Capblanch, X., Aja, G., Van Wyk, B., Glenton, C. . . . & Daniels, K. (2006). Lay health workers in primary and community health care: A systematic review of trials. *Geneva: World Health Organization*.

² Swider, S. M. (2002). Outcome effectiveness of community health workers: an integrative literature review. *Public Health Nursing, 19*(1), 11-20.

³ Brownstein, J. N., Andrews, T., Wall, H., & Mukhtar, Q. (2011). Addressing chronic disease through community health workers: A policy and systems-level approach. *Atlanta, GA: Centers for Disease Control Division for Heart Disease and Stroke Prevention*. http://www.cdc.gov/dhisp/docs/chw_brief.pdf.

⁴ Lopez, M. H., Gonzalez-Barrera, A., & Patten, E. (2013). *Closing the digital divide: Latinos and technology adoption*. Washington, DC: Pew Hispanic Center.

running a *PdS* intervention, and advanced evaluation skills. Our partnership also resulted in funding from the Colorado Clinical & Translational Sciences Institute (CCTSI), which has allowed our collaborative to establish preliminary benchmark data. We are modeling program recruitment on our *PdS* Las Vegas program; we will model the training of promotores after PPLA's program, with modifications as necessary to meet the needs of the Denver community.

After considering PPRM's five Denver health centers and narrowing to two based on available demographic data, analyzing data from 15 zip codes surrounding those two, and receiving input from the Community Advisory Council (CAC), PPRM selected its Central Health Center as the host site. While the exact neighborhood for the pilot study has not been finalized, it has been narrowed to three zip codes: 80204, 80223, and 80219. These zip codes represent the communities with the highest teen birth rates, greatest poverty levels, lowest education levels, and largest gap between the numbers of Latino/Hispanic individuals in the community compared to the number of Latinos seeking care at the health center.

Our partnership with CSU will allow us to implement best-practices and current research as we develop and test the effectiveness of a reproductive health *PdS* network in Denver. With the help of our CAC, we have made significant progress to refine our *PdS* initiative. Council members include representatives from COLOR, Denver Health, and Servicios de la Raza. Over the past year, PPRM recognized that the lack of rigorously evaluated promotores training programs is a fundamental short-coming of *PdS* initiatives across the U.S. and abroad. As a result, we intend to implement a robust evaluation of our *PdS* training protocols to ensure that the training program adequately and effectively prepares promotores for their role. Promotores should be well equipped to help their community overcome barriers to health care by addressing the social and emotional needs of community residents. Our proposed pilot project has two specific aims:

Objective 1: To determine if the adopted *PdS* training program is effective in preparing promotores for their role as a lay or frontline health worker.

Activities: Before the grant cycle begins, PPRM and CSU will work with two focus groups of existing promotores and supervisors at PPLA to identify the key tasks involved in the work of promotores, as well as the knowledge, skills, abilities and other characteristics necessary to adequately perform those tasks. PPRM and CSU will present the findings of the study to the CAC, which will provide input on the training components. After identifying training components and finalizing training to meet community needs, the CAC and the *PdS* Program Manager will identify 12-18 promotores who currently reside in one of the target neighborhoods.

Objective 2: To determine if the incorporation of technology (cloud-based texting platform, case management database, personal electronic devices) into the *PdS* program enhances the ability of promotores to conduct outreach, teach effectively, improve case management, and enhance tracking procedures for program evaluation.

Activities: PPRM will provide promotores with the *PdS* training and training on the additional technological components. Following training, promotores will work in the targeted community for three months. PPRM will monitor this process through regular meetings and data analysis of the client demographic data collected by promotores. PPRM and CSU will analyze feedback from both promotores and program participants to improve the participant experience through potential program modifications; findings will be presented to the CAC.

