



**United Way of Lane County
2010/2011 Strategic/Preventive Proposal**

A. Name of Organization: **White Bird Clinic**

1. Contact Person: **Chuck Gerard**

2. Address: **341 East 12th Avenue**
Eugene, Oregon 97401

3. Phone: **541-342-8255** Email: **chuckg@whitebirdclinic.org**

B. Name of Proposed Services: **Increased Medical Clinic Capacity**

C. Amount of Funding Requested for a 12 month period: **\$25,000**

The undersigned confirm that the information provided in this application is true and accurate and that the application has received / will receive Board approval.

Chuck Gerard 3/4/2010
Signature: Agency Director Date

Trudy Turner 3/4/2010
Signature: President, Board of Directors Date

SECTION I: Strategic/Preventive Action Area

Which Community Investment Strategic Action Area do the proposed services primarily address? (Please see **Appendix A UWLC 2010 Strategic/Preventive Goals and Funding Strategies for EDUCATION, INCOME and HEALTH.**)

1. Action Area: (select one)

Education: Preparing children to succeed in school and life.

Income: Moving families from poverty to financial stability.

XX Health: Ensuring people have basic access to healthcare.

2. Strategies: Based on your selection above, list the specific strategy or strategies the proposed services are designed to address. (*Note: Strategy or strategies listed must come from Appendix A referred to above.*)

- Increase number of low-income uninsured patients served by our safety net clinic
- Assist with chronic disease self management

3. Provide a *brief* (no more than one paragraph) executive summary of how you will address the strategies you listed in Question 2, above. Details will be expanded in Section II, questions 1-3.

We propose to add seven hours of mid-level practitioner time each week at our 1400 Mill Street facility. This will allow us to add 16-20 patient visits a week resulting in up to 1000 new visits per year. The increased capacity will allow us to see an additional 250 uninsured and/or underinsured residents per year. The addition of a mid-level practitioner will also allow us to insure appropriate levels of care for patients and continue with client-centered approaches to chronic disease self-management.

SECTION II: SERVICE IMPACT

1. Need, Target Population and Program Description

A. Need/Target Population

Identify the community problem/need the strategies described in Section I address, including the number of Lane County residents affected. Clearly link the need to the

Community Investment Strategic Action Area goals and strategies selected in 1 and 2 above. Also, include local trend information over the last five years as available/appropriate. Describe how the proposed service(s) reach the intended target population for your Action Area (see Appendix A) and is appropriate to the need.

Lane County, according to the Census Bureau Quick Facts website, had a population in 2008 of roughly 345,560 persons and nearly 49,500 were then living in households below the Federal Poverty Level. United Way Community Needs Assessment studies between 2004 and 2009 show that the percent of households reporting difficulty affording a visit to the doctor or dentist increased from 26% to 43%.

The 100% Access Coalition report estimates that 62,000 people in Lane County are uninsured. Additionally, an alarming 30% of participants in the 2009 Community Needs Assessment reported that someone in their household has been unable to find work. This is a higher percentage than any previous study and the assessment also notes that the income level of those reporting financial hardship has increased considerably since 2007. The findings of these studies demonstrate clear evidence of a growing health care crisis linked to increasing economic instability for Lane County residents.

Medically uninsured individuals resort to ER visits. The Health Policy Research Northwest reports a 47% increase in uninsured ER utilization charges between 2005 and 2007. Emergency Room utilization in Lane County increased by 6% between 2005 and 2007; compared to a 2.2% population increase for the same period. ER charges between 2005 and 2007 were up 33.3%.

At our sliding-fee scale walk-in clinics, the Medical Clinic is currently able to care for only 48% of those requesting services. Of those we turn away, most are either utilizing costly ER services (because we are the only drop-in clinic) or putting off medical treatment. Delayed medical care also has a cost because lack of treatment can lead to increased medical complications and, ultimately, a greater need which translates into more expenses for the existing healthcare system and the patient.

Physician-level care is not required by all of the patients that we come to us. Those with less severe conditions or less complicated diagnosis can take up valuable doctor time with needs that could be effectively handled by a mid-level practitioner. With and a mid-level practitioner, we can more efficiently use our physician time, increase access to medical services, and decrease the number of new patients we are must turn away.

B. Service Description

Describe the proposed services for which you are requesting funds. Be very specific. The description should be a clear and logical response to needs outlined in Section 2, question 1A. Describe how your proposed services are designed to effectively meet the Community Investment Strategic Action Area goals and strategies selected in Section 1. Describe the research or evidence based methods which justify the proposed approach.

