



February 12, 2026

AMENDED NOTICE

TO: Legal Counsel

News Media

Salinas Californian

El Sol

Monterey County Herald

Monterey County Weekly

KION-TV

KSBW-TV/ABC Central Coast

KSMS/Entravision-TV

The next regular meeting of the **COMMUNITY ADVOCACY COMMITTEE - COMMITTEE OF THE WHOLE** of **SALINAS VALLEY HEALTH**¹ will be held **WEDNESDAY, FEBRUARY 18, 2026, AT 12:00 P.M., DOWNING RESOURCE CENTER, CEO CONFERENCE ROOM 117, SALINAS VALLEY HEALTH MEDICAL CENTER, 450 E. ROMIE LANE, SALINAS, CALIFORNIA and BOULEVARD PASEO IXTAPA S/N, 40880, IXTAPA ZIHUATANEJO, GUERRERO, MEXICO.**

(Visit <https://www.salinasvalleyhealth.com/about-us/healthcare-district-information-reports/board-of-directors/meeting-agendas-packets/board-information-2025/> for Public Access Information).

A handwritten signature in black ink, appearing to read "Allen Radner".

Allen Radner, MD
President/Chief Executive Officer

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

Committee Voting Members: **Rolando Cabrera, MD**, Chair; **Isaura Arreguin**, Vice-Chair; **Allen Radner, MD**, President/CEO; **Clement Miller**, Chief Operating Officer; **Jaime Gonzalez, MD**, Medical Staff Member

Advisory Non-Voting Members: Julie Edgcomb, Community Member; Administrative Executive Team

**COMMUNITY ADVOCACY COMMITTEE
COMMITTEE OF THE WHOLE
SALINAS VALLEY HEALTH¹**

**WEDNESDAY, FEBRUARY 18, 2026, 12:00 P.M.
DOWNING RESOURCE CENTER, CEO CONFERENCE ROOM 117
Salinas Valley Health Medical Center
450 E. Romie Lane, Salinas, California, &
Boulevard Paseo Ixtapa S/N, 40880, Ixtapa Zihuatanejo, Guerrero, Mexico**

(Visit SalinasValleyHealth.com/virtualboardmeeting for Public Access Information)

AGENDA

1. Call to Order / Roll Call
2. Public Comment

This opportunity is provided for members of the public to make a brief statement, not to exceed three (3) minutes, on issues or concerns within the jurisdiction of this District Board which are not otherwise covered under an item on this agenda.

3. Approve Minutes of the Community Advocacy Committee Meeting of November 5, 2025 (CABRERA)
 - Motion/Second
 - Public Comment
 - Action by Committee/Roll Call Vote
4. Community Health Needs Assessment Report (RUSK)
5. Consider Recommendation for Board Approval of Community Funding Plans & Programs – Annual Review/Approval (DITULLIO/FITZGERALD)
 - Staff Report
 - Committee Questions to Staff
 - Public Comment
 - Committee Discussion/Deliberation
 - Motion/Second
 - Action by Committee/Roll Call Vote

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

6. Adjournment

The Community Advocacy Committee meets quarterly and the next meeting is scheduled for Wednesday, **May 20, 2026** at 12:00 p.m.

This Committee meeting may be attended by Board Members who do not sit on this Committee. In the event that a quorum of the entire Board is present, this Committee shall act as a Committee of the Whole. In either case, any item acted upon by the Committee or the Committee of the Whole will require consideration and action by the full Board of Directors as a prerequisite to its legal enactment.

The Salinas Valley Health (SVH) Committee packet is available at the Committee Meeting, electronically at <https://www.salinasvalleyhealth.com/~/about-us/healthcare-district-information-reports/board-of-directors/meeting-agendas-packets/2026/>, and in the SVH Human Resources Department located at 611 Abbott Street, Suite 201, Salinas, California, 93901. All items appearing on the agenda are subject to action by the SVH Board.

Requests for a disability related modification or accommodation, including auxiliary aids or Spanish translation services, in order to attend or participate in-person at a meeting, need to be made to the Board Clerk during regular business hours at 831-759-3208 at least forty-eight (48) hours prior to the posted time for the meeting in order to enable the District to make reasonable accommodations.

CALL TO ORDER
ROLL CALL

(Chair to call the meeting to order)

PUBLIC COMMENT

DRAFT SALINAS VALLEY HEALTH¹
COMMUNITY ADVOCACY COMMITTEE MEETING
COMMITTEE OF THE WHOLE
MEETING MINUTES NOVEMBER 5, 2025

Committee Attendance:

Voting Members Present: **Rolando Cabrera, MD**, Chair, **Isaura Arreguin**, Vice-Chair, **Jaime Gonzalez, M.D.**; **Clement Miller**, and **Allen Radner, M.D.** President/CEO;

Voting Members Absent: None;

Advisory Non-Voting Members Present:

In Person: Timothy Albert, M.D., CCO, Iftikhar Hussain, CFO, Gary Ray, CLO, Rakesh Singh, M.D., VP;
Via Teleconference: Michelle Childs, CHRO and Carla Spencer, CNO;

Other Board Members Present, Constituting Committee of the Whole:

In Person: Catherine Carson and Victor Rey, Jr.

Also, Present:

Matthew Ottone, Esq., District Legal Counsel

Director Arreguin arrived at 12:03 p.m.

Director Rey arrived at 12:04 p.m.

Dr. Gonzalez arrived at 12:10 p.m.

Carla Spencer arrived via teleconference at 12:15 p.m.

Michelle Childs arrived via teleconference at 12:10 p.m.

Dr. Albert arrived at 12:16 p.m.

1. CALL TO ORDER/ROLL CALL

A quorum was present and Chair Rolando Cabrera, MD, called the meeting to order at 12:00 p.m. at the Downing Resource Center CEO Conference Room 117.

2. PUBLIC COMMENT

None

3. APPROVE MINUTES OF THE COMMUNITY ADVOCACY COMMITTEE AUGUST 20, 2025

Approve the minutes of the August 20, 2025 Community Advocacy Committee meeting. The information was included in the Committee packet.

PUBLIC COMMENT: None

MOTION:

Upon motion by Committee Member Dr. Radner and second by Committee Member Miller, the minutes of August 20, 2025 Community Advocacy Committee were approved as presented.

¹Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

ROLL CALL VOTE:

Ayes: Chair Dr. Cabrera, Clement Miller, and Dr. Radner

Nays: None;

Abstentions: None;

Absent: Arreguin and Dr. Gonzalez.

Motion Carried**4. MEDI-CAL ENROLLMENT CHANGES COMMUNITY IMPACT AND SVH ADVOCACY STRATEGY**

Lilia Meraz Gottfried, Director of Clinical Development, reported on Medi-Cal's structure and oversight, including eligibility and enrollment changes. The presentation highlighted anticipated impacts on the local community and the hospital's financial outlook, as well as current strategies and advocacy priorities.

A full report was included in the packet.

COMMITTEE MEMBER DISCUSSION: Funding sources and eligibility redetermination was explained. The process for enrollment is changing and there is an education gap on the process; additional manpower will be needed. Anticipated challenges include physician burn-out due to sicker patients and delays in specialty referrals. SVH communication efforts to our community were reviewed. The county allocated funds for video education in Spanish and indigenous languages. Eligibility may change mid-treatment. Eligibility requirements are available. Undocumented residents already enrolled can maintain coverage and is 100% funded by California.

