

Agency Application and Forms

2019 - 2021

(Revised November 2018)

Application to: City of Medford City of Ashland United Way
(Choose one only)

ORGANIZATION LEGAL NAME La Clinica del Valle DATE: 02/22/2019

OTHER NAMES ORGANIZATION KNOWN BY (DBA) La Clinica

ADDRESS 3617 S. Pacific Hwy., Medford, OR 97501
Street City State Zip

FEDERAL EMPLOYER ID NUMBER (FEIN) [REDACTED]

PROGRAM/PROJECT TITLE Mobile Health Center

See MEMO for important information on goals and priorities for Ashland, Medford and United Way.

Ashland – on which strategic priority does your program focus? housing; mental health services

Medford – which essential safety net service is provided? _____

United Way – on which impact area does your program focus? Select Impact Area

AMOUNT REQUESTED from this funder for this program/project 2019-2020 \$ 5,000
2020-2021 \$ 5,000

GRANT CONTACT (If other than Executive Director listed below)

Name Ed Smith-Burns, Outreach Director

Telephone (541) 690-3512

E-mail esmithburns@lacinicahealth.org

EXECUTIVE DIRECTOR INFORMATION

Name Brenda Johnson, CEO

Telephone 541-512-3151

E-mail bjohnson@lacinicahealth.org

CERTIFICATION

The information contained in this application is true and correct to the best of my knowledge.


Signature of Board President

Paul Nicholson
Type Name


Signature of Executive Director/CEO

Brenda Johnson
Type Name

SUMMARY INFORMATION

RECIPIENT AGENCY La Clinica

PROGRAM/PROJECT TITLE Mobile Health Center

1. Program/project is: new established/continuing pilot
If pilot, expected duration _____

2. Primary geographic location and population program funding will serve. *(If funding awarded, City of Medford and City of Ashland, will require tracking the number of city residents served for reporting purposes. United Way requires tracking for Jackson County.)*

Our request is for funding for the Mobile Health Center (MHC), a clinic on wheels that moves to different locations each day, providing primary care and mental health screenings to vulnerable Jackson County residents. In the coming year, it will serve an estimated 1,200 children and adults, including residents experiencing homelessness, at schools and at partner agency sites.

3. What will this funding enable?

Funding will support the addition of a bilingual/ bi-cultural certified community health worker who will work in conjunction with a bilingual/ bi-cultural wellness coach to ensure that low-income patients, including those facing homelessness, receive a full array of services to assist them with primary and mental health care needs as well as larger challenges they face related to housing.

4. Number of volunteers this program/project will engage: 0

Number of paid program employees this program/project will engage: 12

5. Total number volunteers agency utilizes: 16

Total number of paid agency employees: 391

6. Outline key strategies of the project/program with timeline and staff structure.

We will provide services to 150 Ashland residents, including primary and behavioral health care, dental services, and case management with a certified community health worker and a wellness coach, who will meet with patients to support them in accessing services related to housing, employment, and mental health needs. Services will be provided July 1, 2019 through June 30, 2021, at community partner sites. Staffing includes a family nurse practitioner, a medical assistant, a community health worker, a wellness coach, a patient services representative, and a dentist and dental assistant.

7. Use this space for comments, explanations, and exceptions to questions on this application that can't be included within the question format. You may also leave it blank.

The MHC is managed La Clinica's Outreach Director, Ed Smith-Burns. Ed has over 20 years of experience in community-based non-profit health services with a focus on program development, project management, strategic planning, staff development, and systems analysis. He oversees an experienced team serving patients on the MHC, including a family nurse practitioner, a medical assistant, a bilingual/ bi-cultural wellness coach, and a patient services representative to meet the full range of needs of the patients served by this program. Due to the clinical needs of those we serve, we do not utilize volunteers for this program.

AGENCY AND PROGRAM/PROJECT NARRATIVE

RECIPIENT AGENCY La Clinica

PROGRAM/PROJECT TITLE Mobile Health Center

Answer all three narrative questions. Use only the space provided – place the question number and letter preceding each answer; the amount of space you allot for each response is your choice. Use Helvetica font – 11 point.

- 1. Description of organization (include inception date) and**
 - a. mission statement, purpose(s) and how this program/project fits with your mission.**
 - b. your organization's unique qualifications to accomplish your program outcomes?**
 - c. what approach is your agency taking to serve clients and train staff on trauma informed care?**

- 2. What:**
 - a. issues(s) is the project/program intended to impact,**
 - b. strategy for change your program will be based on,**
 - c. evidence do you have that the project/program will be successful in the proposed setting, and**
 - d. what tool(s) will you use to measure outcomes?**

- 3. How would the community as a whole benefit if your program receives funding? (Include a description of collaborations and integration and the role program/project plays in the sector.)**

1. a. Mission and purpose - La Clinica is a private, nonprofit organization providing affordable health care to low-income Jackson County residents. Our mission: We serve the people who need us most through exceptional, affordable, and compassionate care, inspiring all those we touch to lead full and healthy lives. This project meets our goal of providing services to some of the most vulnerable in Jackson County. The MHC serves people experiencing homelessness, residents of low-income housing sites, and others who face significant barriers to accessing health care.