In order to better meet the growing health care needs of un/under-insured Lane County residents, White Bird Clinic will add seven hours/week of Family Practice Nurse Practitioner (FNP) time with the associated support staff. This will allow us to see at least 1,000 additional patient visits each year. The increased capacity will result in medical care for at least 250 new unduplicated low-income patients (living in households below 188% of the Federal Poverty Level).

Our sliding scale walk-in clinics currently operate mornings, Tuesday through Friday. Patients arrive by 8am and are screened by clinic staff according to need and provider availability. Anyone who is not homeless is charged on our sliding fee scale: \$25 minimum plus laboratory and medication costs based on monthly income and size of household. This system has allowed the Clinic to provide high quality low cost medical treatment for low-income Lane County residents. The addition of a FNP will increase access and service quality without risking burnout of our medical professionals and staff.

A FNP can treat patients with presenting problems that do not call for the more advanced diagnostic skills of a doctor. This will give our back office support staff more options for maximizing the number of patients accessing treatment daily. It will also allow medical staff to see more patients while ensuring that patients receive the appropriate level of care without taking up doctor time unnecessarily.

The addition of the FNP will not impact the quality of client care. The FNP can, by licensure, prescribe medications and is capable of working without direct doctor supervision. However, the staff doctor will be available for consultations as required.

By increasing access to medical treatment, White Bird will play a central role in diverting clients from other already taxed social services, as well as Lane County hospital emergency rooms. FNP time at our clinic will keep more clients from turning, in desperation, to more expensive community resources like the ER and lessen the chance that their medical conditions will deteriorate due to delayed treatment, thus reducing overall medical expenses to both patients and providers. Clients already facing financial instability will benefit directly from being able to access the appropriate level of care in a timely and cost effective manner.

A recent report entitled, Promoting Effective Self Management Approaches to Chronic Disease Care, by the California HealthCare Foundation concluded that it was possible to effectively integrate chronic disease self support without doctors having the primary role in every intervention. In line with these evidence-based practice findings, we believe the utilization of a FNP will also serve to increase access for patients needing on-going support in self management of their medical conditions. Hiring a FNP will be a continuation of White Bird Clinic's commitment to promoting effective patient self-management strategies.

2. 2010/2011 Service Objectives and Outcomes

A. Service Objectives (# people to be served and/or services provided):

You may choose the 12-month reporting period that best matches your data collection system as long as the period begins in calendar year 2010.

12-Month Service Objectives: 7/1/ 2010 through 6/30/ 2011
 (Month/Day/Year)

(Month/Day/Year)

Proposed Service Objectives:

250 new and unduplicated low-income/(188% FPL) patients receive medical care

Increase access by 1000 visits per year

B. Proposed Services Outcomes (measurable statement of intended effect on target population.)

Dates should match the service objective dates you specified in question 2 A.

12-Month Outcomes: 7/1/ 2010 through 6/30 /2011
 (Month/Day/Year)

(Month/Day/Year)

Proposed Outcomes and Performance Measures for each proposed service (provide in table format, correlating measures to proposed outcomes):

Example: Note: Table can be expanded as needed to include all information.

<i>Outcomes</i>	<i>Measures</i>
<i>Patients diverted from ER</i>	<i>ER diversion section of intake form</i>
<i>250 new patients receive medical care</i>	<i>Patient records</i>
<i>1000 new patient appointment slots each year</i>	<i>Scheduling records</i>

Note: Please include a copy of your Logic Model if one was developed. It is excluded from the 15 page limit.

3. Tracking Systems

What systems will be used to track the impacts and outcomes of the services provided and support continuous improvement? (e.g., telephone logs, client files, client satisfaction survey, pre-test/post-test, software systems, etc.) Please note if a tracking system is already in use, or if it will be developed to support the program.

White Bird's Medical Clinic is now involved in the selection, installation and staff training for a new electronic medical records and practice management system which will eliminate paper files and facilitate the tracking and reporting which is required by our multiple funders. The project, funded by the Federal Human Resources and Services Administration, has already purchased the hardware and will have the software installed by early May. We are excited about our entrance into 21st century patient management as well as the opportunity to reduce paper use and the need for storage space.

Review of service and performance issues is included in weekly staff meetings. Monthly statistics, quarterly service reports, semi-annual quality assurance reviews, volunteer physician feedback and outside monitoring by county, state and federal health agencies are each a part of our program review. Client satisfaction surveys are also undertaken twice yearly.

