



Yvonne Perez &lt;yperez@sylvan.k12.ca.us&gt;

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## Your Kaiser Permanente Northern California Region Grant Application Submission

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**Kaiser Permanente Online Application** <mail@grantapplication.com>

Fri, Sep 14, 2018 at 12:51 PM

Reply-To: Kaiser Permanente Online Application &lt;KP-Community@kp.org&gt;

To: yperez@sylvan.k12.ca.us

Thank you for your Northern California Central Valley Grant Application submission. Your application has been submitted successfully, and the tracking number is 204489. You will be receiving more information on the status of your application shortly. For your records, here is a copy of the contents of your application.

Northern California Central Valley Grant Application  
Thank You! Your application has been submitted.

Your Organization

intro

### Welcome!

Kaiser Permanente is a non-profit, integrated health care delivery organization whose mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. Through partnerships with community organizations, government entities, and public agencies, Kaiser Permanente works to address issues that affect overall community health.

In Northern California, our Community Benefit Programs Department provides grant support to organizations that address health disparities and pressing needs in low-income, underserved and at-risk communities. Organizations must meet the basic eligibility requirements, as well as fall within the grantmaking priority areas in order to apply. Please ensure your organization meets these criteria before proceeding with the application.

#### Basic Information

Organization Name  
Sylvan Union School District

#### Street Address

We require street addresses; however, you may use a P.O. Box in the mailing address field along with a physical street address.

[605 Sylvan Avenue](#)

City	State	Postal Code
Modesto	CA	95350

Phone	Fax
(xxx) xxx-xxxx	(xxx) xxx-xxxx
(209) 574-5000	(209) 524-2672

Organization's E-mail Address  
[yperez@sylvan.k12.ca.us](mailto:yperez@sylvan.k12.ca.us)

Organization's Website Address  
<https://www.sylvan.k12.ca.us/>

Organization CEO, Executive Director or President

**Please enter the following information for your agency's Executive Director, CEO or President**

Prefix	First Name	Last Name
Mrs.	Debra	Hendrix

Title  
Superintendent of Schools

Phone                      E-mail  
(209) 574-5000          [dhendricks@sylvan.k12.ca.us](mailto:dhendricks@sylvan.k12.ca.us)

Detailed Organization Information  
Organization Operating Budget  
[2018-19 Operating Budget All Funds.pdf](#)

Organizational funders

Please list 5 top public or private sources of funding and the percentage of your budget they provide funding for your organization or "None" if not applicable.

State Appropriated Revenue: \$74,966,111

Federal Revenue: \$6,972,775

Local Revenue: \$4,712,587

Year founded  
MM/DD/YYYY  
11/15/1949

Location of Main Office  
[605 Sylvan Avenue, Modesto, CA 95350](#)

Mission Statement

Limited to 50 words

To provide a dynamic, broad-based education that prepares each child to be a contributing member of society.

Key Services Provided

List your key services or activities provided by your organization. How are these services and activities benefiting your clients? How will these services or activities help you to achieve measurable outcomes?

**300 word limit**

The Sylvan Union School District is a public school. We provide a public school education for children from grades pre-school through 8th grade.

Demographics of People Served by the Project

Gender Population Served

If your program will serve all genders listed, please select "All".

All

Age Group Population Served

If your program will serve all ages listed, please **only** select "All Ages".

(0-12) Children

(13-17) Teens

Target Population Served

Please select all that apply.

Ethnic Minority

Low-Moderate Income

Mentally Challenged

Race/Ethnicity of Population Served

Please select all that apply. Please select "Other" if your program serves an ethnicity not listed.

Asian

Asian - Korean

Black - African-American

Black - Other Black

Latino/Hispanic

Latino/Hispanic - Central American

Latino/Hispanic - Mexican, Chicano

Latino/Hispanic - South American

Middle Eastern

Native Hawaiian

Select the Kaiser Permanente Hospital area(s) served by the project that you are seeking funding for. (see map below)

Northern California-Modesto



Sylvan Union School District

32-0454900

Government or Public Agency

Annual Total Organization Budget  
96806070

#### Proof of Tax Exemption

For tax exempt status verification, one of the following documents must be submitted:

- For nonprofit organizations

One of the two supporting documents must be submitted:

- Copy of current IRS determination letter indicating appropriate tax-exempt status with Tax ID number (preferable), or
- Copy of the certification from the Office of the State Attorney General where the qualified organization is registered.

- For government/public entities

One of the two supporting documents must be submitted:

- Notarized letter from the organization's Chief Financial Officer or Certified Public Accounting Firm indicating the government/public agency has been granted tax exemption, or
- Affirmation letter from the IRS with the Federal Identification Number.

[Employer ID Number IRS.pdf](#)

#### Request on Organization's letterhead

Letter should include the legal name of organization, organization's address, requested amount, project summary and project title.