b. Qualifications - La Clinica has operated for nearly 30 years and is well-suited to implement and manage innovative health care programs to serve our community. We strive to provide high quality services, and all of our eligible health centers, including our school-based health centers, are recognized as Tier 4 Patient Centered Primary Care Homes (PCPCH) by the Oregon Health Authority. We establish quality goals in every service area and routinely monitor and report on our progress. We regularly prepare reports to our federal partners, including the Health Resources and Services Administration (HRSA), and to many private foundation partners.

c. Trauma Informed Care - La Clinica places a high priority on providing trauma informed care to our patients. Staff members are provided ongoing training in this area and a trauma informed care work group meets monthly to plan and implement trainings and activities designed to support staff members in providing trauma informed patient care. In October 2017, we held a half day training in ACEs and trauma informed care for the entire staff, led by Laura Porter of ACE Interface.

2. a. Issue to be addressed - The MHC was originally funded through a federal grant from the Health Resources and Services Administration (HRSA) to provide affordable healthcare, based on the identified community need for services to low-income residents and those experiencing homelessness. It is designed to serve those facing some of the greatest barriers to receiving quality health care, including a lack of reliable transportation, insurance, or housing. Our mission is

to serve those who need us most and we have identified three major groups facing significant barriers to care: homeless residents, those living in low-income housing complexes, and those living in extreme poverty. The MHC moves to different locations to provide health care to these populations, in collaboration with other organizations serving these groups. Fees are reduced to \$0 for income eligible patients who are uninsured. This project meets a critical identified community need for health care for some of our most vulnerable residents.

2. b. Strategy - The MHC moves to different locations each day, providing primary care and mental health screenings to patients who may not otherwise have access to quality care. In the coming year, it will be based in Ashland at agencies serving homeless residents, including the First United Methodist Church of Ashland and possibly the Ashland Winter Shelter. We anticipate serving a total of 150 Ashland residents. We will provide primary care, behavioral health, and dental services. A bilingual/ bi-cultural certified community health worker will meet with patients to discuss issues related to housing and employment, with a goal of assisting them in finding resources to meet these and other pressing needs. She will work with a bilingual/ bi-cultural wellness coach to ensure that low income patients receive a full array of services to assist them with current health care needs, including access to mental health treatment.

2. c. Evidence-based strategy - The MHC is an ongoing program. Each year, services are strengthened through evaluation of the most critical needs of those we serve, the best strategies for meeting those needs, and the highest priority service locations. Our current goals are based on years of successful service provision and new funding will allow us to add a certified bilingual/ bi-cultural community health worker to the team. Community health workers are known and trusted by the community to be served, ensuring a high level of engagement with those we wish to serve. We strive to provide all services in a culturally-appropriate manner.

2. d. Evaluation measures - To track results of our services, La Clinica maintains a board-approved Quality Improvement/ Quality Assurance program to ensure the highest quality in clinical care, as well as the protection of patient records. This strategy has enabled all of our eligible health centers, including our SBHCs, to be recognized by Oregon's patient-centered primary care home program for quality and access to care for vulnerable populations. In addition, we establish quality goals in every service area and routinely monitor and report on our progress, and we use individual and team performance goals to ensure that we are providing the highest level of care. Adjustments to services are made based on evaluation of adherence to these performance goals and their impact on the quality of care we provide to our patients. Staff training plans are based on identified needs from these evaluations.

3. Community collaborations and benefit to the community - We collaborate with many organizations to meet the health needs of vulnerable Jackson County residents. These collaborative partnerships benefit the whole community through improved health outcomes for vulnerable residents. For our services in Ashland, we partner primarily with the First United Methodist Church of Ashland and we are in discussions with the Ashland Winter Shelter for possible service provision. For our services to children and teens in Jackson County, we collaborate primarily with the Medford and Phoenix-Talent school districts. We work with the Migrant Education Program of the Southern Oregon Education Services District to provide services in the summer at the schools serving migrant agricultural worker families. We also collaborate with the Jackson County Housing Authority; the Jackson County Homeless Task Force; Medford Gospel Mission; Harry & David; Naumes, Inc.; Set Free Christian Fellowship; Rogue Retreat; and other community organizations to provide services to residents experiencing homelessness and others who lack transportation to visit a health center. All collaborations are designed to ensure service to those who may not otherwise have access to quality health care and to utilize human and financial resources efficiently and effectively.

