



October 31, 2014

Takashi M. Wada, M.D.  
Director and Health Officer  
Santa Barbara County Public Health Department  
Attn: Suzanne Jacobson  
300 N. San Antonio Road  
Santa Barbara, CA 93110

RE: TFR14-02742

Dear Dr. Wada:

We are pleased to inform you that Tides Foundation, on the recommendation of the Center for Care Innovations Fund, in partnership with California HealthCare Foundation, has decided to give your organization a \$20,000.00 grant. This grant is for your organization's Safety Net Analytics program. We are enclosing a \$15,000.00 check representing the first installment. Remaining installments will be disbursed upon review of your organization's deliverables and completed or scheduled evaluation activities. By accepting payment, you agree to all the terms and conditions set forth in this letter. This grant has been recommended by the Center for Care Innovations staff and has been reviewed and approved by the Tides Foundation's Board of Directors.

The conditions of this grant are as follows:

Your organization will be expected to complete the following requirements:

- Attend in-person learning sessions (3) and monthly webinars.
- Complete a guided analytics capacity assessment pre and post program.
- Identify and complete an Analytics Field Project including an initial Project Charter that defines the timelines, goals, and approach for the project.
- Complete homework assignments at the conclusion of learning sessions and webinars, and post responses to a program website.
- Participate in periodic status calls with CCI as requested.
- Submit receipts to CCI for travel expenses incurred (up to \$500 per person) within 30 days of the in-person learning session.
- Meet with program evaluators as requested for interviews or other data gathering activities.

Reports and Deliverables:

*Report templates will be provided by CCI prior to the deadline.*

- Meet with a CCI-appointed assessment coach and complete the Analytics Capacity Assessment by December 2, 2014.
- Complete a Project Charter for the Analytics Field Project by January 30, 2015.
- Complete interim evaluation survey and interview or other activity as requested by program evaluators by June 30, 2015.
- Prepare a summary of the approach, results and impact of the Analytics Field Project by December 15, 2015.
- Complete post-program Analytics Capacity Assessment by January 31, 2016.
- Complete or schedule in-depth interviews with program evaluators, as requested, by January 31, 2016.

Any portion of this grant not used for the stated purpose must be repaid to Tides by your organization. Any change of purpose must be requested and approved in advance, in writing.

All expenditures made for the purposes of the grant shall appear in your organization's financial records, and such records will be made available to Tides Foundation and the Center for Care Innovations at reasonable times upon request.

Your organization agrees to notify Tides immediately, in writing, of any change in its tax-exempt status, its executive staff or key staff responsible for achieving the grant purposes, or any other change in its program that would affect its ability to achieve the grant purposes.

Your organization agrees that it shall not use any portion of this grant to make sub-grants or sub-contracts to individuals on a non-objective basis, or for any non-charitable or non-educational purpose. This grant does not represent the payment of a pledge or other financial obligation. No goods or services should be provided in return for this grant.

450 Geary Street, Suite 400  
San Francisco, CA 94102

careinnovations.org  
ccivoice.org

Your organization agrees not to use any portion of the granted funds to: carry on propaganda or to attempt to influence specific legislation either by direct or grassroots lobbying.

Your organization shall not use funds to participate in or intervene in (including the publishing or distribution of statements) any campaign on behalf of (or in opposition to) any candidate for public office; or fund any specific voter registration drive that is conducted in a manner that favors a particular candidate or slate of candidates. Your organization has not violated and will not violate any federal or state laws applicable to campaign finance or lobbying limitations or reporting rules, and will indemnify, defend and hold Tides Foundation harmless from all costs or damages incurred by Tides arising out of your organization's activities, to the fullest extent permitted by law.

Your organization agrees that all copyright, patent, trade secret, trademark and any other intellectual property or proprietary rights (collectively, "Intellectual Property Rights") developed by your organization with grant funds will be used in furthering the charitable purpose contemplated herein. Your organization will either retain ownership of the Intellectual Property Rights or ensure any Intellectual Property Rights owned by a third party(ies) are used toward accomplishing the charitable purpose contemplated herein.

You certify that your organization does not discriminate on any unlawful basis with regard to hiring or employment practices or in the administration or provision of programs and services. You certify that your organization does not discriminate on the basis of sexual orientation or gender identity in hiring or employment practices.

Your organization agrees to comply with all applicable export laws and trade sanctions programs. Your organization agrees to comply with all applicable laws, including all anti-bribery or anti-corruption laws. Your organization and officers, directors, employees, or agents have not and will not pay, offer or promise to pay, or authorize the payment directly or indirectly, of any money, gift or anything of value to any government official or employee or any political party or candidate for political office for the purpose of influencing any act or decision of such official or of the government to obtain or retain business, or direct business to your organization.


Your organization certifies that it is legally authorized to receive this grant under its own policies, as well as any other applicable laws and regulations. Your organization certifies that the person accepting payment has the authority and has obtained all necessary approvals to accept the grant award.

If you have occasion to announce or acknowledge this grant publicly, please indicate that support was provided by the Center for Care Innovations Fund of Tides Foundation, in partnership with California HealthCare Foundation.

Our Director of Operations, Sarah Frankfurth, is available to answer any questions you may have regarding this transaction, and can be reached at 415-561-7817 or [sarah@careinnovations.org](mailto:sarah@careinnovations.org). Please include your grant number on all correspondence. In the interest of conservation, we request that you do not add Tides or its affiliates to your general mailing list.

The Center for Care Innovations is a vital source of ideas, best practices and funding for California's health care safety net. By bringing people and resources together, we accelerate innovations for healthy people and healthy communities. Since our founding, CCI has acted as a catalyst for California's health care safety net to take risks, explore creative solutions and emerge as a model to emulate. We are proud to include your organization in that history.

Sincerely,



Veenu Aulakh  
Executive Director  
Center for Care Innovations

Tides Foundation

P.O. Box 29903

San Francisco, CA 94129-0903

415-561-6400

PAYEE Santa Barbara County Public Health Department  
FOR Santa Barbara County Public Health Department

GRANT ID SCHED DATE  
TFR14-02742 10/31/2014

PURPOSE This grant is for your organization's Safety Net Analytics program.

AMOUNT

\$15,000.00

CHECK DATE 10/31/2014  
BATCH # 66169

63077

NOT NEGOTIABLE

CHECK VOID AFTER 6 MONTHS  
063077

Wells Fargo Bank  
464 CALIFORNIA STREET  
SAN FRANCISCO, CA 94163

P.O. BOX 29903  
SAN FRANCISCO, CA 94129-0903  
415-561-6400

TIDES FOUNDATION

CHECK NUMBER CHECK DATE CHECK AMOUNT  
63077 10/31/2014 \*\*\*\*\*\$15,000.00

Fifteen Thousand Dollars and Zero Cents

SANTA BARBARA COUNTY PUBLIC HEALTH DEPARTMENT

PAY ATTN: DR. TAKASHI M. WADA, M.D.

TO THE ATTN: SUZANNE JACOBSON

ORDER OF 300 N. SAN ANTONIO ROAD

SANTA BARBARA, CA 93110

SECOND SIGNATURE REQUIRED IF \$10,000.00 AND OVER

AUTHORIZED SIGNATURE

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