[Ltr Kaiser Grant.pdf](#)

#### Form 990

**FOR REQUESTS AT OR ABOVE \$25,000:** most recent submitted IRS Form 990

### Compliance

#### Required Compliance Verification

Do any Kaiser Permanente executives, managers, directors, physicians or other employees or their family members:

- Serve as a board member, director, officer, manager, employee or fiduciary agent of your organization; or
- Have a compensation arrangement or financial interest with your organization

No

If yes, please provide the person(s) name and describe the nature of the relationship

#### Non Discrimination Policy

**By selecting YES below, the organization attests that it does NOT discriminate on the basis of race, color, national origin, sex/gender, sexual orientation, age, physical or mental disability, in their programs, services, policies, hiring practices and administration.**

Yes

### Non Proselytizing (for religious or faith-based organizations)

- Your program or service must be open to the general public and aimed at addressing a community need, and
- Programs and services are provided regardless of an individual's religious affiliation or belief, and
- Individuals are not required to attend or participate in services, classes or sessions where the purpose is to promote, teach or advance a religious doctrine or philosophy

Will any portion of your contribution request be used to further religious doctrine, or for programs for the congregation, members or students or in the support of general operations?

No

Is your organization currently, or has it ever been, a vendor of Kaiser Permanente?

Please describe your interactions with Kaiser Permanente. (150 word limit)

No.

Board of Directors

Please provide us with your current list of Board of Directors and their affiliations

[Board of Trustees List.pdf](#)

Audited financial report

**FOR REQUESTS AT OR ABOVE \$25,000:** Provide us with your most recent audited financial reports

[Audit Report June 30, 2017.pdf](#)

Project Fiscal Agent

**Only fill this section out if your project will be funded through a fiscal agent.**

Fiscal Agent Organization Name

Fiscal Agent Tax ID# (EIN or TIN)

Fiscal Agent Mailing Address

Street Address, City, State, and Postal Code (9-digit code if known).

Fiscal Agent Contact

Prefix, First Name, Last Name.

Fiscal Agent Contact Title

Fiscal Agent Contact Phone

Fiscal Agent Contact E-mail

Fiscal Agent MOU

Memorandum of Agreement between your organization and your Fiscal Agent.

Request on Fiscal Agent letterhead

Letter should include the legal name of your Fiscal Agent, Fiscal Agent's address, requested amount, project summary and project title

#### Basic Project Info

General Project Information

**Please provide the following information for the project or program you are proposing**

Project Title

Water Bottle Re-Filling Station

Project Summary

Please provide a summary of your proposed project as if you are speaking with a reporter or someone outside of your field. **Do not write in first person. Please also indicate the location of your project/program.**  
**50 word limit.**

This project will consist of installing ADA compliant filtered water stations to re-fill water bottles at 13 school sites. Funds will be prioritized for the district's three middle schools first. The second priority will be to install fountains at

schools with the highest free and reduced lunch percentages.

Project Start Date	Project End Date	Total Project Budget
1/7/2018	12/20/2019	81928

Amount of funding you are requesting from Kaiser Permanente for this project  
75000

Completed Project Budget Template

Please [download the required project budget template from here](#):

Save to your computer.

Complete.

Upload completed project budget template below.

[Kaiser Grant Application Budget.xls](#)

Project Funders\Partners

Please list other committed or solicited funders or partners for this specific project.

**150 word limit.**

Sylvan Union School District Maintenance and Operation Budget Source

Sylvan Union School District Unrestricted General Fund Budget Source

Kaiser Permanente Involvement in this project or your organization

Please list Kaiser permanente staff that have involvement in your project or your organization.

**PLEASE DO NOT LIST BOARD MEMBERS, OR OTHER PERSONS, DISCLOSED ON THE COMPLIANCE PAGE**

Marie Sanchez, Community Benefits Manager

Bill Hung, Senior Account Manager

Primary Project Contact

Please check this box if the primary contact for this proposal is the same as the contact previously provided for the CEO or Executive Director.

No

**If the primary contact is not the same as the Executive Director, CEO or President, please complete the following information for the primary contact of this proposal.**

Prefix	First Name	Last Name
Mrs.	Yvonne	Perez

Title

Assistant Superintendent of Business Services

Phone	Fax	E-mail
209-574-500	209-524-2672	<a href="mailto:yperez@sylvan.k12.ca.us">yperez@sylvan.k12.ca.us</a>

Health Needs

Kaiser Permanente NCAL has identified the following priority funding areas. Please select one identified health need that best describes your project.

Northern California-[2017 - 2019] Healthy Eating Active Living

Health Need	Strategy
<b>Mental and Behavioral Health</b>	Provide screening and identification related to behavioral health needs among low income, vulnerable and uninsured populations and connect them with the appropriate services or support.
	Support opportunities to prevent and reduce the misuse of drugs and alcohol.

