

FY2027 El Camino Healthcare District and El Camino Health Community Benefit Grant Application Information Session

Community Partnerships

January 26 & 28, 2026



**El Camino
Healthcare
District**



**El Camino
Health**

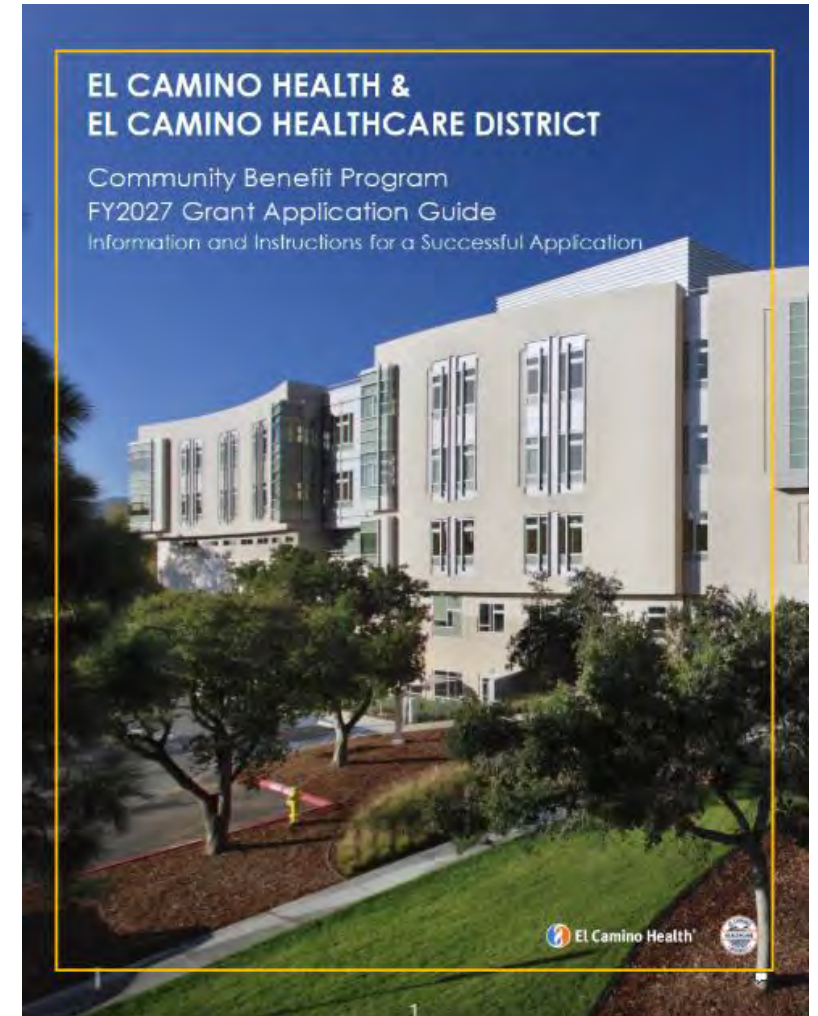
Agenda

1	Grant Application Guide
2	Introduction & Overview of Community Benefit Grant Program
3	Key Dates and Grant Cycle Timeline
4	Funding Priorities
5	Grant Application Overview
6	Contact Information and Q&A

Grant Application Guide

Please reference the El Camino Health & El Camino Healthcare District **Community Benefit Program FY27 Grant Application Guide**

- The guide is a helpful tool to access, complete and submit the grant application
- It also outlines **funding priorities, eligibility, and criteria** to review before applying



Grant Program

Introduction & Overview | Community Benefit Grant Program

El Camino Health and the **El Camino Healthcare District** **invest in the community's health** by supporting a wide range of programs and services

Each entity has **separate grant opportunities** for programs that:

- Align with **current funding priorities**
- Demonstrate the ability to **meet the health needs** of community members who are underserved, experiencing health disparities, and/or facing health challenges

*There are
separate applications
for each
entity*



The District funds both
Program Grants and **Support Grants**

Support Grant amounts are up to \$30,000 for agencies with an operating budget of less than \$1.5M



El Camino Health funds
Program Grants only

Program Grant amounts vary depending on community need and program scope

Grant Program Overview | Geography Distinction



The primary **distinction** between the **El Camino Health** and **El Camino Healthcare District** Community Benefit Program is **geography**.