GENERAL FINANCIAL INFORMATION

RECIPIENT AGENCY La Clinica
 PROGRAM/PROJECT TITLE Mobile Health Center

1. For most recently completed 990:

a. FISCAL YEAR (mm/yyyy – mm/yyyy): 06/01/2017-05/31/2018

b. Administration & Fundraising expense: \$ 1,712,903 5.00 %

Administration & Fundraising (expressed as percent of total budget - also known as management and general, that portion of your expenses not dedicated solely to program or services), calculated directly from your IRS form 990. Part IX: Add Line 25 C (administrative cost total) and Line 25 D (fundraising cost total) and divide by Part IX, Line 25, Column A (total expenses).

c. Program expense \$ 29,461,560

d. Total expenses: \$ 31,174,463

e. Sources of revenue:

Memberships/ individual contributions	\$ <u>154,169</u>	<u>0.48 %</u>
Raised through fundraising activities	\$ <u>106,625</u>	<u>0.33 %</u>
Government	\$ <u>9,032,346</u>	<u>28.12 %</u>
Foundations	\$ <u>325,852</u>	<u>1.00 %</u>
United Way	\$ <u>912</u>	<u>0.00 %</u>
Fees for Service	\$ <u>20,827,072</u>	<u>64.85 %</u>
Other (reimbursements, payments, bequests, etc.)	\$ <u>1,669,719</u>	<u>5.22 %</u>

f. Total revenue: \$ 32,116,695

2. What is the highest level of financial reporting required by your funders? Audit

3. Briefly describe your sustainability outlook for the project/program in the future.

We will continue to sustain this program through a combination of grant support, program fees (insurance billings for those who have insurance), and community giving. We have recently expanded our development team to increase our capacity to secure grant funding and community donations, which includes major gifts, corporate support, and fundraising event income.

4. a. Total organizational annual budget current ongoing fiscal year: 32,866,641

b. Total program/project budget current ongoing fiscal year: 31,058,976

ORGANIZATION BUDGET 2019-20

PROJECT PERIOD July 1, 2019 to June 30, 2020

RECIPIENT AGENCY La Clinica

REVENUE	Pending Commitments	Secured Commitments
City of Medford Funds	\$ 10,000	\$ 0
City of Ashland Funds	\$ 5,000	\$ 0
Jackson County Funds	\$ 0	\$ 0
CDBG (identify) Medford	\$ 20,000	\$ 0
Other State or Federal Funds	\$ 0	\$ 8,818,642
United Way Funds	\$ 5,000	\$ 0
Other Funds (identify) program income, donation	\$ 25,044,444	\$ 0
SUB TOTALS	\$ 25,084,444	\$ 8,818,642
TOTAL REVENUE (Pending & Secured)		\$ 33,903,086
EXPENDITURES		
A. PERSONNEL SERVICES		
Total Salaries		\$ 22,534,268
Total Benefits		\$ 4,732,881
TOTAL PERSONNEL SERVICES		\$ 27,267,149
B. MATERIALS & SERVICES: (please detail other major budget categories)		
Rent		\$ 123,473
Mortgage/ Utilities/ Telephone/ Insurance		\$ 1,000,420
Supplies		\$ 1,750,412
Professional Fees/ Contracts		\$ 2,341,980
Travel/ Training		\$ 418,145
Repairs and Maintenance		\$ 1001507
TOTAL MATERIALS & SERVICES		\$ 6,635,937
C. CAPITAL OUTLAY (must constitute part or all of funded public service activity to be eligible expense)		
Equipment		\$ 0
Furnishings		\$ 0
Other capital expenses /Identify:		\$ 0
TOTAL CAPITAL OUTLAY		\$ 0
TOTAL EXPENDITURES (Sum of A, B & C)		\$ 33,903,086

PROGRAM BUDGET 2019-20

PROJECT PERIOD July 1, 2019 to June 30, 2020

RECIPIENT AGENCY La Clinica

REVENUE	Pending Commitments	Secured Commitments
City of Medford Funds	\$ 10,000	\$ 0
City of Ashland Funds	\$ 5,000	\$ 0
Jackson County Funds	\$ 0	\$ 0
CDBG (identify) Medford	\$ 20,000	\$ 0
Other State or Federal Funds	\$ 0	\$ 226,839
United Way Funds	\$ 5,000	\$ 0
Other Funds (identify) program income, donation	\$ 234,981	\$ 0
SUB TOTALS	\$ 274,981	\$ 226,839
TOTAL REVENUE (Pending & Secured)		\$ 501,820
EXPENDITURES		
A. PERSONNEL SERVICES		
Total Salaries		\$ 326,620
Total Benefits		\$ 68,044
TOTAL PERSONNEL SERVICES		\$ 394,664
B. MATERIALS & SERVICES: (please detail other major budget categories)		
Mortgage/ Utilities		\$ 11,186
Insurance/ Repairs & Maintenance		\$ 43,821
Supplies		\$ 18,219
Professional Fees/ Consulting		\$ 26,817
Travel/ Training		\$ 7,113
		\$
TOTAL MATERIALS & SERVICES		\$ 107,156
C. CAPITAL OUTLAY (must constitute part or all of funded public service activity to be eligible expense)		
Equipment		\$ 0
Furnishings		\$ 0
Other capital expenses /Identify:		\$ 0
TOTAL CAPITAL OUTLAY		\$ 0
TOTAL EXPENDITURES (Sum of A, B & C)		\$ 501,820