	Support opportunities to reduce stigma through education and outreach in school, community and workforce settings.
<b>Healthy Eating Active Living (HEAL)</b>	Increase access to healthy, affordable foods, including fresh produce, and decrease access to unhealthy food.
	Increase access to free, safe drinking water.
	Reduce access to and appeal of sugar sweetened beverages.
	Increase enrollment in and use of federal food programs.
	Increase access to safe parks and public spaces.
	Increase opportunities for active transportation.
	Increase access to physical activity opportunities in the community.
	Increase access to physical activity opportunities in schools.
<b>Access to Care and Coverage</b>	Support outreach, enrollment, retention and appropriate utilization of health care coverage programs.
	Increase access to primary and specialty care.
	Improve navigation to obtain access to appropriate care within the health care system.
	Promote integration of care between primary and specialty care, including behavioral health care.
	Increase and systematize access to needed social non-medical services.
	Provide support to increase enrollment in public benefit programs (including federal food programs) among vulnerable and low income populations.
	Increase access to training and education for diverse populations currently underrepresented in the health care workforce.

Based on the need you selected, select at least one strategy from the list above and explain how your organization will address it.

You may select more than one strategy if relevant.

**200 word limit.**

Increase Access to Free Safe Drinking Water. Currently our students access water from unfiltered drinking fountains. The fountains will provide a quick and easy way to fill up reusable bottles. The current fountains are not designed to refill water bottles. Families will spend less money on bottled water. Filtered water will assure water is clean and healthy to drink. Student body organizations at the middle schools can collaborate on the project to promote drinking clean healthy water, rather than sugary drinks. Teachers can be encouraged to develop a project based learning opportunity to analyze savings to families and the environment by providing an eco-friendly option to access clean water.

Project Description

Project Description  
Project Description

Please describe your proposed project and how it addresses the priority funding area. Imagine you are explaining your



project to a reporter or someone outside of your field. Do not write in first person.

#### **400 word limit.**

The current fountains throughout the district are not designed to refill water bottles. The fountains will provide a quick and easy way to fill up reusable water bottles, and at the same time provide an eco-friendly option for accessing clean filtered water. Families will potentially spend less money on bottled water for the children to bring to school. Filtered water will assure water is clean and healthy to drink. Student body clubs at the middle school level may choose to collaborate on the project to promote drinking clean healthy water, rather than sugary drinks. As a result of the project and the district's commitment to learning opportunities that support STEAM (Science, Technology, Engineering, Arts, and Math) teachers may consider a project based learning opportunity to study and analyze the impact to families for purchasing less water bottles, and the impact to the environment as a result of reducing plastic waste.

#### **Client Step-by-Step Experience**

If your project provides direct service please describe the program of services you provide from the perspective of a typical or average client; e.g. how do they learn about and enter your program, who interacts with them, what do they do in your program, how often and with what results, how long do they stay engaged with your program.

#### **(300 word limit)**

Not applicable

#### **Project Workplan**

Please [download the required project workplan template from here](#).

Save to your computer.

Complete.

Upload completed project workplan template below.

[Kaiser Grant Work Plan.doc](#)

#### **Goals & Objectives**

Referring to your completed workplan template (see above question), please copy and paste your goals and objectives here. List as bullets like the example below.

- Goal 1:
  - Objective a:
  - Objective b:
  - Objective c:

Goal 1: Increase clean, sustainable drinking water access at 13 school sites by installing Bottle Filling Stations with filtered water by December 2019, and promoting their benefits through a communication plan targeting all stakeholders (students, staff, parents, community).

- \* Purchase and install units
- \* Determine desired specs of the units to be purchased
- \* Obtain quotes from 3 different vendors to promote best price based on the specs
- \* Prepare installation specs and obtain quotes from 3 licensed commercial plumbers
- \* Obtain board approval to purchase the units and award a contract for installation
- \* Communicate plan to stakeholder as each installation is completed.
- \* Explore the option of a project based learning by collaborating with key curriculum experts in the district.

How will you measure the changes you aim to see (i.e., which data will you collect)?

150 word limit

Track location and date units are installed at each site

Issue a survey to staff and students to determine how often the station is being used to access clean filtered water

#### **Project Outcomes**

Number of People Expected to be Reached or Served by your project:

9000

Please briefly describe (3-4 sentences) the outcome(s) you hope to achieve with this grant, including who you plan to reach, how many you plan to reach and the impact you plan to have on those individuals.

150 word limit.

The district serves 8,235 students and close to 950 staff members. Students and staff will have access to clean filtered drinking water. The impact is potentially significant. Bottled water and sugary beverages both happen to be some of the top contributors to waste. Both items are commonly deposited with remaining liquid, resulting in more weight and spillage. Bottle Filling Stations can indirectly decrease the purchase of both of these items, reducing overall waste. This project will also set an example for the larger community for promoting health and sustainability.

Communication



Communication

Partners

List and describe briefly community partners involved with coordinating and/or implementing of your project.

**150 word limit.**

Parent Teacher Groups at Elementary Schools

Student Body Clubs at the Middle School's

How do you plan to acknowledge Kaiser Permanente support for this project?

100 word limit.

The district will include the project in our quarterly newsletter that is posted to the front page of our district website, and that is distributed to all families.