SECTION III: SERVICE MANAGEMENT

1. Client Involvement

Describe your client involvement systems and how they lead to more efficient and effective services. For example: How are clients involved in service planning, offering feedback or making suggestions about your services? How do you measure client satisfaction? How do your feedback systems lead to more effective services? Please provide examples.

Patients are encouraged to give feedback both verbally and in writing. Client satisfaction reports from surveys or verbal feedback are overwhelmingly positive. Complaints are rare and most often related to scheduling/waiting problems or our inability to provide or arrange services that are either beyond our scope or not deemed medically appropriate. A Case Manager is available to sort out problems or issues that may not be fully medical in nature. A complaint process is in place and posted which adjudicates issues that are not resolvable between the client and the program staff.

Suggestions can be brought to program or agency meetings. Many White Bird volunteers, staff and medical clients offer feedback and their suggestions are often

incorporated in service, program and agency planning. Special projects grow out of community and/or client input. Current projects such as our vision services, the homeless health care program and the psychiatric afternoon clinic are a result of client input, as were long-term past projects such as Anonymous HIV Testing and La Clinica Latina.

Our Homeless Focus Groups meet twice annually over pizza. Homeless clients tell us what they like and what they don't; what additional services are needed and what medical needs are not being met. These opinions are reviewed and responded to by the program, the agency and our Board of Directors. The Board itself reserves a position for a currently homeless person.

This project is a direct result of review of our program data and our consensus that seeing only 48% of those in need during morning walk-ins is not enough. The White Bird Community Collective and Board of Directors both concur.

2. Coordination/Collaboration

Describe specifically how you work with others in the community to maximize service to the people you serve. List any formal relationships, the nature of the partnership and the type of agreement (i.e. Memorandum of Understanding, Service Agreement, Contract or other documentation.)

After 40 years, White Bird has a deep involvement in the service provider community. We trade referrals and client care with many collaborating agencies, including emergency rooms, 9-1-1, shelters, basic need non-profits and the entire medical, mental health and substance abuse systems. For example, our collaboration with Lane County Mental Health led to the placement of a County psychiatric practitioner and the stocking of mental health medications on-site at White Bird's Medical Clinic.

Our collaborations allow our clients to gain access to the full continuum of health care. Our partnership with the Medical Society provides us with volunteer general practitioners and pro bono referrals to specialists. Local laboratories and diagnostic services provide lab-work at reduced or no charge for our neediest clients. The two local hospitals each donate bulk medications. Pharmacists unit-dose the medications to allow us to stock a small dispensary without the high cost of a staff pharmacist.

Regular referrals between White Bird programs extend our safety net for special populations. For example, Crisis and Homeless Health staff arrange transport to treatment and twice weekly we transport medical and dental clients from the Eugene Mission. Cross referrals with the Dental Clinic occur daily. Through CAHOOTS, a part of Eugene Public Safety, we are integrated with Eugene's ambulance service.

White Bird's long collaboration with Sacred Heart Hospital and the City of Eugene led to the purchase, remodeling and outfitting of the 1400 Mill Street facility assuring us a home for another 12 years, at \$1.00 per month. These collaborations include an ease of communication and cross referral that benefits our clients.

3. Diversity / Accessibility

“United Way of Lane County believes that respect for and understanding of all cultures, peoples, and lifestyles are central to our mission of helping people care for one another. To that end, United Way will demonstrate that it values diversity in its funding of programs in Lane County. We will attempt to promote and recognize programs and organizations which provide culturally appropriate services, ensure access for people needing those services, and show a valuing of diversity in volunteer, staff, and service systems.” --United Way of Lane County’s Diversity Statement

Describe how diverse segments of the community have access to the proposed services. Describe your efforts to continuously improve services to underserved populations. Diversity can include but is not limited to: race, gender, ethnicity, physical ability, sexual orientation, age, familial status, economic status, rural/urban location.

Our services are offered free or for low fees which is a central ingredient insuring access for many special populations.

Our facility is centrally located and open five days a week. Bus tokens and special transport to treatment are available. The Medical/Dental facility incorporates handicap parking, ramps and a lift, plus accessible bathrooms and drinking fountains. An 800 number provides phone access to people shut-in, on the streets or living outside the metro area. We also stay in touch with community programs to encourage their referral of under-served populations. The Medical staff includes a Case Manager during all medical walk-in hours, available to sort out the ancillary problems and needs often faced by special populations. Outreach to special populations is also carried out through White Bird’s CAHOOTS and Homeless programs.