Applications must meet the **geographic requirement** by serving individuals who **live, work or go to school** in the District boundaries or El Camino Health service area.



El Camino Health



El Camino
Healthcare
District

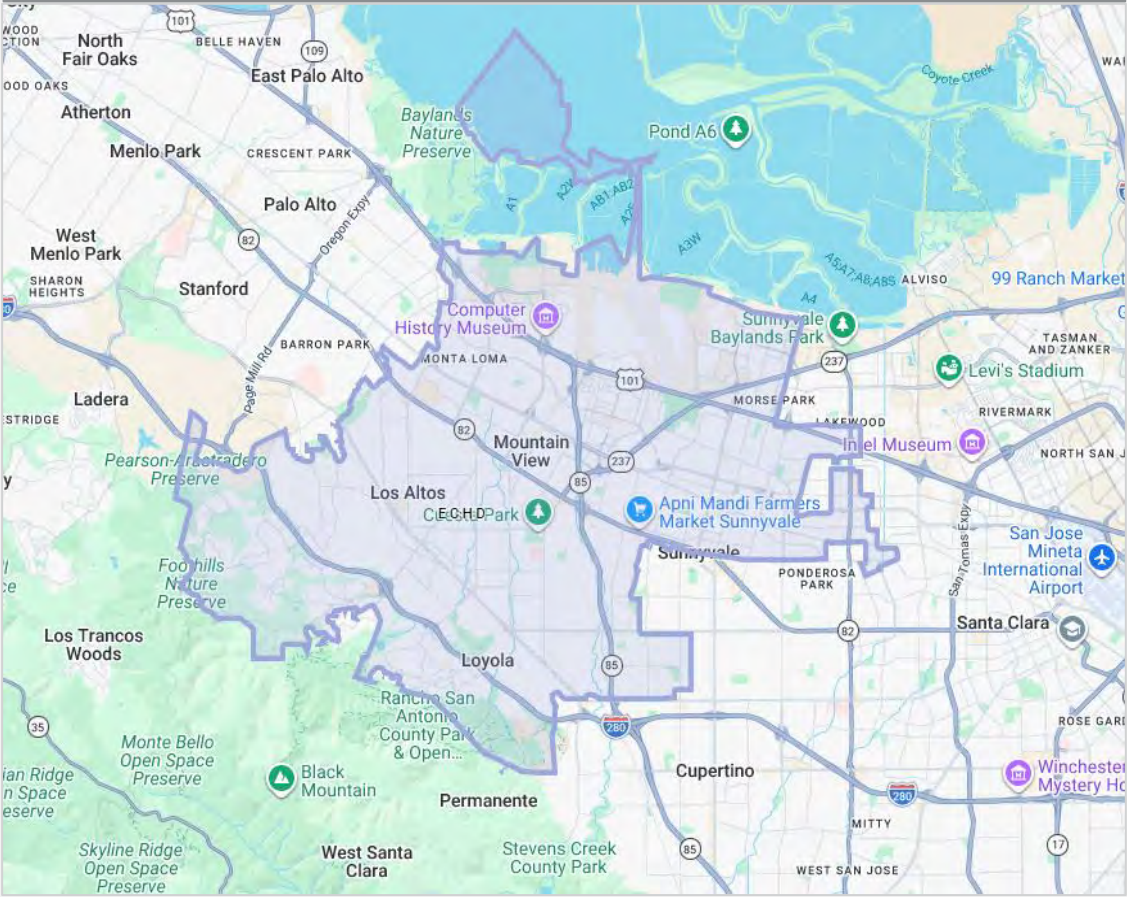
Campbell
Cupertino*
Los Altos*
Los Altos Hills*
Los Gatos
Mountain View*
San José
Santa Clara
Saratoga
Sunnyvale*

Cupertino (partial)
Los Altos
Los Altos Hills
Mountain View
Sunnyvale


*Applications for services only in the El Camino Healthcare District city or cities should apply to the District where possible, as the **District has more funding available**.