5. SALINAS VALLEY HEALTH FOUNDATION UPDATE

Melissa Gross, Director Strategic Development provided an update on the SVH Foundation and how it supports the hospital as follows:

- Overview of the fundraising model, foundation assets, and foundation programs.
- Funds granted over the past five years, along with a list of grants for FY25.
- Foundation updates covering: (1) leadership transition, (2) Salinas Valley Health Ventures, LLC, (3) Emergency Department Capital Campaign, (4) donor boards, (5) National Philanthropy Day and (6) MC Gives! Campaign launch.

A full report was included in the packet.

COMMITTEE MEMBER DISCUSSION: The Foundation Board members serve 3-year terms renewable once. Then they must take a year off to serve again. Four additional seats are proposed. The Foundation is a separate 501(c)(3). Children's Miracle Network (CMN) funds are restricted to pediatric needs. Financial support to transport terminally-ill migrant patients, or patient remains, to their home country is restricted to SVH Hospital or SVH Clinics patients.

6. SVH MOBILE CLINIC VACCINES FOR CHILDREN (VFC) PROGRAM REPORT

Lynette Fitzgerald, Director Community Benefit reported on SVH Mobile Clinic's Vaccines for Children (VFC) Program. The VFC timeline and eligibility were reviewed, along with all immunizations administered as of October 29, 2025, totaling 173 doses for 61 unique patients.

A full report was included in the packet.

COMMITTEE MEMBER DISCUSSION: Plans include partnering with schools to reach children in need. Lynette described the complicated process of vaccine handling. Director Arreguin requested financial information on the Mobile Clinic.

7. ADJOURNMENT

There being no other business, the meeting adjourned at 1:04 p.m. The Community Advocacy Committee Meeting meets quarterly and the next meeting is scheduled for **February 18, 2026**.

Rolando Cabrera, MD, Chair
Community Advocacy Committee

2025 Community Health Needs Assessment

Salinas Valley Health Medical Center Service Area

CHNA Overview

- History
 - Patient Protection and Affordable Care Act of 2010
- Collaboration
 - 2021 Monterey County Health Needs Collaborative
- Data Results
 - Professional Research Consultants (PRC)
- Prioritization
 - Implementation Strategy (IS)

MONTEREY COUNTY HEALTH NEEDS COLLABORATIVE



The PRC Community Health Needs Assessment consists of both primary and secondary data.

BENCHMARKING

- Previous Survey Data
- PRC National Health Survey
- California BRFSS data
- Healthy People 2030 targets
- National vital statistics data

Community Health Needs Assessment



Secondary Data

- County-level data
- Census data, vital statistics, other health-related data



Online Key Informant Survey

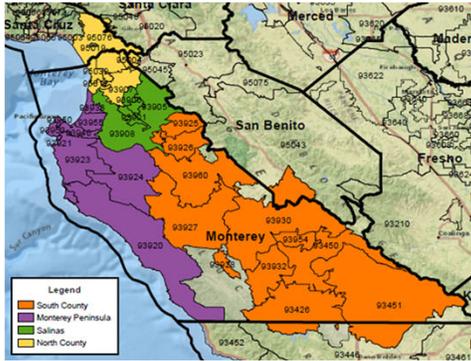
- Community stakeholder input — 96 physicians, public health, other health providers, social services, community leaders
- Based on their experiences, the populations they serve



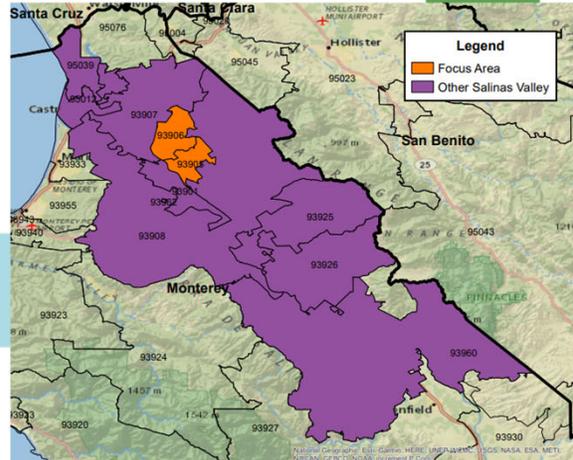
Customized Local Health Survey

- Extensive population-based surveys
- Targets health status, experience, behaviors
- Conducted via landline/cell phones and internet-based surveys

Population Survey

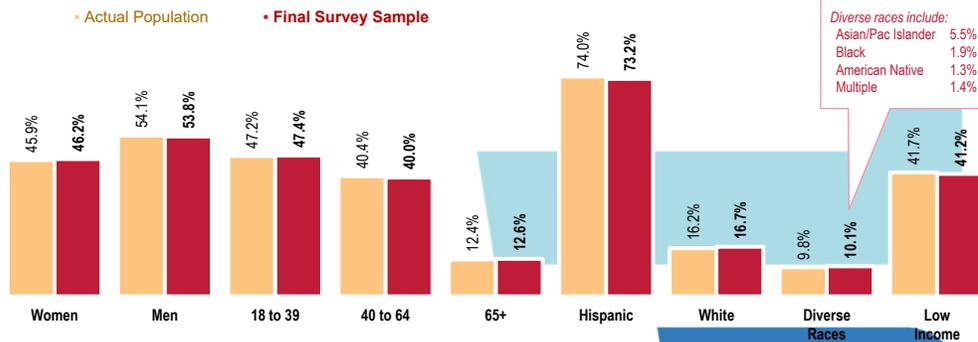


Monterey County



Salinas Valley Health

Population & Survey Sample Characteristics (SVHMC Service Area, 2025)



Sources:

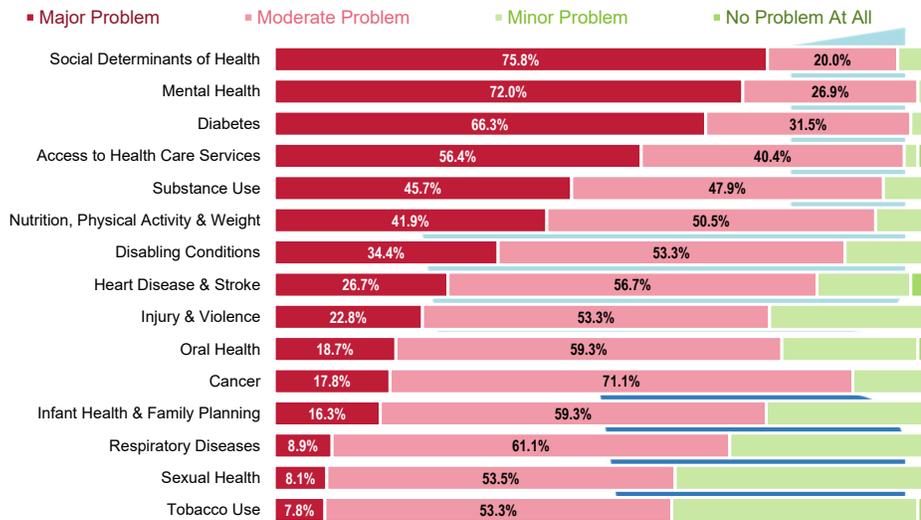
- US Census Bureau, 2016-2020 American Community Survey.
- 2025 PRC Community Health Survey, PRC, Inc.