Activity	Timeline
PPRM will identify and train 12-18 promotores	July-September 2016
Promotores will work in the targeted community	October-December 2016

PPRM will assemble focus groups from both participants and promotores to identify training strengths and weaknesses	October-December 2016
PPRM and CSU will evaluate data gathered from focus groups to improve the training program and make modifications as necessary	January-March 2017
PPRM and CSU will develop a manuscript about the feasibility of adding technological components to a traditional <i>PdS</i> model and submit the manuscript to a peer-reviewed journal for publishing	April-June 2017

Because many Planned Parenthood affiliates across the country offer similar *PdS* programs, sharing our evaluation results will lead to higher use of innovative solutions in low-resource communities across the country to ensure greater access to information and health care.

A successful *PdS* program depends upon the engagement and support of the local community. Our community advisory council and staff will work with groups such as COLOR, the Community Research Education Awareness, Colorado Latino Leadership Advocacy and Research Organization, Advocacy, and Research Organization, the Denver Hispanic Chamber of Commerce, Telemundo Denver Television and the Latina Leadership Circle to facilitate community awareness of the program and ensure a seamless referral process. These collaborative efforts will also serve to link community members to additional types of education and services.

As this proposal outlines a plan to evaluate the training of promotores delivering the *PdS* program, the projects' success lies in demonstrating that increases in knowledge, skills, abilities, and behaviors were achieved by the promotores. To assess this, the training incorporates three evaluation components: 1) a written test assessing sexual and reproductive health knowledge; 2) a mock teach-back assessing teaching skills; and 3) a work sample to assess the ability to correctly utilize technology. We will track program outputs via the cloud-based database. Promotores will be trained to track the education sessions they provide, outreach conducted, and case management provided on this database. The Program Manager will therefore be able to track: total number of education sessions taught, topics covered, individuals attended, their demographic information, referrals made for health care, health care accessed, follow-up interactions and interactions with participants over time, and satisfaction of care received.

PPRM has identified individual donors to solicit for this program. We have also submitted a proposal to the Robert Wood Johnson Foundation, review pending, to create an extensive randomized control trial evaluation after the training program evaluation has been completed.

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

PPRM's Board of Trustees, in partnership with the CEO and senior leadership, develops our strategic plan which helps shape the direction of the organization. Our current strategic plan will be in effect for fiscal years 2015-2018. During this time period, PPRM will focus on four areas: relationships, innovation, systems and experience. PPRM's Board members also participate in one or more of the following committees: Executive, Finance, Audit, Board Cultivation, Development, CEO Review Task Force, Regional Board Task Force, or Action Plan Task Force.

Stephanie Salazar-Rodriguez, *Promotores de Salud* Program Manager, is a Denver native and comes from a mixed Latino and Native American familial background. She has extensive experience in the nonprofit sector primarily serving marginalized communities. She is a member of the Hispanic Advisory Council at Florence Crittenton High School.

Toshiko Dignam, Director of Evaluation for Education and Training, directs efforts to evaluate the effectiveness of PPRM's programming and determines areas for program improvement through data gathering, analysis, and reporting. She has a Master of Public Health from Emory University.

2016 S.L. Gimbel Foundation APPLICATION

V. Project Budget and Narrative

Line Item Request	Line Item Explanation	Support From Your Agency	Support From Other Funders	Requested Amount From TCF	Line Item Total of Project
Salary: <i>PdS</i> Program Manager	Program Manager: \$22.40/hr x 37.5 hours/week x 52 weeks = \$43,672	\$672	\$20,000	\$23,000	\$43,672
Salary: Sr VP of Communications, Learning, Diversity	Senior VP of Communications, Learning, Diversity: \$53.47/hr x 4.5 hrs/month x 12 months = \$2,887	\$2,887			\$2,887
Salary: Senior Director of the Responsible Sex Education Institute	Senior Director of the Responsible Sex Education Institute: \$38.60/hr x 4 hours/week x 52 weeks = \$8,029	\$8,029			\$8,029
Salary: Director of Evaluation	Director of Evaluation: \$43/hr x 13 hours/week x 52 weeks = \$29,073	\$6,073	\$23,000		\$29,073
					TOTAL Salary: \$83,661
Benefits	Program Mgr: \$43,672 x 23% = \$10,132 Senior VP: \$2,868 x 23% = \$665 Senior Director: \$8,278 x 23% = \$1,920 Director: \$29,073 x 23% = \$6,745	\$132	\$665	\$10,000	\$19,463
Travel	540 platica sessions at 25 miles round trip for a total of 13,500 miles x \$0.45 = \$6,075	\$688	\$5,000	\$2,000	\$7,688