PROGRAM BUDGET 2020-21

PROJECT PERIOD July 1, 2020 to June 30, 2021

RECIPIENT AGENCY La Clinica

REVENUE	Pending Commitments	Secured Commitments
City of Medford Funds	\$ 10,000	\$ 0
City of Ashland Funds	\$ 5,000	\$ 0
Jackson County Funds	\$ 0	\$ 0
CDBG (identify) Medford	\$ 20,000	\$ 0
Other State or Federal Funds	\$ 0	\$ 226,839
United Way Funds	\$ 5,000	\$ 0
Other Funds (identify) program income, donation	\$ 250,036	\$ 0
SUB TOTALS	\$ 290,036	\$ 226,839
TOTAL REVENUE (Pending & Secured)		\$ 516,875
EXPENDITURES		
A. PERSONNEL SERVICES		
Total Salaries		\$ 336,419
Total Benefits		\$ 70,085
TOTAL PERSONNEL SERVICES		\$ 406,504
B. MATERIALS & SERVICES: (please detail other major budget categories)		
Mortgage/ Utilities		\$ 11,522
Insurance/ Repairs & Maintenance		\$ 45,136
Supplies		\$ 18,765
Professional Fees/ Consulting		\$ 27,622
Travel/ Training		\$ 7,326
		\$
TOTAL MATERIALS & SERVICES		\$ 110,371
C. CAPITAL OUTLAY (must constitute part or all of funded public service activity to be eligible expense)		
Equipment		\$ 0
Furnishings		\$ 0
Other capital expenses /Identify:		\$ 0
TOTAL CAPITAL OUTLAY		\$ 0
TOTAL EXPENDITURES (Sum of A, B & C)		\$ 516,875

CURRENT MEMBER/CLIENT DEMOGRAPHIC PROFILE

(Use absolute numbers only – no percentages.)

RECIPIENT AGENCY La Clinica

PROGRAM/PROJECT TITLE Mobile Health Center

City of Medford and City of Ashland applicants fill out right column only. United Way applicants fill out left column only.

	# Whole Program	# Medford or Ashland
I. Gender		
Female	_____	40
Male	_____	100
Other	_____	10
Totals	_____	150
II. Age*		
0 to 5	_____	0
6 to 12	_____	0
13 to 17	_____	25
18 to 30	_____	50
51 to 61	_____	50
62 +	_____	25
Unknown	_____	0
Total	_____	150

III. Residence* For Whole Program

FOR UNITED WAY APPLICANTS ONLY

Ashland	150
Central Point	0
Eagle Point	0
Gold Hill and Rogue River	0
Jacksonville, Ruch, & Applegate	0
Medford	0
Phoenix/Talent	0
Shady Cove, Butte Falls, Trail, Prospect & other Upper Rogue	0
White City	0
Other	0
Unknown	0
Total	150

*at point of entry for service

IV. Race/Ethnicity

City of Medford and City of Ashland applicants fill out ethnicity and Medford/Ashland columns. United Way applicants fill out Whole Program and Ethnicity portions.

	#Whole Program	Ethnicity Hispanic/Latino*	#Medford or Ashland
White	_____	50	125
Black/African American	_____	0	10
American Indian/Alaskan Native	_____	0	10
Native Hawaiian/other Pacific Islander	_____	0	0
American Indian/Alaskan Native and White	_____	0	0
Black/African American and White	_____	0	0
American Indian/Alaskan Native and Black/African American	_____	0	0
Other Multi Racial	_____	0	0
Other	_____	0	5
Totals	_____	50	150

* Fill out this column as it relates to Whole Program or Medford/Ashland columns according to the entity you are applying to. Ethnicity is a portion of each Race category listed and will likely not match the total demographic served – it would only match if 100% of your clients identify as Hispanic/Latino.

Agency Board Profile

RECIPIENT AGENCY La Clinica

PROGRAM/PROJECT TITLE Mobile Health Center

(For City of Medford and City of Ashland, Board must have residents of respective city.)

1. Number of board members required in bylaws? Minimum 9 Maximum 15
2. Number of board members currently active? # Voting 13 Vacancies 2
3. Average percentage board meeting attendance (over last completed year): 82.00%
4. Percent of board in attendance required for a quorum: 50.00%
5. List various board, advisory and ad hoc committees and the number of people on each.

<i>Committee</i>	<i>Number of Members</i>
Executive	6
Governance	5
Quality and Community Health	7
Finance	7
Workforce (Ad Hoc)	5

6. Characteristics of Board of Directors at time of application:

Race/Ethnicity

	<i>Number Identifying</i>	<i>Ethnicity Hispanic/Latino*</i>
White	13	1
Black/African American	0	0
American Indian/Alaskan Native	0	0
Native Hawaiian/other Pacific Islander	0	0
American Indian/Alaskan Native and White	0	0
Black/African American and White	0	0
American Indian/Alaskan Native and Black/African American	0	0
Other Multi Racial	0	0
Other	0	0
Totals	13	1

* Fill out this column pertaining to board Ethnicity is a portion of each Race category listed. It will very likely not match the total board category – it would only match if 100% of your board identifies as Hispanic/Latino.