Grant Program Overview | El Camino Healthcare District Geography

Use the ECHD Boundary Map Tool to look up an address



www.elcaminohealthcaredistrict.org/about/boundary-map



El Camino Healthcare District

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ECHD Role

ECHD Structure

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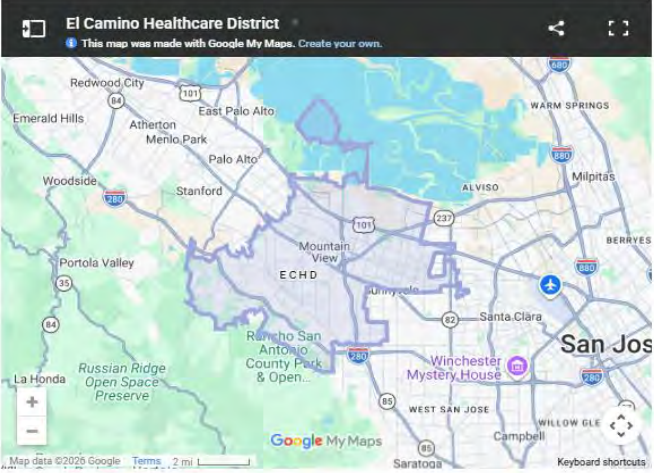
Home > About

ECHD Boundary Map

El Camino Healthcare District Boundaries Map data provided by the Department of Planning and Development, County of Santa Clara.

El Camino Healthcare District

This map was made with Google My Maps. Create your own.



Steps to Look Up an Address

Key Dates and Grant Cycle Timeline



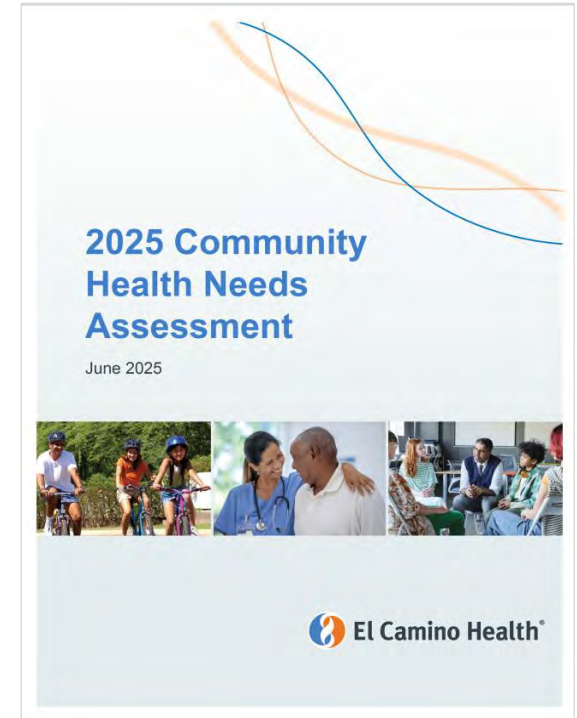
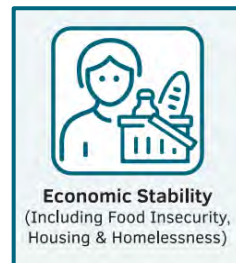
* El Camino Health Application available at: elcaminohealth.org/grants

* El Camino Healthcare District Application available at: elcaminohealthcaredistrict.org/grants

Funding Priorities | Community Health Needs Assessment (CHNA)

Every three years, El Camino Health conducts a CHNA in collaboration with local stakeholders to **identify significant community health needs** and meet state and federal requirements.