 Notes:

- "Low Income" reflects those living under 200% FPL (federal poverty level, based on guidelines established by the US Department of Health & Human Services).
- All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. "Diverse Races" includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

Key Informant Input

Key Informants: Relative Position of Health Topics as Problems in the Community



General Health Status
Areas of Opportunity

- ▶ Access to Health Care Services
- ▶ Cancer
- ▶ Diabetes
- ▶ Heart Disease & Stroke
- ▶ Housing
- ▶ Infant Health & Family Planning
- ▶ Injury & Violence
- ▶ Mental Health
- ▶ Nutrition, Physical Activity & Weight
- ▶ Substance Use
- ▶ Tobacco Use

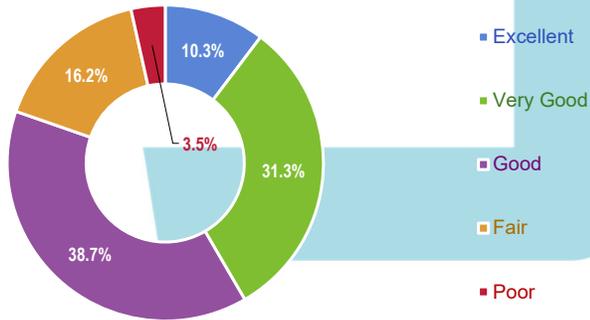


General Health Status
Areas of Opportunity

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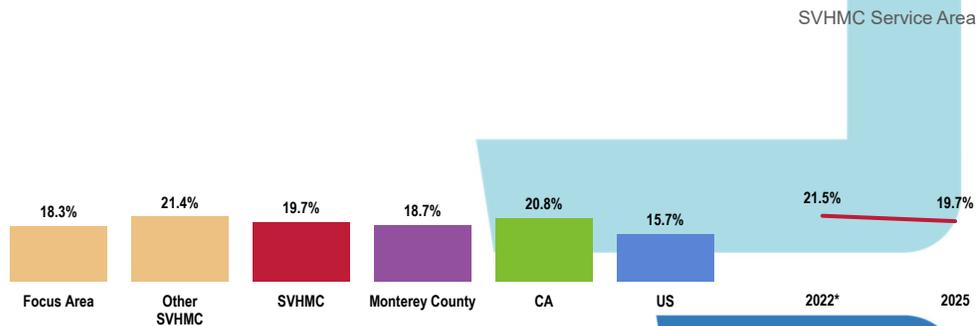
Self-Reported Health Status (SVHMC Service Area, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
 Notes: • Asked of all respondents.

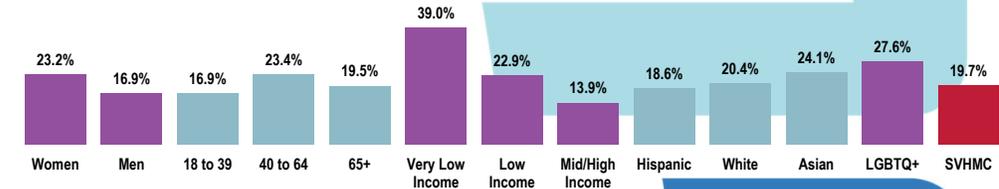
PRC Survey: "Would you say, that in general, your health is: excellent, very good, good, fair, or poor?"

Experience "Fair" or "Poor" Overall Health



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2023 California data.
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • *2022 data does not include ZIP Codes 93926 and 93960.

Experience “Fair” or “Poor” Overall Health (SVHMC Service Area, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
 Notes: • Asked of all respondents.

General Health Status

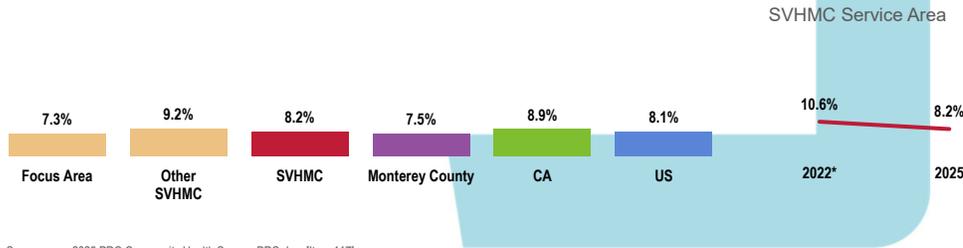
Areas of Opportunity

- ▶ **Access to Health Care Services**

- ▶ Cancer
- ▶ Diabetes
- ▶ Heart Disease & Stroke
- ▶ Housing
- ▶ Infant Health & Family Planning
- ▶ Injury & Violence
- ▶ Mental Health
- ▶ Nutrition, Physical Activity & Weight
- ▶ Substance Use

Prioritization Results

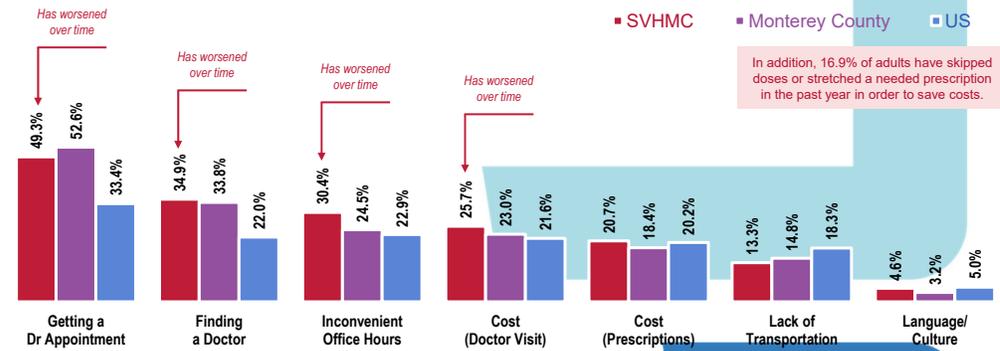
Lack of Health Care Insurance Coverage (Adults 18-64) Healthy People 2030 = 7.6% or Lower



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 117]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 California data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Reflects respondents age 18 to 64.
 • *2022 data does not include ZIP Codes 93926 and 93960.

Barriers to Access Have Prevented Medical Care in the Past Year

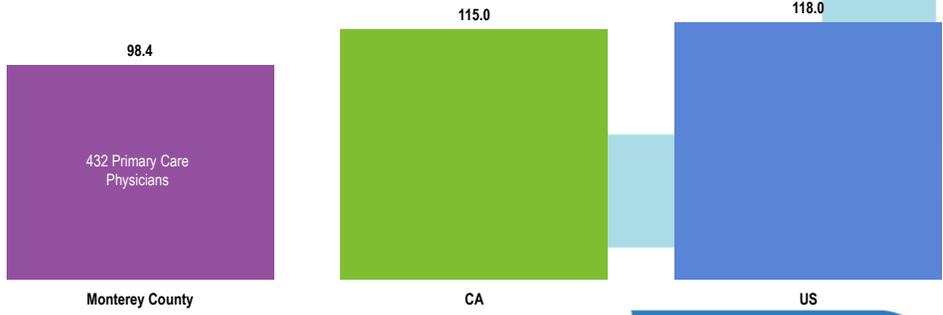


Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Items 6-13]
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

PRC Survey Example: "Was there a time in the last 12 months when you needed medical care but had difficulty getting a doctor's appointment?"

Number of Primary Care Physicians per 100,000 Population (July 2025)



Sources:

- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).