Residence

	<i>Male</i>	<i>Female</i>	<i>Other</i>
Ashland	2	1	0
Central Point	0	0	0
Eagle Point	0	0	0
Gold Hill/Rogue River	0	0	0
Jacksonville, Ruch, Applegate	0	0	0
Medford	4	4	0
Phoenix/Talent	1	1	0
Shady Cove, Butte Falls, Trail, Prospect, Other Upper Rogue	0	0	0
White City	0	0	0
Other	0	0	0
Total	7	6	0

Board of Directors 2019

Officers

<p>1) Paul Nicholson, President Retired, OSF Executive Director 465 Prather St Ashland, OR 97520 Home: 541-482-8754 Cell: 541-840-0555 pauln@osfashland.org Spouse: Cathy</p>	<p>5) Mary Sinclair Retired, non-profit management PO Box 8713 Medford, OR 97501 Home: 541-772-2372 Cell: 541-531-2933 csinclair@alum.rpi.edu Spouse: Charlie</p>	<p>10) Monica Morales Accountant 4117 Hemlock Dr Medford, OR 97504 541-227-8628 morales.monica@gmail.com Spouse: Joe</p>
<p>2) Brad Russell, Vice President Chief Executive Officer/ Rogue Valley Family YMCA 522 W Sixth St Medford, OR 97501 541-772-6295 x121 brussell@rvymca.org Spouse: Stella</p>	<p>6) Sara Collins Attorney 238 Black Oak Dr Medford, OR 97504 541- 285-4223 scollins@collinsrowan.com</p>	<p>11) Tighe O'Meara Chief of Police, Ashland Police Department 1155 East Main Street Ashland, OR 97520 541-552-2142 tighe.omeara@ashland.or.us</p>
<p>3) Keith Casebolt, Treasurer CEO/Medical Eye Center 4366 Vista Pointe Dr Medford, OR 97504 Work: 541-618-1483 Cell: 541- 301-4353 keith@medicaleyecenter.com Spouse: Patty</p>	<p>7) Danielle Mancuso Assistant Director of Student Life for the Union and Traditions/Southern Oregon University 113 Gangnes Dr Talent, OR 97540 541-941-6116 mancusod@sou.edu Spouse: Erika</p>	<p>12) Linda Reid Housing Program Specialist, City of Ashland 317 Lozier Lane Medford, OR 97501 541-821-3763 lreidmsw@gmail.com</p>
<p>4) Charlie Bauer, Secretary ELL, Migrant and Indian Education Coordinator/Southern Oregon ESD 5465 S Pacific Hwy Phoenix, OR 97535 541-245-4595 charlie_bauer@soesd.k12.or.us</p>	<p>8) Minor Matthews Retired Physician 271 Island Point Dr Medford OR 97504 541-779-1334 minormatthews@charter.net Spouse: Jeannie</p>	<p>13) Vanessa Houk Freelance writer 1 Corral Ln Unit 17 Ashland, OR 97520 541-930-2170 editor@rvcommunitypress.com</p>
<p>Brenda Johnson RN, MBA Ex-officio, non-voting member Chief Executive Officer/La Clinica 3617 S Pacific Hwy Medford, OR 97501 Work: 541-512-3151 Cell: 541-941-7630 bjohnson@laclinicahealth.org</p>	<p>9) Chris Alftine Physician 2853 Jantzer Ct Medford, OR 97503 Cell: 541-601-9539 alftinec@gmail.com Spouse: Anne</p>	

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
2 CUPANIA CIRCLE
MONTEREY PARK, CA 91755-7406

DEPARTMENT OF THE TREASURY

Date: APR 04 1994

LA CLINICA DEL VALLE FAMILY HEALTH
CARE CENTER INC
95 HOUSTON RD
PHOENIX, OR 97535-9791

Employer Identification Number:

Case Number:

954004034

Contact Person:
HUGH RAMIREZ

Contact Telephone Number:
(213) 725-7002

Our Letter Dated:
August 14, 1989

Addendum Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

You are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. For guidance in determining whether your gross receipts are "normally" more than \$25,000, see the instructions for Form 990. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

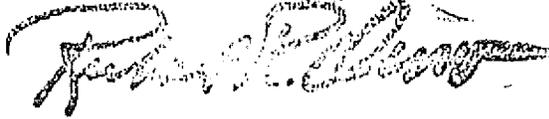
Letter 1050 (DO/CG)

LA CLINICA DEL VALLE FAMILY HEALTH

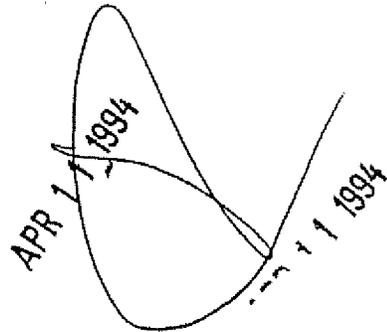
Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Richard R. Orosco
District Director