The five selected **health needs** are:

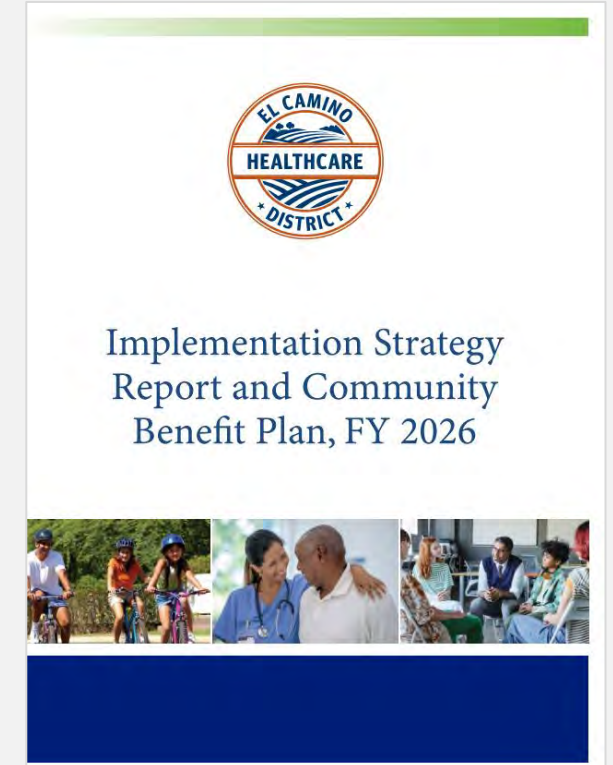
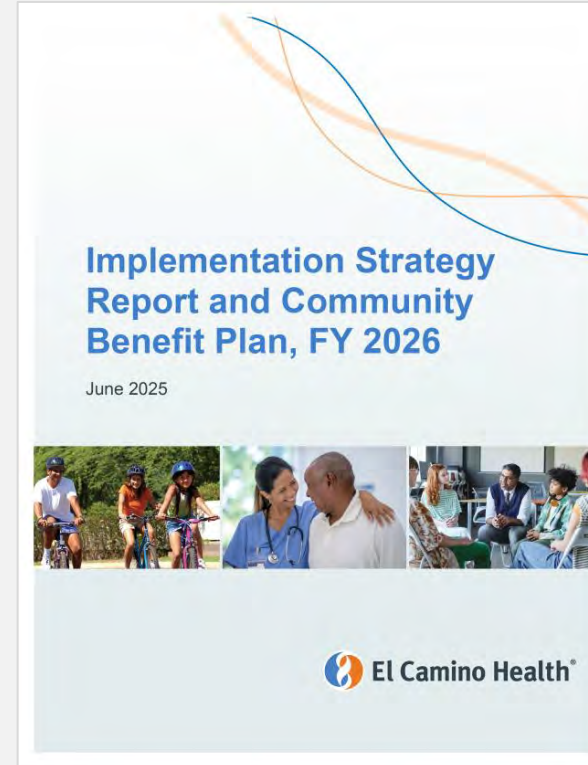


The current **2025 CHNA** is posted on the Community Benefit webpages:

<https://www.elcaminohealthcaredistrict.org/community-benefit>
<https://www.elcaminohealth.org/community/community-benefit>

Implementation Strategy Report and Community Benefit Plan

The **Implementation Strategy Report and Community Benefit Plan** describes the health needs selected from the Community Health Needs Assessment (CHNA) and offers suggested **strategies for addressing these needs in the community.**



Grant Program Overview | Funding Request Guidelines



For FY2027, substantial additional funding to help mitigate federal funding cuts is expected to be available for the **El Camino Healthcare District** Community Benefit Grant Program.