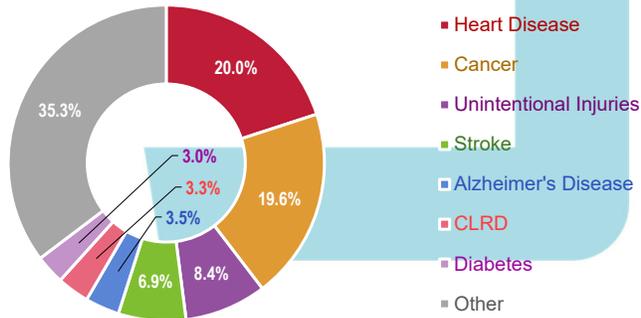
Notes:

- Doctors classified as "primary care physicians" by the AMA include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

General Health Status Areas of Opportunity

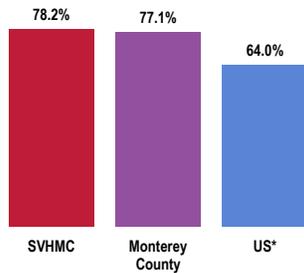
- ▶ Access to Health Care Services
- ▶ **Cancer**
- ▶ Diabetes
- ▶ Heart Disease & Stroke
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- ▶ Injury & Violence
- ▶ Mental Health
- ▶ Nutrition, Physical Activity & Weight
- ▶ Substance Use

Leading Causes of Death (Monterey County, 2023)

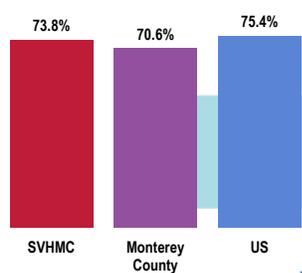


Sources: ● CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2025.
 Notes: ● Lung disease includes deaths classified as chronic lower respiratory disease.

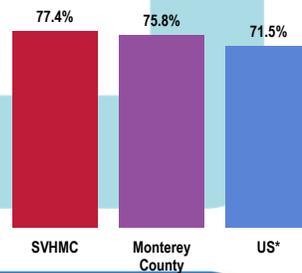
Breast Cancer Screening (Women 40-74) Healthy People 2030 = 80.5% or Higher



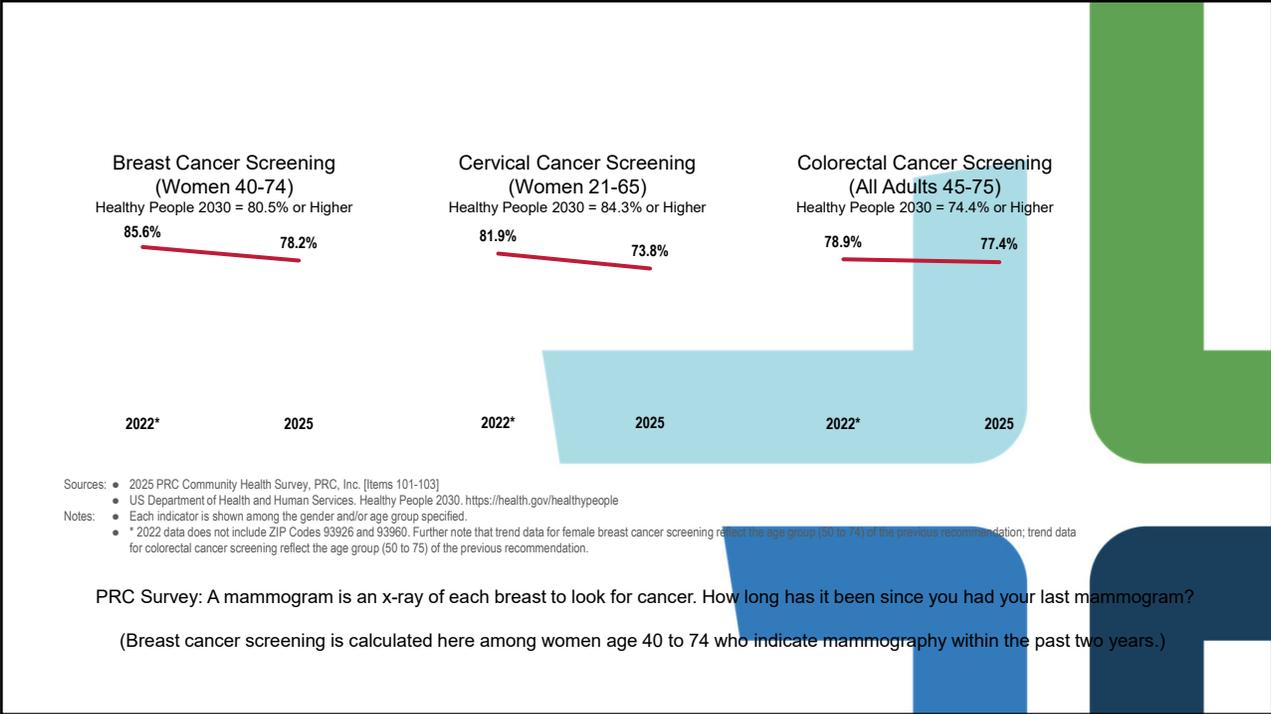
Cervical Cancer Screening (Women 21-65) Healthy People 2030 = 84.3% or Higher



Colorectal Cancer Screening (All Adults 45-75) Healthy People 2030 = 74.4% or Higher

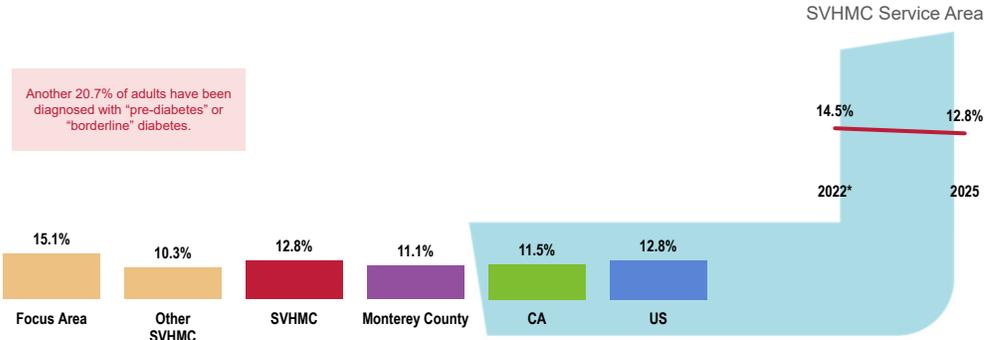


Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 101-103]
 ● 2023 PRC National Health Survey, PRC, Inc.
 ● US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
 Notes: ● Each indicator is shown among the gender and/or age group specified.
 ● * Note that national data for breast cancer screening reflect women ages 50 to 74. National data for colorectal cancer screening reflect adults ages 50 to 75.