APR 11 1994

Letter 1050 (DO/CG)



3617 S. Pacific Highway
Medford, OR 97501
www.laclinicahealth.org

General 541-535-6239
Medical Scheduling 541-618-1300
Dental Scheduling 541-512-3900
Fax 541-535-4377

September 14, 2018

KDP Certified Public Accountants, LLP
640 Superior Court
Medford, OR 97504

This representation letter is provided in connection with your audit of the financial statements of La Clinica Del Valle Family Health Care Center, Inc. (La Clinica), which comprise the statement of financial position as of May 31, 2018 and 2017, and the related statements of activities, and cash flows for the years then ended, and the related notes to the financial statements, for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States (U.S. GAAP).

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief, as of September 14, 2018, the following representations made to you during your audit.

FINANCIAL STATEMENTS:

- 1) We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated March 3, 2018, including our responsibility for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP.
- 2) The financial statements referred to above are fairly presented in conformity with U.S. GAAP.
- 3) We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.
- 4) We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
- 5) Significant assumptions we used in making accounting estimates, including those measured at fair value, are reasonable.
- 6) Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with U.S. GAAP.
- 7) We are in agreement with the adjusting entries you have proposed, and they have been posted to the organization's accounts.
- 8) The effects of all known actual or possible litigation, claims, and assessments have been accounted for and disclosed in accordance with U.S. GAAP. We are aware of no such instances.
- 9) Material concentrations have been appropriately disclosed in accordance with U.S. GAAP.
- 10) Guarantees, whether written or oral, under which the organization is contingently liable, have been properly recorded or disclosed in accordance with U.S. GAAP. We are aware of no such guarantees.
- 11) Receivables recorded in the financial statements represent valid claims against debtors or donors (i.e. pledges receivable) for services rendered/donations received arising on or before the statements of financial position date and have been reduced to their estimated net realizable value.

- 12) Adequate consideration has been given to, and appropriate provision made for, estimated adjustments to revenue, such as for denied claims and changes to resource utilization group, ambulatory payment classification, and diagnosis-related group assignments.
- 13) All required Medicare, Medicaid, and similar reports have been filed.
- 14) No violations or possible violations of laws or regulations exist, such as those related to Medicare and Medicaid antifraud and abuse statutes, in any jurisdiction, whose effects are considered for disclosure in the financial statements or as a basis for recording a loss contingency. This is including, but not limited to, the anti-kickback statute of the Medicare and Medicaid Patient and Program Protection Act of 1987, limitations on certain referrals, and the False Claims Act.
- 15) Billings to third-party payors comply in all material respects with applicable coding guidelines and laws and regulations (including those dealing with Medicare and Medicaid antifraud and abuse), and billings reflect only charges for goods and services that were medically necessary; properly approved by regulatory bodies, if required; and properly rendered.
- 16) During 2014, we entered into agreements to provide dental services as defined by Federal Law. These agreements are considered capitation contracts that obligate us to assume the risk of providing services. In return, we generate revenue as a result of the agreement to provide these services (not by providing the services). In addition, a liability as of May 31, 2018 is not necessary, but we will continue to monitor this contract to determine if such a liability needs to be established in the future.
- 17) As part of your audit, you assisted with preparation of the financial statements and related notes and schedule of expenditures of federal awards. We acknowledge our responsibility as it relates to those nonattest/nonaudit services, including that we assume all management responsibilities; oversee the services by designating an individual, preferably within senior management, who possesses suitable skill, knowledge, or experience; evaluate the adequacy and results of the services performed; and accept responsibility for those financial statements and related notes and schedule of expenditures of federal awards.

INFORMATION PROVIDED

- 19) We have provided you with:
 - a) Access to all information, of which we are aware, that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, and other matters.
 - b) Additional information that you have requested from us for the purpose of the audit.
 - c) Unrestricted access to persons within the entity from whom you determined it necessary to obtain evidence.
 - d) Minutes of the meetings of the governing board or summaries of actions of recent meetings for which minutes have not yet been prepared.
- 20) All material transactions have been recorded in the accounting records and are reflected in the financial statements.
- 21) We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- 22) We have no knowledge of any fraud or suspected fraud that affects the organization and involves:
 - a) Management
 - b) Employees who have a significant role in internal control, or
 - c) Others where the fraud could have a material effect on the financial statements.
- 23) We have no knowledge of any allegations of fraud or suspected fraud affecting the organization's financial statements communicated by employees, former employees, grantors, regulators, or others.