- **District applicants** should consider their **current funding needs** for the application.
- Additionally, District grantees are encouraged to consider requests for **new or innovative programming** that may complement an existing **El Camino Healthcare District** funded program.
- It is important to **clearly articulate the role that El Camino Health or El Camino Healthcare District funding would play in relation to other funding sources** for new or existing programs.

**In previous grant cycles, applicants were advised that incremental increases were more feasible than large variations in funding requests from one year to the next.*

Grant Program Overview | Eligibility Guidelines

Eligible organizations include **nonprofits, government-sponsored health programs, school districts, community service agencies, safety net clinics and community coalitions with a history of service to the residents of our community.**

To be considered eligible for Community Benefit Program funding, the grant program must:



- Address selected **health need**
- Meet the geographic requirement by serving **individuals who live, work or go to school in the District boundaries or the El Camino Health service area**

Grant Program Overview | Guiding Principles

Required:

1. Serve those who live, work or go to school in the **targeted geography**
2. Demonstrate a competence and capacity to address at least one of the **identified health needs**
3. Focus primarily, but not exclusively, on the results of **increasing access to healthcare services, behavioral health services, as well as the management of rising risk chronic health conditions** (diabetes, obesity, cardiovascular disease, cancer, and respiratory conditions)
4. Have an **emphasis on populations that are underserved, experiencing health disparities, and/or facing health challenges**

Preferred:

5. Aim to **reflect the diversity of the targeted geography**
6. Focus on **operational programmatic costs for service delivery**, over capital campaigns
7. Emphasize **locally focused** vs. national organizations
8. Emphasize the most **effective and impactful programs while welcoming new and innovative applicants**

Grant Application

Grant Application Overview | Application Components

Now Accepting Grant Applications for FY 2027

The El Camino Healthcare District is accepting applications for the FY 2027 grant cycle. The FY 2027 grant cycle spans July 1, 2026 – June 30, 2027. Grant notifications will occur in late June 2026. **The FY 2027 grant application is due Friday, February 27, 2026, by 5 p.m. PST.**

UPDATED Funding Request Guidelines for FY 2027 District Grant Applicants

In previous grant cycles, applicants were advised that incremental increases were more feasible than large variations in funding requests from one year to the next. **For FY 2027, substantial additional funding is expected to be available for the El Camino Healthcare District Community Benefit Grant Program.** District applicants should consider their current funding needs for the application. Additionally, District grantees are encouraged to consider requests for new or innovative programming that may complement an existing El Camino Healthcare District funded program.

Apply Online

[Download the FY 2027 Grant Application Guide \(PDF\)](#) for more information. The guide is a helpful tool to access, complete and submit the grant application. It also outlines funding priorities, eligibility, and criteria to review before applying.

The [2025 Community Health Needs Assessment](#) and the [Implementation Strategy Report and Community Benefit Plan, FY 2026](#), are also helpful resources when preparing an application.

The grant application uses an online platform. To start an application, click the link below.

Start a FY 2027 Grant Application

elcaminohealth.org/community/community-benefit

elcaminohealthcaredistrict.org/community-benefit/grant-program

For issues logging in contact:
communitybenefit_ECH@elcaminohealth.org

Grant Application Overview | Separate Applications for ECH/D

FY 2027 El Camino Healthcare District & El Camino Health Grant Application

Routing FY2027 Applicants to the correct form

FORM QUESTIONS

1. Please review the cities listed in each application below.

2. Select the one application that is most appropriate for your program based on the cities it serves.

3. To proceed:

Select True under the application you would like to complete.

Click Submit.

4. After you select True for one application, the other option will automatically be hidden.

5. If you would like to submit more than one application, or apply to both El Camino Health and the El Camino Healthcare District, please return to our website and click the application link again to start a new submission.