- General Health Status**
- Areas of Opportunity**
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 - ▶ Nutrition, Physical Activity & Weight
 - ▶ Substance Use
- Prioritization Results**

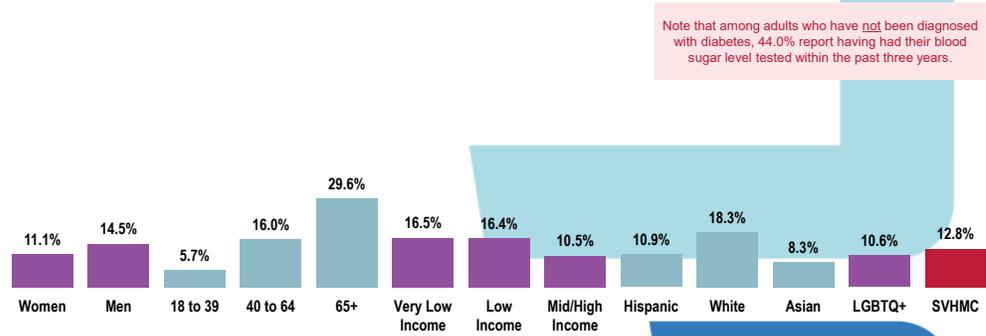
Prevalence of Diabetes



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 106]
 • Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2023 California data.
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).
 • *2022 data does not include ZIP Codes 93926 and 93960.

PRC Survey: "Have you ever been told by a doctor, nurse or other health professional that you have diabetes, not counting diabetes only occurring in pregnancy?"

Prevalence of Diabetes (SVHMC Service Area, 2025)



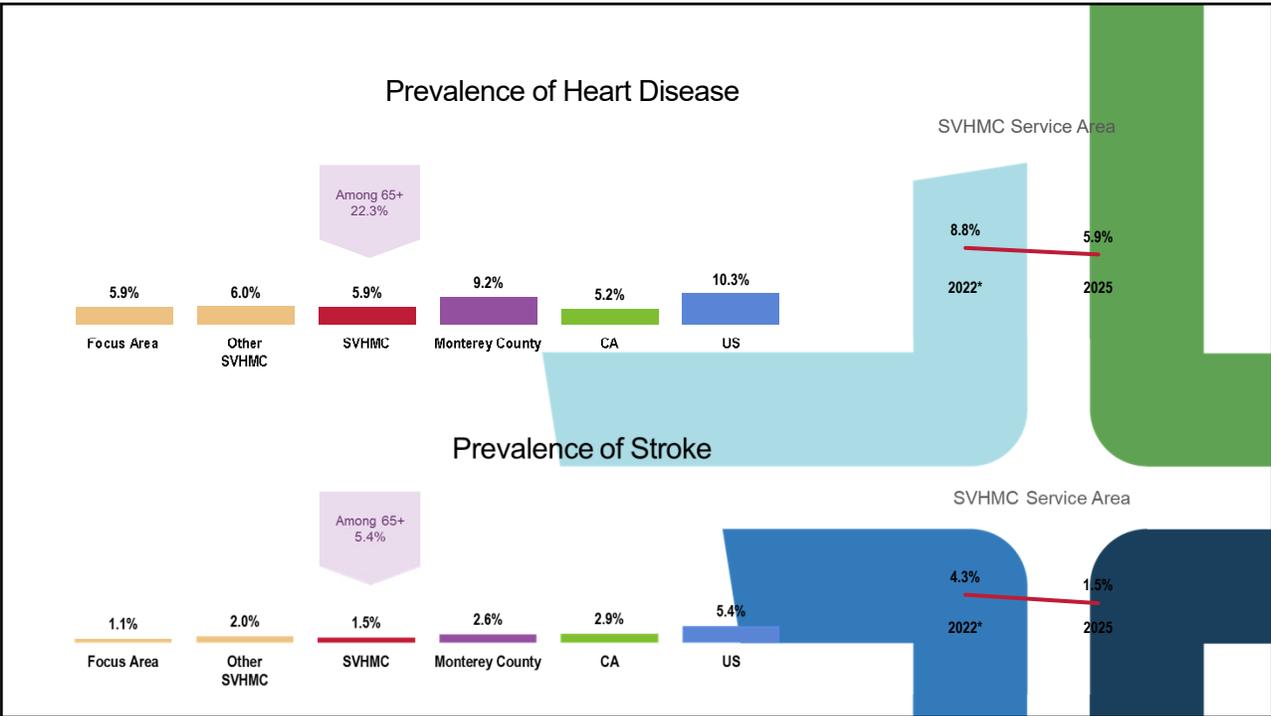
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Items 106, 309]
 Notes: • Asked of all respondents.
 • Excludes gestational diabetes (occurring only during pregnancy).