- 24) We have no knowledge of any instances of noncompliance or suspected noncompliance with laws and regulations whose effects should be considered when preparing financial statements.
- 25) We have disclosed to you all known actual or possible litigation, claims, and assessment whose effects should be considered when preparing the financial statements.
- 26) We have disclosed to you the identity of the organization's related parties and all the related party relationships and transactions of which we are aware.
- 27) The organization has satisfactory title to all owned assets, and there are no liens or encumbrances on such assets nor has any asset been pledged as collateral (other than what has been disclosed in the financial statements).
- 28) We are responsible for compliance with the laws, regulations, and provisions of contracts and grant agreements applicable to us.
- 29) La Clinica is an exempt organization under Section 501(c)(3) of the Internal Revenue Code. Any activities of which we are aware that would jeopardize the Organization's tax-exempt status, and all activities subject to tax on unrelated business income or excise or other tax, have been disclosed to you (no such activities exist). All required filings with tax authorities are up-to-date.
- 30) With respect to federal award programs:
 - a. We are responsible for understanding and complying with, and have complied with the requirements of Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), relating to preparation of the schedule of expenditures of federal awards.
 - b. We acknowledge our responsibility for presenting the schedule of expenditures of federal awards (SEFA) in accordance with the requirements of the Uniform Guidance, and we believe the SEFA, including its form and content, is fairly presented in accordance with the Uniform Guidance. The methods of measurement and presentation of the SEFA have not changed from those used in the prior period, and we have disclosed to you any significant assumptions and interpretations underlying the measurement and presentation of the SEFA.
 - c. We have identified and disclosed to you all of our government programs and related activities subject to the Uniform Guidance compliance audit, and have included in the SEFA, expenditures made during the audit period for all awards provided by federal agencies in the form of federal awards, federal cost-reimbursement contracts, loans, loan guarantees, property (including donated surplus property), cooperative agreements, interest subsidies, insurance, food commodities, direct appropriations, and other direct assistance.
 - d. We are responsible for understanding and complying with the requirements of federal statutes, regulations, and the terms and conditions of federal awards related to each of our federal programs and have identified and disclosed to you the requirements of federal statutes, regulations and the terms and conditions federal awards that are considered to have a direct and material effect on each major program.
 - e. We are responsible for establishing and maintaining, and have established and maintained, effective internal control over compliance for federal programs that provide reasonable assurance that we are managing our federal awards in compliance with federal statutes, regulations, and the terms and conditions of federal awards that could have a material effect on our federal programs. We believe the internal control system is adequate and is functioning as intended.
 - f. We have made available to you all federal awards (including amendments, if any) and any other correspondence with federal agencies or pass-through entities relevant to federal programs and related activities.
 - g. We have received no requests from a federal agency to audit one or more specific programs as a

major program.

- h. We have complied with the direct and material compliance requirements, including when applicable, those set forth in the *OMB Compliance Supplement*, relating to federal awards and confirm that there were no amounts questioned and no known noncompliance with the direct and material compliance requirements of federal awards.
- i. We have disclosed any communications from grantors and pass-through entities concerning possible noncompliance with the direct and material compliance requirements, including communications received from the end of the period covered by the compliance audit to the date of the auditor's report.
- j. We have disclosed to you the findings received and related corrective actions taken for previous audits, attestation engagements, and internal or external monitoring that directly relate to the objectives of the compliance audit, including findings received and corrective actions taken from the end of the period covered by the compliance audit to the date of the auditor's report.
- k. We have disclosed to you our interpretation of compliance requirements that may have varying interpretations.
- l. We have made available to you all documentation related to compliance with the direct and material compliance requirements, including information related to federal program financial reports and claims for advances and reimbursements.
- m. We have disclosed to you the nature of any subsequent events that provide additional evidence about conditions that existed at the end of the reporting period affecting noncompliance during the reporting period.
- n. There are no such known instances of noncompliance with the direct and material compliance requirements that occurred subsequent to the period covered by the auditor's report.
- o. No changes have been made in internal control over compliance or other factors that might significantly affect internal control, including any corrective action we have taken regarding significant deficiencies or material weaknesses in internal control over compliance, subsequent to the period covered by the auditor's report.
- p. Federal program financial reports and claims for advances and reimbursements are supported by the books and records from which the financial statements have been prepared.
- q. The copies of federal program financial reports provided you are true copies of the reports submitted, or electronically transmitted, to the respective federal agency or pass-through entity, as applicable.
- r. We have charged costs to federal awards in accordance with applicable cost principles.
- s. We are responsible for and have accurately prepared the summary schedule of prior audit findings to include all findings required to be included by the Uniform Guidance, and we have provided you with all information on the status of the follow-up on prior audit findings by federal awarding agencies and pass-through entities, including all management decisions.
- t. We are responsible for and have ensured the reporting package does not contain protected personally identifiable information.
- u. We are responsible for and have accurately prepared the auditee section of the Data Collection Form as required by the Uniform Guidance.

- v. We have disclosed to you all contracts or other agreements with service organizations, and we have disclosed to you all communications from the service organization relating to noncompliance at the service organization.

- w. We have identified to you any previous audits, attestation engagements, and other studies related to the audit objectives and whether related recommendations have been implemented.