We hire staff openly, offering equal opportunity to all. We carry out annual affirmative action reviews, with minority staffing regularly equal to or exceeding community percentages. Bilingual applicants are given hiring preference for Medical and Dental staffs. Board diversity is targeted in many ways. We include service consumers, volunteer representatives, professionals from the fields we work in, community partners, advocates and legal/financial professionals.

4. Use of Volunteer and Partnership Resources

Describe how you use volunteers. Include type of positions they hold, number of volunteers, and total volunteer hours per year. Describe your capacity to mobilize additional community partners and/or in-kind resources in conjunction with the proposed services.

In the Medical program, we concentrate on finding volunteers who can help us expand the capacity and range of our services. We recruit and get time from front office volunteers who help us manage paper and patients, as well as the typical office functions. Volunteer doctors can help us with drop-in clinics. We have a dermatology specialist who sees patients in his specialty twice a month. We also use nurses, physician’s assistants, optometrists, opticians and pharmacists. In addition, the pro-bono work donated by laboratories, diagnostic services, specialists and hospitals is very important. We are working with student volunteers from the Oregon Health Services University School of Nursing and pre-medical students from the

University of Oregon, who provide a variety of both front and back office assistance. While we cannot fully evaluate the dollar value of this contribution, it may well exceed the entire program budget.

White Bird is also asked to help provide medical and emergency services at many community events, including concerts, fairs and other special events. Recent vendors of our "Rock Medicine Team" include Reed College, Oregon Country Fair, Reggae Festival, Horning's Hideout festival producers, etc. All such work is accomplished by volunteers and, in 2009, generated over \$42,000 in fundraising revenue for the agency's services. The number and amount of volunteer hours is impressive, an estimated 250 volunteers provide over 2,500 hours of donated services each year.

General White Bird volunteers trained in our Community Services classes, provide support for the Medical staff as information/referral and after hours back-up. We estimate that the Medical Clinic's share of general reception, triage and back-up totals more than 1,000 volunteer hours annually.

5. Budget

- A.** Complete the budget form (Appendix B) included separately.

Completed budget form is included separately.

- B.** Describe the return on the UWLC investment. Include such factors as demonstrated cost effectiveness and efficiency of service delivery, how you will leverage other financial investments to support the work and the sources of other financial investment for this work. Describe how the work improves the effectiveness of the human services network in Lane County.

As proposed herein, the new use of mid-level practitioner, an FPNP, will allow us to increase medical capacity and see at least 250 new patients. These new patients will receive affordable care that will allow them to stabilize their health, reduce families' concerns, reduce destabilization of family income, reduce the need for emergency visits to the hospital emergency rooms.

Since, according to the Federal Department of Health and Human Services, our western region cost of a single ER visit is \$817, this project at \$25,000 represents a potential savings of \$179,250 (250 patients x \$817 per ER visit less \$25,000, project cost).

The mid-level practitioner position adds new efficiencies by allowing the appropriate level of care without the higher physician salary. This position also frees the physician for patients with more severe medical conditions and allows us to open new patient slots.

Some of the ancillary costs of this position have not been included in the project request, i.e. liability insurance. White Bird Clinic is committed to meeting these expenses through other grant options, client fees and agency fundraising.

This project will reduce service demands at other agencies and improve our ability to respond to service provider referrals as well as to reduce waiting times for new patients.

C. If you are requesting funding for Capital investment, including funding for physical space or renovation, you must include the full cost of the capital project and how you will fund the balance outside the UWLC amount.

Not applicable.

6. Follow-Up

If you received a United Way Allocation in 2009, the United Way volunteer-led review panel will receive copies of your most recent panel summary report. Were there any concerns or conditions for continued funding identified by the United Way review panel during the last review?

Yes No

If yes, how have these been addressed by your agency?

7. Governance, Management & Organizational Capacity

Briefly describe how this program fits into your organizational structure, how it will be managed, and how oversight will be provided. ***Complete Appendix C, Required Compliance Documentation, Exhibit A – Best Organizational Practices and Management.***

Describe the ability of the organization to carry out the proposed services successfully and efficiently based on current resources, i.e. expertise of staff, diversity of funding sources, board composition and involvement, fiscal and governance systems and facilities.

The Medical Program is one of the eight programs (including Crisis, CAHOOTS, Counseling, Chrysalis, Dental, Info Line, Homeless) which operate under the White Bird administrative umbrella.