	<p>10 outreach sessions at 25 miles round trip for a total of 250 miles x \$0.45 = \$112.50</p> <p>Vision y Compromiso Conference (1 staff member) – registration, car rental, lodging and food = \$1,500</p>				
Professional Fees	<p>Dr. Henry's evaluation help at \$40/hour x 140 hours = \$5,600; Grad student evaluation help at \$12/hour x 120 hours = \$1,440</p>	\$40	\$7,000		\$7,040
Supplies	<p>General office supplies = \$500</p> <p>Condoms for demonstration at 9 1/2 cases x \$35 = \$315</p> <p>Dental dams for demonstration at 30 x \$0.49 = \$14.70</p> <p>Lubricant for demonstration at 2 x \$12 = \$24</p> <p>800 pamphlets for platica/outreach participants at 800 x \$0.50 = \$400</p>	\$1,254			\$1,254
Training	<p>Food/beverages for promotores</p>	\$3,200			\$3,200

	trainings, meetings and all day health fair participants and other outreach events at \$133/meeting for an average of 2 meetings for month				
Awards	Stipends and gift cards for promotores at 400 platicas x \$25 + 6 outreach events x \$50 = \$10,300	\$300	\$5,000	\$5,000	\$10,300
Postage	Marketing letters at 100 x \$0.46 = \$46 Collaborator communication at 25 x \$0.46 = \$11.50 General mailing at 25 x \$0.46 = \$11.50	\$69			\$69
Occupancy	Utilities, facility repair & maintenance, casualty & liability insurance, security	\$371			\$371
Equipment	Technical support specifically for the web-based database = \$3,000 Chrome book/projector/jet pack at \$800 x 12 promotores = \$9,888 Technical support distribution, equipment repair & maintenance, minor equipment	\$8,253		\$10,000	\$18,253

	expense = \$5,365				
Indirect Expense	Percent of accounting, billing, marketing, development	\$41,664			\$41,664
TOTALS:		\$82,963	\$60,000	\$50,000	\$192,963

B) Narrative

Salary/Benefits: This line includes salary for the *Promotores de Salud* Program Manager. The Program Manager, together with the CAC, plays an integral role in the selection and training of promotores. This position is also responsible for fostering new relationships in the community, scheduling outreach events, supervising all promotores and assisting with the evaluation of the program.

This line also includes a percentage of salaries for our Senior Vice President of Communications, Learning, and Diversity, the Senior Director of the Responsible Sex Education Institute; these positions provide oversight for all education programming provided by PPRM. It also includes a percentage of salary for the Director of Evaluation for Education and Professional Training, who will oversee the pilot training as well as the development of the program rollout and evaluation plan. PPRM benefits and taxes are approximately 23 percent of salaries.

Travel: This covers the cost of travel (gas and vehicle maintenance) to community organizations, churches, homes or other locations where PPRM promotores will provide education. Traveling to these locations is a significant program cost which allows us to do our work. This line also includes the cost of a conference which our *PdS* Program Manager will attend for professional development.

Professional Fees: This line includes compensation to Dr. Kim Henry and one of her graduate students who will assist with advanced evaluation of the *PdS* program.

Supplies: Includes the costs of condoms, dental dams and lube which are used by promotores as demonstrations during education sessions. It also includes general office supplies and pamphlets for outreach events.

Training: PPLA is providing PPRM with their training program at no cost; in return, PPRM will share our evaluation results with PPLA. As a result, our training costs are limited to food and beverages for promotores during training sessions.

Awards: This line includes small stipends and gift cards for promotores. It allows PPRM to show our appreciation for the work of the promotores.