Faith Harris (Robinson)
Faith Harris

Jill Borovansky
Jill Borovansky

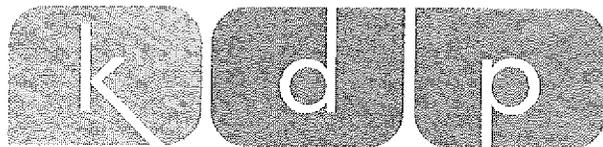
Accounting Manager
Accounting Coordinator

CFO
Chief Financial Officer

LA CLINICA DEL VALLE
FAMILY HEALTH CARE CENTER, INC.

AUDITED FINANCIAL STATEMENTS
MAY 31, 2018 and 2017

WITH
INDEPENDENT AUDITOR'S REPORT



Certified Public Accountants, LLP
audit | tax | advisory | wealth management | cfo

**LA CLINICA DEL VALLE
FAMILY HEALTH CARE CENTER, INC.
Statements of Financial Position
May 31, 2018 and 2017**

ASSETS

	2018	2017
Current assets:		
Cash and cash equivalents	\$ 9,042,398	\$ 6,164,092
Patient accounts receivable, net	669,014	645,706
Medicaid wraparound receivable	1,366,806	2,710,928
Grants and contract receivables	183,988	469,122
Incentive receivable	360,640	659,106
Other receivables	97,502	99,267
Short-term pledges receivable	-	100,000
Prepaid expenses	202,288	201,374
Inventory	61,904	53,341
Total current assets	11,984,540	11,102,936
Non-current assets:		
Beneficial interest in assets held by Community Foundation	916,268	831,186
Investments (deferred compensation)	548,199	448,044
Property and equipment, net of accumulated depreciation	15,543,741	15,862,957
Intangibles, net of accumulated amortization	121,875	134,375
Total assets	\$ 29,114,623	\$ 28,379,498

LIABILITIES AND NET ASSETS

Current liabilities:		
Accounts payable and accrued liabilities	\$ 413,318	\$ 441,591
Accrued payroll payable	766,951	723,511
Accrued vacation payable	769,137	766,405
Deferred revenue	389,140	376,392
Current portion of notes payable	479,797	500,772
Total current liabilities	2,818,343	2,808,671
Long-term liabilities:		
Deferred compensation	548,199	448,044
Notes payable (net of current portion)	1,161,800	1,478,734
Total liabilities	4,528,342	4,735,449
Net assets:		
Unrestricted	23,673,558	22,716,408
Temporarily restricted	-	100,000
Permanently restricted	912,723	827,641
Total net assets	24,586,281	23,644,049
Total liabilities and net assets	\$ 29,114,623	\$ 28,379,498

**LA CLINICA DEL VALLE
FAMILY HEALTH CARE CENTER, INC.
Statement of Activities
Year Ended May 31, 2018**

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenues and support:				
Service fees, net of contractual adjustments	\$ 9,649,411	\$ -	\$ -	\$ 9,649,411
Federal grants	8,110,010	-	-	8,110,010
Medicaid wraparound	3,880,073	-	-	3,880,073
Medicaid APM	3,957,446	-	-	3,957,446
Premium revenue	2,052,360	-	-	2,052,360
Incentive revenue	1,287,782	-	-	1,287,782
Other grants	719,665	-	-	719,665
State funding	899,069	-	-	899,069
Contributions	261,706	-	-	261,706
Interest revenue	29,540	-	-	29,540
Unrealized gain on investments (deferred compensation)	50,143	-	-	50,143
Other revenue	800,675	-	-	800,675
Rental income	8,358	-	-	8,358
Total revenue and support before net assets released from restriction	31,706,238	-	-	31,706,238
Net assets released from restrictions	100,000	(100,000)	-	-
Total revenue and support	31,806,238	(100,000)	-	31,706,238
Expenses:				
Program services:				
Medical	13,060,033	-	-	13,060,033
Dental	8,756,834	-	-	8,756,834
School based health	2,740,653	-	-	2,740,653
Patient support	2,728,800	-	-	2,728,800
Outreach and prevention	451,085	-	-	451,085
Mental health	1,245,902	-	-	1,245,902
Wing seminars	478,260	-	-	478,260
Total program services	29,461,567	-	-	29,461,567
Supporting services:				
Management and general	1,512,593	-	-	1,512,593
Fundraising	200,303	-	-	200,303
Total supporting services	1,712,896	-	-	1,712,896
Total expenses	31,174,463	-	-	31,174,463
Operating income (loss)	631,775	(100,000)	-	531,775
Nonoperating income (loss)				
Contributions/debt forgiveness	325,375	-	-	325,375
Change in value of assets held by Community Foundation	-	-	85,082	85,082
Total nonoperating income (loss)	325,375	-	85,082	410,457
Increase/(decrease) in net assets	957,150	(100,000)	85,082	942,232
Net assets at beginning of year	22,716,408	100,000	827,641	23,644,049
Net assets at end of year	\$ 23,673,558	\$ -	\$ 912,723	\$ 24,586,281

See accompanying notes to basic financial statements