General Health Status

Areas of Opportunity

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Prioritization Results



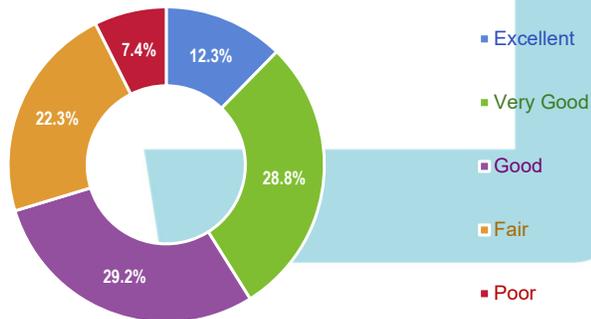
General Health Status

Areas of Opportunity

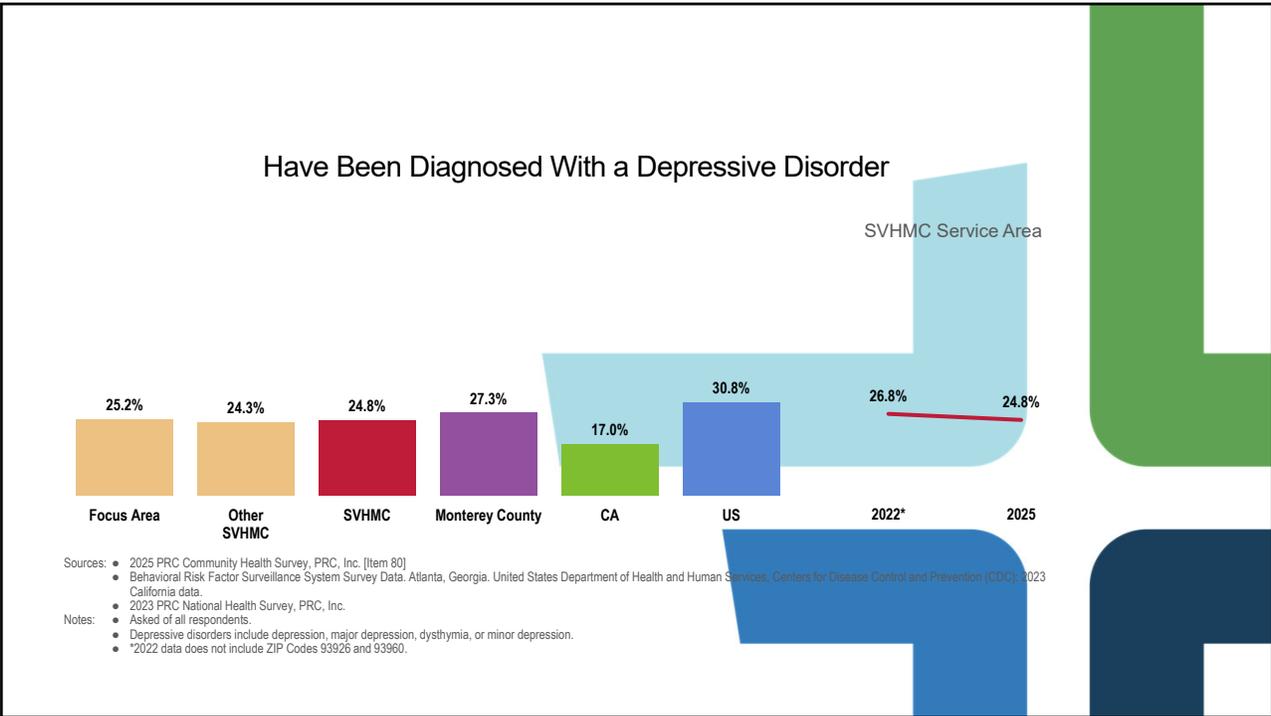
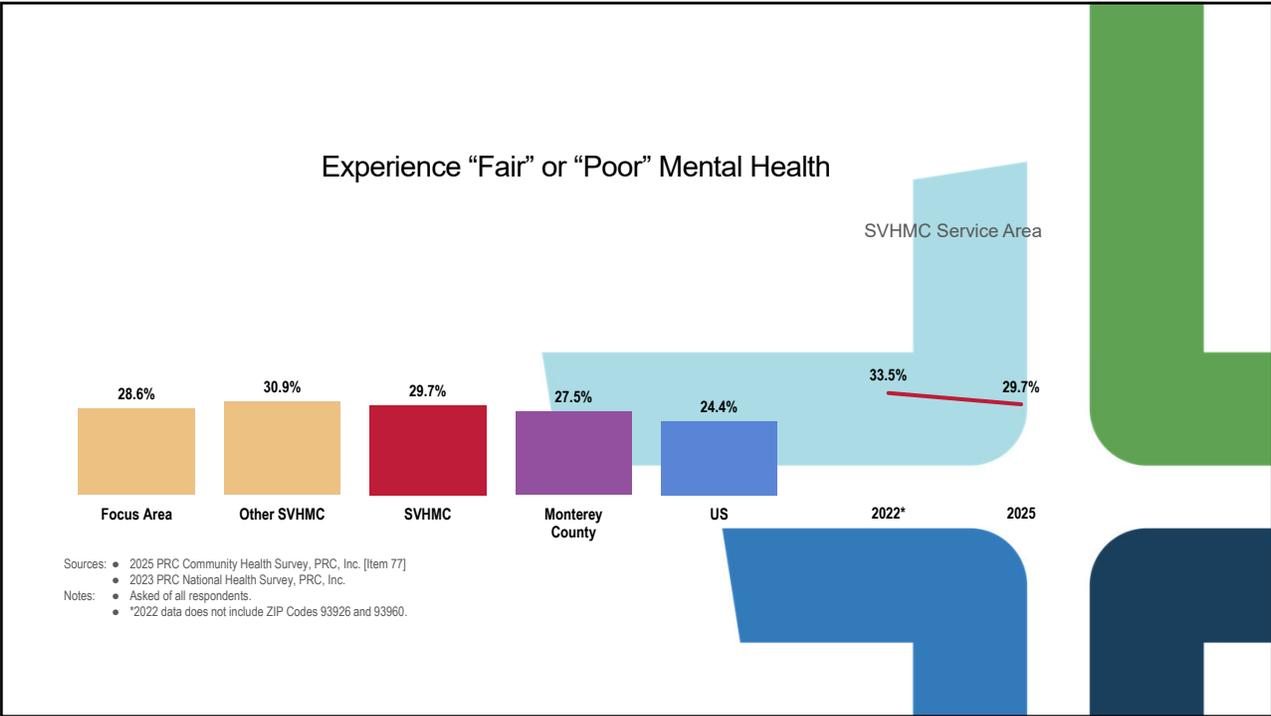
- ▶ Access to Health Care Services
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- ▶ Substance Use

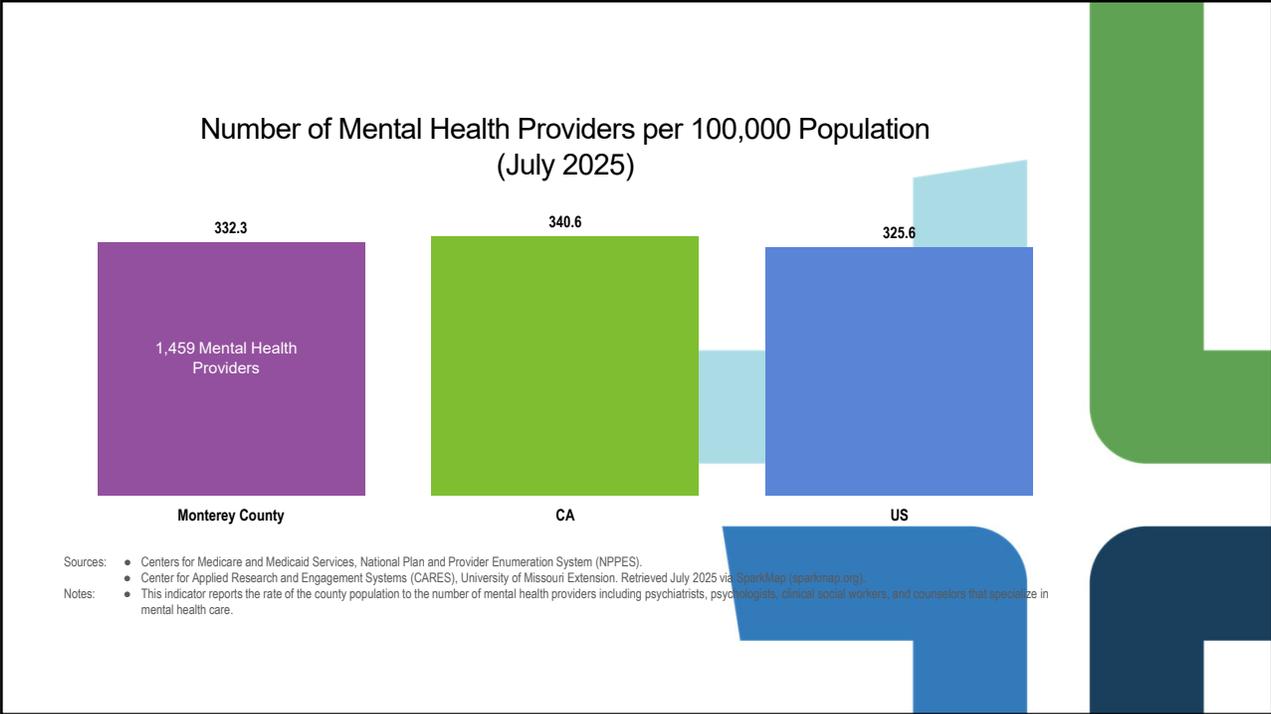
Prioritization Results

Self-Reported Mental Health Status (SVHMC Service Area, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: • Asked of all respondents.