Postage: For sending marketing mailers and communication with collaborators.

Occupancy: Our *PdS* program will be housed in PPRM's Denver Central Health Center. This cost is the program's share of casualty and liability insurance.

Equipment: PPRM will need to purchase tablets, projectors and protective bags for promotores. This equipment will allow them to provide education sessions, help clients schedule appointments, and enter information into the web-based database from any location. PPRM will incur additional technical support expenses from our Information Technology (IT) partner in order to support the web-based database the *PdS* program will utilize. Additionally, PPRM calculates all general IT support, equipment repair, and minor equipment costs across the agency and disburses this out to each department based on a percentage of expenses.

Indirect Expenses: This includes the costs of our accounting, billing, marketing, and development staff who support back-end functions of the organization. Similar to general equipment expenses, PPRM calculates the cost of these back end functions and disburses this out to each department based on a percentage of expenses.

2016 S.L. Gimbel Foundation APPLICATION

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

Secured/Awarded

Name of Funder: Foundation, Corporation, Government	Amount
The Jay & Rose Phillips Family Foundation	\$30,000
Colorado Clinical & Translational Sciences Institute	\$30,000

Pending

Name of Funder: Foundation, Corporation, Government	Amount	Decision Date
Planned Parenthood Federation of America Fund for the Future Council	\$50,000	6/30/16
Robert Woods Johnson Foundation (RWJF)*	\$250,000	7/31/16
Denver Foundation	\$25,000	6/30/16
S.L. Gimbel Foundation	\$50,000	5/31/16

*If awarded, the RWJF grant would fund a randomized control trial that we would commence following the completion of the pilot training program described in this proposal. We have submitted an LOI and are waiting for an invitation to submit a full proposal. We do not know if or when we would be invited.

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	\$4,212,806	11.37	Program Fees	\$17,813,683	48.08
Fundraising/Special Events	\$291,808	0.79	Interest Income	\$	
Corp/Foundation Grants	\$1,743,965	4.71	Other: Government Contracts	\$8,230,554	22.21
Government Grants	\$325,190	0.88	Other: See Notes	\$4,432,450	11.96

Notes:

Government Contracts includes Medicaid reimbursement for services provided, as well as reimbursement from our participation in the Breast and Cervical Cancer program in Colorado, New Mexico, and Nevada.

Our second "other" category includes research awards, income from our prenatal and education programs, and miscellaneous income.

2016 S.L. Gimbel Foundation APPLICATION

VII. Financial Analysis

Agency Name: Planned Parenthood of the Rocky Mountains
Most Current Fiscal Year (Dates): From October 1, 2014 To: September 30, 2015*

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
\$35,918,715	\$28,584,248	\$5,709,020	\$1,625,447

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%	79.58%	15.89%	4.53%

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	Column C, Management & general expenses per 990 above	Differential
14.93%	15.89%	(6) %

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

* Because PPRM’s fiscal year does not include December, our current 990 will not be available until May 2016. Above, and for your reference, are the numbers from our FY 2014 990. FY 2015 management and fundraising percentages are not anticipated to significantly differ from those presented here.

2016 S.L. Gimbel Foundation APPLICATION

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
\$4,151,571	\$3,646,839	\$5,393,644	1.45

Excess or Deficit for the Year:

Excess or (Deficit) Most recent fiscal year end	Excess or (Deficit) Prior fiscal year end
\$(512,802)	\$(905,835)

Notes:

In order to comply with ACA requirements to begin using Electronic Health Records (EHR), we began to prepare for the implementation at our health centers in FY 2014 (October 1, 2013 – September 30, 2014). This is a significant investment, requiring new hardware and software for our 29 health centers, comprehensive evaluation of adaptations to workflow, and extensive training to ensure a smooth transition for both our staff and patients. Additionally, we need to install computer work stations and the appropriate furniture or mounted “arms,” which allows staff to arrange the computer monitor in such a way as to maintain face-to-face contact with patients while also interfacing with the electronic chart. The preparation, as well as the transition of our pilot health center in August 2014, resulted in a deficit of \$905,835.