The Medical Program provides a safety net of medical services for low-income, uninsured residents of Lane County. Forty years ago, this program was designed, implemented, and has been maintained and transformed, according to community need, into its current service model. Program decisions are discussed and approved/not by the White Bird Community Collective and the White Bird Board of Directors.

The Medical Program has hired a Medical Coordinator, Ian Strauss, upon whose capable shoulders the management, tracking and reporting of this project shall fall. He has the support of the White Bird Administrative Team and Collective, as well as the hands-on involvement of the Medical staff and Medical Director, Dr. Molly Anderson.

Oversight of the Medical Program, in addition to the structure noted above, is accomplished through twice annual Quality Assurance Reviews, partially staffed by non-

White Bird professionals in the medical field.

Appendix C, Exhibit A – Best Organizational Practices and Management was completed and submitted with our Basic Needs applications and is in United Way's possession.

White Bird is a 501©(3) non-profit charitable corporation which, for four decades, has been providing health and human services to people in the Eugene-Springfield metro area of Lane County who cannot find help elsewhere. The clinic has been open, round-the-clock 24/7, since its inception in February, 1970.

White Bird is a collective aimed at enabling people to gain control of their social, emotional and physical well-being through service, education and community. Its work focuses on providing access to assistance for those with minimal money and no insurance, including low-income, unemployed, disabled and homeless people. Services are offered by trained consumer representatives. The Board of Directors meets monthly to provide community input and agency oversight.

We have long-term and on-going funding agreements with federal, state and local governments as well as with private foundations and the United Way. We regularly and successfully meet their reporting and fiscal requirements. An independent CPA audit is conducted annually with clear opinions obtained in the recent twelve years.

The Medical Clinic has recently, through Recovery Act funding, expanded capacity with the addition of an electronic practice management system with electronic medical records, and the welcome upgrading of our equipment.

8. Policy Adherence

UWLC requires all service partner organizations to follow and adhere to the following UWLC Policies and Certification Documents:

- **Non-Discrimination Certification**
- **USA Patriot Act Anti-Terrorism Compliance Measures**
- **Agency Direct Fundraising Policy**
- **Donor Designation Policy**

Read and sign Exhibit B, United Way of Lane County Policies and Certification Documents, included in Appendix C.

Completed and returned January 14, 2010.

Strategic/Preventive Investment Application

Proposed Services BUDGET

(fill in the yellow cells)



Agency Name:

White Bird Clinic

Proposed Services:

Medical 1: Increased Medical Clinic Capacity

	Prior 12 Months	Future 12 Months
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REVENUE/SUPPORT

	Prior 12 Months	Future 12 Months
United Way Funding/Request includes basic needs request	\$35,124.00	\$60,124.00
Public Support: Contributions/Fundraising Events (include Donor Designations)	\$15,389.00	\$16,500.00
Government Funding	\$141,171.00	\$145,724.00
Foundation/Corporation/Other Grants or Major Gifts	\$45,918.00	\$50,000.00
Program Service Fees or Membership Dues	\$50,735.00	\$60,000.00
Other Revenue	\$5,658.00	\$5,000.00
Total Revenue	\$293,995.00	\$337,348.00

	Actual	Estimated
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EXPENSES

	Actual	Estimated
Personnel Related	\$160,473.00	\$181,708.00
Client Assistance	\$16,932.00	\$25,751.00
Other Direct Program Expenses	\$92,563.00	\$103,264.00
Administrative Overhead	\$24,027.00	\$26,625.00
Total Expenses	\$293,995.00	\$337,348.00

NET (should be zero)	\$0.00	\$0.00
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What percent of your agency budget do these proposed services represent?	1%	1%
What percent of your agency revenue is the United Way request?	1%	1%
Number of employee FTE's (full-time equivalents) in proposed services?	0.28	0.28
Percentage United Way request to overall proposed services revenue	12%	18%
Administrative overhead percentage applied to proposed services	9%	9%

Completed by:

LOGIC MODEL FRAMEWORK TEMPLATE

IMPACT	Expand client access, increase appointment slots available, appropriate level of care for each patient, More efficient use of doctor time, Increase doctor availability for patients requiring higher level of care Relief for other community systems such as ER,
OUTCOME	250 new unduplicated low-income uninsured patients receive medical care 85% of patients report no presenting problem-related ER visits 1000 new patient appointment slots each year
MILESTONE[^]	Within 12 months: 250 unduplicated low-income clients seen as new patients,
EVALUATION*	From patient and appointment records: Number of new patients increase up to 250, number of appointments yearly increased by 1000
METRIC*	Increase in number of patients seen ER diversion stats.
OUTPUT	Additional 250 unduplicated low income/(188% FPL) patients receive care in 1000 visits per year,
ACTIVITY	Explore possibility of sharing FNP with other safety net clinics. Create proper tracking forms for ER diversion Hire new mid-level practitioner, FPNP
INPUT	<u>Existing:</u> Systems in place for full clinic operation, patient screening, tracking, patient records, caring and client-centered staff
	<u>Needed:</u> 7 hours Family Nurse Practitioner time each week, plus increased back office support,
STRATEGY	increase number of patients by adding mid-level practitioner increase doctor availability to patients requiring higher level of care Additional support for clients in chronic disease self management
INDICATOR	high number of uninsured low-income patients in county, increase of emergency room utilization, increase in uninsured visits to ER, poor self management of chronic disease increases associated cost of health care,
CONDITION	52% of clients seeking services are currently turned away by our clinic Inappropriate use of ER and Urgent Care Clinics

Metric and evaluation (*) sections required, but will not contribute significantly to overall score during this funding cycle. Demonstration of outcome measurement will be required in future funding cycles (e.g., data results, copies of survey instruments). If the agency currently does not conduct data collection to measure outcomes, document this as "In Development" in the metric and evaluation section of the Logic Model.

Milestone (^) section required only if short-term and long-term outcomes are measured.

United Way of Lane County Required Compliance Documentation

All Applicants

UWLC policy requires all applicants to provide copies of the following documents along with their full proposal:

- **Documentation of Tax Exempt Status – Commonly IRS Determination of 501 (c) 3**
- **Audited Financial Statements** for the most recently completed fiscal year.
If no audit exists, submit a complete set of statements reviewed or compiled by a third party.
- **Management Letter/Auditor Recommendations**
When a management letter has been issued, submit the formal response from your Board of Directors. If a management letter was not issued, a letter from the auditor stating that no management letter was issued should be submitted.
- **Current Year Organization Budget**
- **Prior Year Organization Budget Compared to Actual Results**
- **Board of Directors' Roster**
- **UWLC Best Organizational Practices and Management Inventory**– Attachment A
A completed copy of Best Organizational Practices and Management Inventory
- **UWLC Policies and Certification Documents** – Attachment B
Agency signed agreement to adhere to the following:
 - **Non-Discrimination Certification**
 - **USA Patriot Act Anti-Terrorism Compliance Measures**
 - **Agency Direct Fundraising Policy**
 - **Donor Designation Policy**

Funded Organizations

Once funding has been awarded, the organization must:

1. **Sign an Agreement for United Way Service Providers**
2. **Annually submit the following:**
 - **Board of Directors' Roster**
 - **Budget-to-actual comparison report for current year**
3. **As requested by UWLC on an interim basis:**
 - **Program Specific demographic information**
 - **Progress on output or outcome measures as listed in application and proposal**

Attachment A

United Way of Lane County Best Organizational Practices and Management

Agency Name: _____ WHITE BIRD CLINIC _____

The following questions represent generally accepted best practices for the management and governance of non-profit organizations. Please respond with **Yes** or **No**. If **No**, provide a brief explanation. (Note: These are not required and some policies and activities may not be appropriate for your agency.)

ORGANIZATIONAL MISSION AND DIVERSITY	Yes	No	Other/Explain
A. Mission			
1. Our agency has a written mission statement that reflects our purposes and values.	X		
2. The board regularly reviews our agency's mission statement.	X		
3. Our agency engages in annual planning that helps define organizational and divisional goals.	X		
B. Diversity			
1. Our agency's governance and operations strive to be inclusive of all parts of our community.	X		
2. Our agency strives to reflect the diversity of the community we serve.	X		
3. Our agency has a written policy and practice of non-discrimination in the following areas: a. Employment (recruitment, hiring, assignment, promotion, discipline, termination) b. Board and committee participation c. Volunteer selection d. Service delivery	X		Broad policy is all Inclusive

FINANCIAL MANAGEMENT	Yes	No	Other/Explain
A. Audit			
1. Our agency has an annual audit or review done by an independent certified public accounting firm.	X		
2. If yes, the reports and management letter (if provided) are reviewed by a finance committee or the board.	X		
B. Financial Transactions and Controls	Yes	No	Other/Explain
1. Our board has approved a policy specifying that dual signatures are required on checks over a certain amount.	X		
2. Our board has approved a delegation of authority to specified levels of management that shows types and limits of spending or approval authority.	X		