El Camino Healthcare District

Cupertino

Los Altos

Los Altos Hills

Mountain View

Sunnyvale

Select True to be routed to the El Camino Healthcare District Application

El Camino Health

Campbell

Cupertino

Los Altos

Los Altos Hills

Los Gatos

Mountain View

Santa Clara

San Jose


Saratoga

Sunnyvale

Select True to be routed to the El Camino Health Application

Submit

There are separate applications for each entity. Please apply accordingly.

 El Camino Health

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Grant Application Overview | Allows multiple applicant team members

FY 2027 El Camino Healthcare District Grant Application

Applicant Information



EL CAMINO HOSPITAL
2500 GRANT RD, MOUNTAIN VIEW, CA, 94040-4302, US
94-3167314

Update organization



Arielle Bonifacio Hernandez
arielle_bonifaciohernandez@elcaminohealth.org

 Manage applicants (1) ^

 El Camino Health




El Camino Healthcare District

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Grant Application Overview | Key Contacts

FY 2027 El Camino Healthcare District Grant Application

Applicant Information



EL CAMINO HOSPITAL
2500 GRANT RD, MOUNTAIN VIEW, CA, 94040-4302, US
94-3167314

Update organization

AB

Arielle Bonifacio Hernandez
arielle_bonifaciohernandez@elcaminohealth.org

FORM QUESTIONS

Complete the required fields below.
Accepting applications until Feb 27, 2026 05:00 PM

General Information

Key Contacts

Program Information

Program Detail

Budget

Program Metrics

Required Documents

Additional Information (opt...)

Application Survey

Top Organization Executive (Executive Director, CEO, President, Superintendent, etc.)*
may list only one contact here

Minimum number of responses: 1

+ Add new

PREFIX	FIRST NAME	LAST NAME	SUFFIX	EMAIL ADDRESS	OFFICE TELEPHONE	OFFICE FAX
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Grant Application Overview | Program Information

– Health Need Selection

- The Community Benefit Grant Program of El Camino Healthcare District (ECHD) has selected five priority health needs from the 2025 Community Health Needs Assessment.
- Programs should address one or more of the health needs in the table below.

Health Need	Key Considerations
Healthcare Access & Delivery (including oral health)	Availability and access to primary care, oral healthcare, specialty care, maternal/infant health, etc.
Behavioral Health (including domestic violence & trauma)	Mental health services for depression, anxiety, substance abuse, senior isolation/loneliness, and domestic violence & trauma, etc.
Diabetes & Obesity	Relates to disease management as well as contributing factors which include healthy eating and active living, etc.
Chronic Conditions (other than diabetes & obesity)	Cardiovascular disease, cancer, respiratory conditions, Alzheimer's and dementia, and other chronic conditions
Economic Stability (including food insecurity, housing & homelessness)	Key driver of poor health outcomes

Please select the most appropriate health need for your program:*

Healthcare Access & Delivery

Healthcare Access & Delivery Goals*

Please select the goal that best aligns with your program

Reduce disparities in access to high-quality care

Reduce disparities in access to high-quality care initiatives*

Please select the initiative that best aligns with your program

Support increased access to primary care and specialty care services for vulnerable individuals

NEW Effective FY2027, in addition to selecting the program health need, applicants must also identify the goal and initiative.

Grant Application Overview | Program Information (continued)

– Demographics

– Geographical Area Served

Provide the **approximate** percentages of individuals to be served from each city below.

Selections must total 100%, though the % sign may not appear.

Cupertino	Mountain View
<input type="text"/>	<input type="text"/>
Los Altos	Sunnyvale
<input type="text"/>	<input type="text"/>
Los Altos Hills	
<input type="text"/>	

Geography Total*

This field is automatically calculated

0

ECHD applicants: confirm all sites are located within El Camino Healthcare District
using the **ECHD Boundary Map Tool**: <https://www.elcaminohealthcaredistrict.org/about/boundary-map>

Grant Application Overview | Program Details

– Program Delivery Site(s)

Provide the name and address of organization sites where services will be delivered. If services are provided only at your agency location, please list your location address.*

Note: Services provided at other agencies will require a signed letter of commitment or memorandum of understanding (MOU).
Please attach for each partner agency in the section below. If you require more than two file uploads, please contact Community Benefit.