In FY 2015, we transitioned an additional 20 health centers across our region, which resulted in a deficit of \$512,802. We anticipate a continued deficit until the project is complete in September 2016. To reduce the amount of reserve funds that we will draw upon, we have negotiated new contracts with commercial insurers to receive higher levels of compensation for services. We are also pursuing other cost saving efforts internally. While the investments into EHR are significant, they ensure higher reimbursements from commercial insurance and Medicaid and seamless provision of services for those who rely on us.

Most recently, PPRM was instrumental in analyzing and developing two bills, as well as securing their passage into legislation. The first, effective July 1, 2013, increased Medicaid reimbursement for all Colorado providers that bill for family planning services. As a result of this new legislation, Medicaid now reimburses at 105 percent of the Medicare rate, and PPRM anticipates an annual increase in revenue between \$400,000 and \$500,000, helping us to continue providing reproductive health care services for those who need it most. The second bill, effective July 1, 2014, increases Medicaid reimbursements for all family planning providers who provide and insert medical devices, such as intrauterine contraceptives (IUCs). The reimbursement increase is specifically for the medical devices.

CINCINNATI OH 45999-0038

In reply refer to: 0248222025
Feb. 08, 2016 LTR 4168C 0
84-0404253 000000 00
Input Op: 0248222025 00019150
BODC: TE

ROCKY MOUNTAIN PLANNED PARENTHOOD
INC
PLANNED PARENTHOOD OF THE ROCKY MTN
% THE ORGANIZATION
7155 E 38TH AVE
DENVER CO 80207-1630

Employer ID Number: 84-0404253
Form 990 required: yes

Dear Taxpayer:

This is in response to your request dated Jan. 28, 2016, regarding your tax-exempt status.

We issued you a determination letter in August 1978, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c) (3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

0248222025

Feb. 08, 2016 LTR 4168C 0
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Input Op: 0248222025 00019151

ROCKY MOUNTAIN PLANNED PARENTHOOD
INC
PLANNED PARENTHOOD OF THE ROCKY MTN
% THE ORGANIZATION
7155 E 38TH AVE
DENVER CO 80207-1630

Sincerely yours,

Doris P. Kenwright

Doris Kenwright, Operation Mgr.
Accounts Management Operations 1



Strengthening Inland Southern California through Philanthropy



BOARD OF DIRECTORS

July 14, 2016

Philip Savage IV
Chair of the Board

Ms. Vicki Cowart

Sean Varner
Vice Chair of the Board

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Pat Spafford, CPA
Chief Financial Officer

Planned Parenthood of the Rocky Mountains, Inc.

7155 East 38th Avenue

Denver, CO 80207

Sergio Bohon
Secretary of the Board

Dear Ms. Cowart:

Dr. Paulette Brown-Hinds

Congratulations! A grant has been approved for Planned Parenthood of the Rocky Mountains, Inc. in the amount of \$50,000 from the S.L. Gimbel Foundation. **The performance period for this grant is August 1, 2016 to July 31, 2017.** 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:

Rabbi Hillel Cohn

To support Denver-based Promotores de Salud health education training program.

James Cuevas
Immediate Past Board Chair

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 agreement and return with original signature to The Community Foundation by Friday, July 29, 2016.** Be sure to copy the signed agreement for your records. Funds will be released upon receipt of the signed Grant Agreement.

Paul Granillo

Stanley Grube

Kirk Harms

Dr. Fred Jandt

Andrew Jaramillo

Dr. Albert Karnig

D. Matthew Pim

Teresa Rhyne

Kathleen Sawa

Dr. Henry Shannon

Tamara Sipos

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 August 30, 2017** and a copy will be available online.

Beverly Stephenson

Randall Tagami

Diane Valenzuela

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 951-241-7777, ext. 114, or email me at ccudiamat@thecommunityfoundation.net.