C. Money & Investments	Yes	No	Other/Explain
1. Bank deposits are FDIC insured and account balances are at or below the \$250K limit.	X		
2. The board has adopted an investment policy that is regularly reviewed.		X	Periodically
3. Securities, mortgages, insurance policies and similar instruments are under the control of the executive director, chief financial officer, or board member.	X		
D. Capital Equipment	Yes	No	Other/Explain
1. The board approves all equipment purchases, leases, and related renewals over a certain dollar amount.	X		
2. Periodic physical inventories are taken and compared with the capital equipment ledgers.		X	We are developing this capacity
E. Accounts Payable	Yes	No	Other/Explain
1. The board has approved a written purchasing policy.	X		
2. All deposits for payroll taxes, employee retirement contributions, etc. are made in a timely manner.	X		
3. Purchases for or on behalf of employees are made pursuant to a board-established policy.	X		
4. Credit cards are issued in the agency's name but assigned to specific employees and in line with board policy.	X		
5. Credit card usage by employees is limited to use specified by board policy and is periodically reviewed by supervisors or, in the case of the executive director, the budget or finance committee.	X		
F. Employees Expense/Reimbursement	Yes	No	Other/Explain
1. We have a board-approved policy governing if and when salary advances (draw), travel advances, and per diems are provided to staff.	X		
2. There is a travel and employee expense reimbursement policy approved by our board.	X		
3. Employees are required to submit expense reports for all reimbursements within 60 days of expenditures.		X	No time requirement Same fiscal year nice
4. The board assures that the executive director's travel and expense reimbursement are reviewed and approved.	X		
G. Budgeting and periodic financial reports	Yes	No	Other/Explain
1. Our agency forecasts financial requirements for proposed program activity and optimum use of funds.	X		
2. The executive director prepares an annual comprehensive operating budget and capital budget, presents the budget to the board for approval, and establishes controls to assure that budgetary objectives are achieved.	X		
3. Substantial changes in the budget are presented to the board for approval.	X		
4. Our board, or the financial committee:	X		Monthly
a. Reviews the financial statements (statement of activities, statement of position) on a quarterly			

basis			
b. Receives explanations of major variances.			
c. Receives a comparison of actual to budgeted expenditures for the reporting period and year-to-date by program.			
d. Reviews source and amounts of funding by function.			
GOVERNANCE	Yes	No	Other/Explain
A. Board of Directors			
1. Our agency has a governing board of citizen leaders.	X		
2. Our board is a volunteer group serving without compensation.	X		
3. Each board member has received training, as well as guidance materials on board governance and our agency operation.	X		
4. Our board ensures the creation of and approves agency policies and procedures.	X		
5. Our board hires, terminates, evaluates, and sets compensation for the executive director.	X		
6. Our board delegates responsibility for day-to-day agency operations to the executive director.	X		
7. Our board meets at least quarterly. Indicate how often:_____	X		Monthly
8. Our agency creates and maintains permanent board minutes.	X		
9. Our agency ensures continuity by having overlapping board member terms.		X	Longevity of members Makes this unnecessary
10. Our board's nominating process ensures that the board remains appropriately diverse with respect to gender, ethnicity, culture, economic status, disabilities, and skills and/or expertise.	X		
11. Our board has a process for handling urgent matters between meetings.	X		
12. Each board member has contact information for the entire board.	X		
13. Our board evaluates the executive director on an annual basis.	X		
14. Over the last year, at what percent of your board meetings did you have a quorum in attendance? Indicate percentage_____	X		100%
B. Bylaws and Policies	Yes	No	Other/Explain
1. Our agency has written bylaws.	X		
2. Our agency provides each board member a copy of the bylaws.	X		
3. Our bylaws state the requirements for a board quorum.	X		