Letters of Commitment / Memos of Understanding

Click or drop files here to upload
Maximum file size: 29MB

Grant Application Overview | Budget

Budget

Are you requesting an increase in funding from your prior year's grant?*

If you are a new applicant or did not receive a grant last year, select "No".

Yes

– Requesting More Funds

If requesting increased funds, how will these new funds be used:*

Please explain how additional funds will be used.*

If additional funding is for an existing program, where did this funding come from last year?*

if you don't receive this funding, what will be the impact to the program?*

NEW If you are a current grantee requesting more funds, please respond to the applicable questions.

Grant Application Overview | Volume Metrics

- Volume Metrics

Provide definition of individuals served* ?

Examples of individuals served definition

- Number of individuals receiving a health screening
- Number of individuals receiving health education classes
- Number of individuals receiving case management sessions

Individuals Served FY 2027 6month Target*

Individuals Served FY 2027 Annual Target*

Provide definition of services provided* ?

Examples of services provided definition

- Number of health screenings performed (health screenings x individuals served)
- Number of health education classes provided (classes x individuals served)
- Number of case management sessions provided (case management sessions x individuals served)

Grant Application Overview | Collective Impact Metrics

– Collective Impact Metric

Select one Collective Impact Metric within the program's associated health need.

Collective Impact Metric FY 2027 6month Target*

Collective Impact Metric FY 2027 Annual Target*

Grant Application Overview | Outcome Metrics

Outcome Metrics

Insufficient Example Outcome Metric

Increased participation in activities that will reduce social isolation

Clients who increase participation in activities that promote physical activity

Improved Example Outcome

Participants who report at least a 5-point increase in social isolation on the ABC Scale

Clients who report at least a 30 minute weekly increase in moderate to strenuous physical activity as assessed by pre/post survey

Outcome Metric targets should not be set at 100%, as metric targets should reflect stretch goals rather than completion of program processes (i.e., clients receiving program materials).

Outcome Metric 1*

Outcome Metric 1 FY 2027 6-month Target*

Outcome Metric 1 FY 2027 Annual Target*

%

%

*the number entered in this field should represent a percentage though the percent symbol may not appear.

*the number entered in this field should represent a percentage though the percent symbol may not appear.

An Outcome Metric is optional for ECHD Support Grants (\$30K or less and agency operating budget of less than \$1.5M)

Grant Application Overview | Required Documents

FORM QUESTIONS

Complete the required fields below.
Accepting applications until Feb 27, 2026 05:00 PM

General Information

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Program Detail

Budget

Program Metrics

Required Documents

Additional Information

W-9*

Attach a copy of your most recent W-9.
must be dated within the last 3 years

Click or drop files here to upload
Maximum file size: 29MB

Audited Financials*

- If you are unable to provide your most recent audited financials, you may submit your organizations most recent 990 form.
- If your organizations budget is below \$2M you may submit your organizational budget in place of the audited financials.

Click or drop files here to upload
Maximum file size: 29MB

Executive Director and Board of Directors Roster*

Provide a roster with your organization's top executive and board of directors on agency letterhead.

Click or drop files here to upload
Maximum file size: 29MB

NEW Form 990 may be submitted in lieu of audited financials.



Q&A

The **info session presentation, recording, and FAQ's** (Frequently Asked Questions) will be posted on the Community Benefit websites:

- <https://www.elcaminohealth.org/community/community-benefit>
- <https://www.elcaminohealthcaredistrict.org/community-benefit/grant-program>

Questions? Contact Communitybenefit_ech@elcaminohealth.org