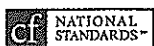
Dr. Jonathan Lorenzo Yorba
President and CEO

Sincerely,

Celia Cudiamat

Executive Vice President of Programs

22582 Planned Parenthood of the Rocky Mountains, Inc. 20160405 GIMB1-R



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

3700 Sixth Street, Suite 200 ~ Riverside, California 92501
P: 951.241.7777 ~ F: 951.684.1911 ~ www.thecommunityfoundation.net

**2016 S.L. Gimbel Foundation Fund
Grant Agreement**

Organization: Planned Parenthood of the Rocky Mountains, Inc.
Grant Amount: \$50,000 **Grant Number:** 20160405
Grant Period: August 1, 2016 through July 31, 2017
(Grant Evaluation due by August 30, 2017)
Purpose: To support Denver-based *Promotores de Salud* health education training program.

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" 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.

Email our Marketing & Communications Officer, Charee Gillins, at cgillins@thecommunityfoundation.net with any publicity questions as well as any copies of any printed or publicity materials that highlight the grant.

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.

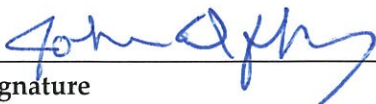
8. Termination

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

7/22/16

Date

JOHN DUFFY

Printed Name

CFO

Title

Organization: 22582 Planned Parenthood of the Rocky Mountains, Inc.
Grant Number: 20160405





Strengthening Inland Southern California through Philanthropy



BOARD OF DIRECTORS August 18, 2016

S. L. Gimbel Foundation Fund

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

Dr. Paulette Brown-Hinds

Rabbi Hillel Cohn

James Cuevas
Immediate Past Board Chair

Paul Granillo

Stanley Grube

Kirk Harns

Dr. Fred Jandt

Andrew Jaramillo

Dr. Albert Karnig

D. Matthew Pim

Teresa Rhyne

Kathleen Sawa

Dr. Henry Shannon

Tamara Sipos

Beverly Stephenson

Randall Tagami

Diane Valenzuela

Dr. Jonathan Lorenzo Yorba
President and CEO

Ms. Vicki Cowart
President & CEO
Planned Parenthood of the Rocky Mountains, Inc.
7155 East 38th Avenue
Denver, CO 80207

Dear Ms. Cowart:

The Community Foundation is pleased to enclose a grant check for \$50,000 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 August 30, 2017** 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.

Please feel free to use the following grant recognition credit for your newsletter or annual report: **"Planned Parenthood of the Rocky Mountains, Inc. is supported by a grant from The S. L. Gimbel Foundation."**

Should you have any questions, please contact me at 951-241-7777, ext. 114.

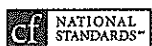
Sincerely,

Celia Cudiamat
Executive Vice President of Programs

20160405

41218

GIMB1-R



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
 2495 Main Street, Riverside, CA 92501
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PAY * Fifty Thousand and no/100 *

TO THE ORDER OF

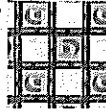
DATE

AMOUNT

08/17/2016

\$****50,000.00

Planned Parenthood of the Rocky Mountains, Inc.
 7155 East 38th Avenue
 Denver, CO 80207



Jonathan Loango Yusa
Delia C. ...
 AUTHORIZED SIGNATURE

⑈046218⑈ ⑆122234149⑆ 244624437⑈

The Community Foundation

41218

22582	Planned Parenthood of the Rocky Mountains, Inc.	08/17/2016	041218	
20160405	07/13/2016 Promotores de Salud training program			50,000.00
GIMB	S.L. Gimbel Foundation Advised Fund			50,000.00

CHECK TOTAL: \$****50,000.00

The Community Foundation

41218

22582	Planned Parenthood of the Rocky Mountains, Inc.	08/17/2016	041218	
20160405	07/13/2016 Promotores de Salud training program			50,000.00
GIMB	S.L. Gimbel Foundation Advised Fund			50,000.00

CHECK TOTAL: \$****50,000.00

Security features. Details on back.