4. Our board regularly reviews the bylaws.	X		
5. Our agency has written operational policies and procedures.	X		
6. Our board has approved a code of ethics for both staff and volunteers, which includes provisions for ethical management, client confidentiality, publicity and fundraising practices.	X		
7. Our agency has a written conflict of interest policy and a mechanism for resolving conflicts should they occur.	X		
8. Our board ensures that the agency has personnel policies and written job descriptions.	X		
C. Board Committees	Yes	No	Other/Explain
1. Our agency has standing and special committees that have been established to achieve efficiency of operations and share responsibility for decision-making.		X	Our Board does not want standing committees
2. Our agency's board members serve on at least one board committee.		X	See above
3. Our agency committees meet on a regular basis (monthly or quarterly).		X	See above
4. Our agency committees' activities and recommendations are reported to the board (verbally or in writing) for approval/action.		X	See above
D. Compliance with legal requirements	Yes	No	Other/Explain
1. Our agency complies with all applicable legal, local, state, and federal operating and reporting requirements, including non-discrimination and non-profit requirements.	X		
2. We have been the subject of a governmental investigation in the last 24 months.		X	All clean audits
E. Insurance	Yes	No	Other/Explain
1. We have liability insurance covering volunteers, staff and board of directors.	X		Covering staff and volunteers
2. We have general liability coverage.	X		

Agency Name: _____ **White Bird Clinic** _____

Prepared By (Name): _____ **Chuck Gerard** _____

Title: _____ **Clinic Coordinator** _____

Date: _____ **January 14, 2010** _____

Attachment B

United Way of Lane County UWLC Policies and Certification Documents

"I hereby certify that

_____ **White Bird Clinic** _____

(print agency name)

agrees to follow and adhere to the following UWLC Policies and Certification Documents:"

- **Non-Discrimination Certification**
- **USA Patriot Act Anti-Terrorism Compliance Measures**
- **Agency Direct Fundraising Policy**
- **Donor Designation Policy**

Signature, Agency Director: _____ *Chuck Gerard* _____

Print name: _____ **Chuck Gerard** _____

Date: _____ **January 14, 2010** _____

United Way of Lane County

NON-DISCRIMINATION CERTIFICATION OF COMPLIANCE

“I hereby certify that our agency/organization is in compliance with all applicable Federal, State, and local laws that may apply to our agency regarding discrimination on the basis of: race, religion, color, sex, national origin, marital status, familial status, age, source of income, disability, sexual orientation, and any other category protected by such laws.”

ANTI-TERRORISM COMPLIANCE MEASURES

“I hereby certify that our agency/organization is in compliance with the USA Patriot Act and other counterterrorism laws, United Way of Lane County requires that each agency certify that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.”

AGENCY DIRECT FUNDRAISING POLICY

Intent

The intent of this agreement is to adapt current fundraising agreements to the new community impact model and foster a spirit of cooperation within our current system. United Way does not wish to regulate fund raising that has little impact on workplace giving. It is the position of this agreement that, in good faith, agencies will not engage in any development activities that would interfere with United Way’s workplace efforts.

Agreement

- Member agencies will dedicate as much staff and volunteer effort as possible, in support of each other, to increase community giving from September to November.
- Agencies agree to grant United Way exclusive rights and leadership of the workplace campaigns.
- Member agencies agree to co-market with all fundraising activities as noted in the agency agreement and clearly identify themselves as a United Way agency.

DONOR DESIGNATION POLICY

United Way of Lane County conducts an annual, community-wide campaign for the purpose of raising funds and recruiting volunteers. The objective is to increase good will and public involvement and commitment to community goals by addressing high priority health and human care issues in Lane County, Oregon. Donor designations are offered within that context as a service to our donors.

Accepting Donor Designated Gifts

United Way of Lane County will accept donor designated gifts within the framework of the following choices:

- a designation to the Live United Fund
- a designation to a specific action area (Education, Income, Health)
- a designation to a specific eligible organization or another United Way
- a designation to exclude a specific United Way participating agency from receiving any portion of a donor's gift

A donor may designate all or part of their gift.

Eligibility Criteria

Organizations must meet the following criteria to be eligible for receiving designations through the United Way campaign:

- Contributions to the organization must be fully tax deductible to the donor. Specifically excluded in accord with this policy are political campaigns, political action groups, tuition, dues, or other payment for services.
- The organization must be in compliance with all necessary registration and filing requirements for charitable organizations.

United Way reserves the right to review the status of any organization at any time as it relates to eligibility for designations.

Promotion of the Donor Designation Program

Organizations—both United Way participating, as well as non-United Way—are expected to promote the United Way concept when engaged in activities surrounding the campaign. United Way of Lane County reserves the right to deny eligibility for designated funds to any organization that engages in or encourages activities designed to result in direct designations to their own organization through the annual United Way campaign.

Service Fees

United Way will forward designated gifts to specific agencies on a quarterly basis. Payouts will be based on the actual cash collected from donors less a service fee to help cover the

fundraising and administrative costs. The amount of the fee is dependent on the amount of the donor's total gift or their employer.