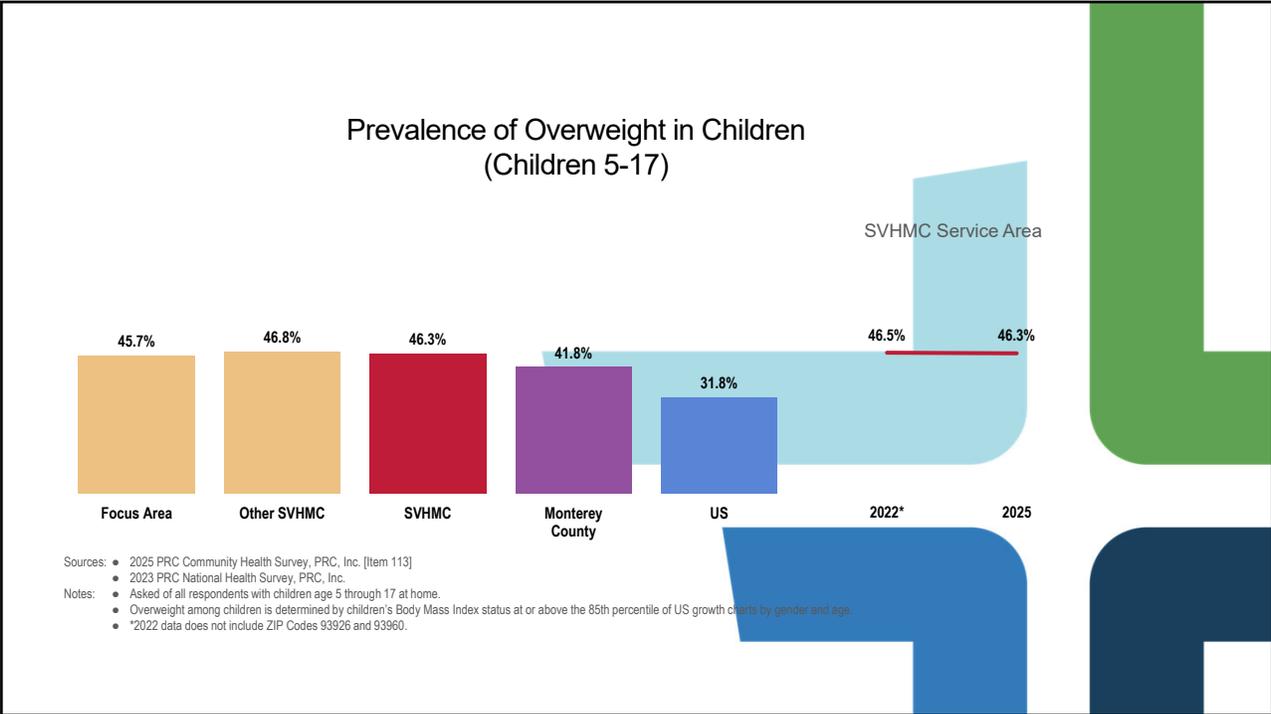
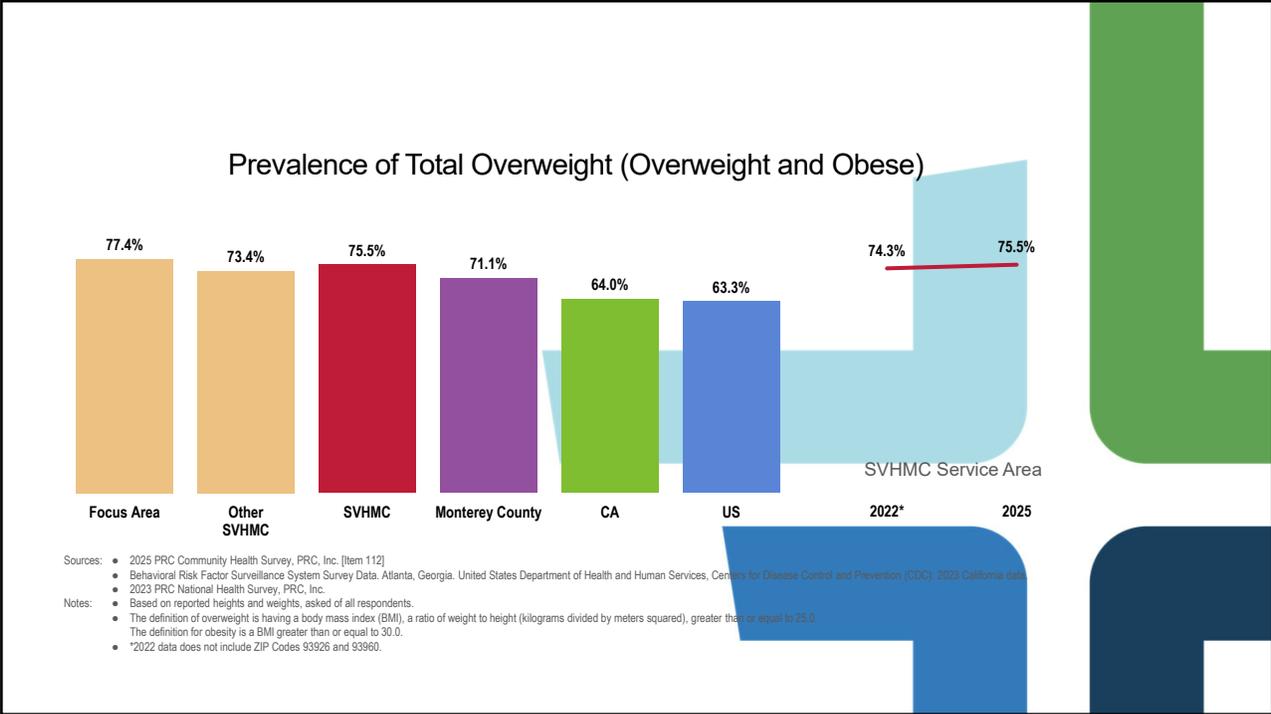


General Health Status

Areas of Opportunity

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- ▶ Infant Health & Family Planning
- ▶ Injury & Violence
- ▶ Mental Health
- ▶ **Nutrition, Physical Activity & Weight**
- ▶ Substance Use

Prioritization Results

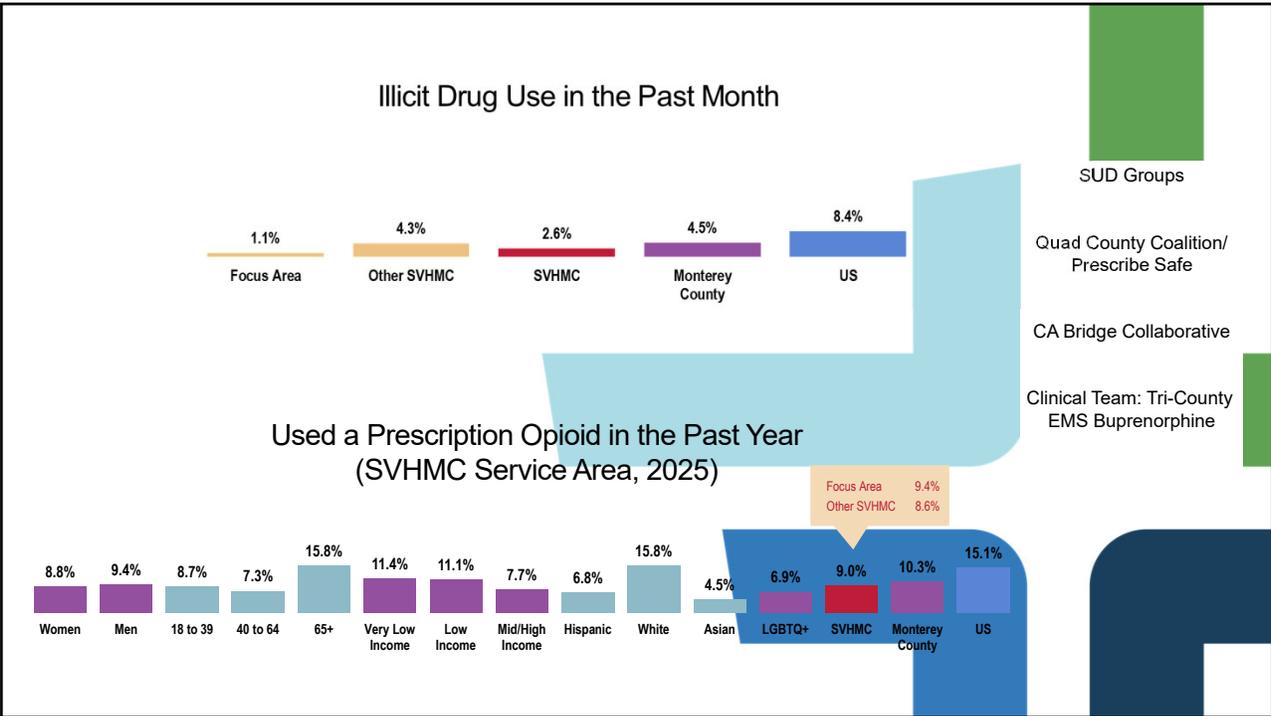


General Health Status

Areas of Opportunity

- ▶ Access to Health Care Services
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- ▶ Infant Health & Family Planning
- ▶ Injury & Violence
- ▶ Mental Health
- ▶ Nutrition, Physical Activity & Weight
- ▶ **Substance Use**

Prioritization Results



Prioritization Results

2022 CHNA

1. Diabetes
2. Mental Health
3. Access to Healthcare Services
4. Nutrition, Physical Activity, & Weight
5. Heart Disease & Stroke
6. Substance Use
7. Housing
8. Infant Health & Family Planning
9. Injury & Violence
10. Cancer
11. Oral Health
12. Potentially Disabling Conditions

2025 CHNA

1. Diabetes
2. Access to Healthcare Services
3. Nutrition, Physical Activity, & Weight
4. Mental Health
5. Heart Disease & Stroke
6. Substance Use
7. Cancer
8. Housing
9. Infant Health & Family Planning
10. Injury & Violence

Death Rates for Selected Causes (2021-2023 Deaths per 100,000 Population)

	Monterey County	California	US	Healthy People 2030
Cancers (Malignant Neoplasms)	134.8	153.5	182.5	122.7
Heart Disease	126.8	168.0	209.5	127.4*
Unintentional Injuries	50.8	53.8	67.8	43.2
Stroke (Cerebrovascular Disease)	42.5	46.9	49.3	33.4
Alzheimer's Disease	26.8	43.5	35.8	—
Lung Disease (Chronic Lower Respiratory Disease)	24.8	30.2	43.5	—
Unintentional Drug-Induced Deaths	22.9	26.6	29.7	—
Diabetes	18.2	29.4	30.5	—
Alcohol-Induced Deaths	15.3	17.7	15.7	—
Kidney Disease	14.7	12.4	16.9	—
Motor Vehicle Deaths	13.0	12.3	13.3	10.1
Suicide	11.0	10.8	14.7	12.8
Pneumonia/Influenza	7.3	12.8	13.4	—
Homicide	6.4	6.0	7.6	5.5

Sources:
 • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics, Data extracted July 2025.
 • US Department of Health and Human Services, Healthy People 2030, <https://health.gov/healthypeople>.
 • *The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
 Note:
 • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population.

Community Feedback & Prioritization

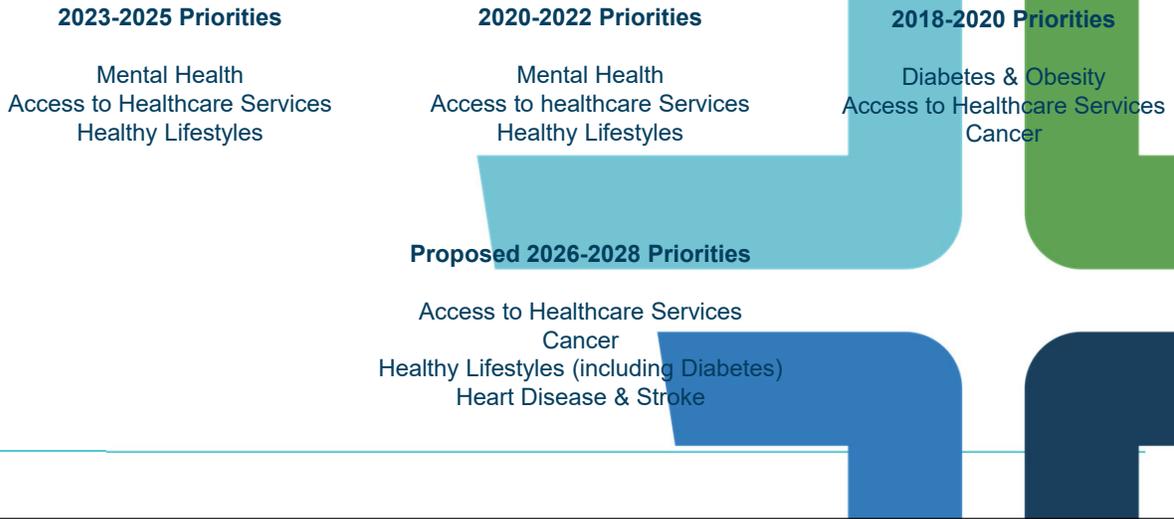
On October 7, 2025, the Monterey County Health Needs Collaborative convened an online meeting attended by 116 local providers and other community leaders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for the community, based on findings of this Community Health Needs Assessment (CHNA).

Their feedback resulted in the following health priorities.

Prioritized list of community health needs

 <p>1. Diabetes</p>	 <p>4. Mental Health</p>
 <p>2. Nutrition, Physical Activity & Weight</p>	 <p>5. Heart Disease & Stroke</p>
 <p>3. Access to Health Care Services</p>	 <p>6. Cancer</p>

Salinas Valley Health CHNA Focus



Salinas Valley Health CHNA Timeline



2025 CHNA conducted in compliance with Section 1.501(r)-3 of the IRS regulations governing nonprofit hospitals

Jan. 21, 2026 CHNA released to the public

Feb 4, 2026 CHNA review by LWG/discussion on priorities to recommend to Community Advocacy Committee (CAC)

Feb 18, 2026 CHNA presentation to Community Advocacy Committee – request Committee accept CHNA findings/Prioritization and recommend to full Board to accept CHNA/Prioritization and direct Executive Team to create Implementation Strategy (IS)

Feb. 26, 2026 CAC recommends/Board accepts CHNA findings, SVH Prioritization and directs Executive Team to develop IS

April 23, 2026 Board approves IS

IS Submitted to IRS on or before May 15, 2026

Discussion/Questions



Origination N/A
Approved N/A
Expires N/A

Owner Lynette Fitzgerald:
Director
Community Benefit
Area Plans and Program

Community Funding

I. SCOPE

- A. It is the policy of Salinas Valley Health (“SVH” or “District”) to expend District resources only in furtherance of the District’s statutory purposes and in the exercise of powers set forth or implied in the District’s enabling legislation (California Health and Safety Code Sections 32000, et seq.).

II. OBJECTIVES/GOALS

- A. To ensure compliance with California State law prohibitions on unlawful expenditures or gifts of public funds, including as specifically addressed in Sections 5 and 6 of Article XVI of the California Constitution, Government Code Section 8314, Code of Civil Procedure Section 526a, Penal Code Sections 424, and Health & Safety Code Section 32139(c), et seq.
- B. The purpose of this Community Funding Policy (“Policy”) is to ensure that all funds and other resources of Salinas Valley Health are expended in furtherance of valid public purposes in full accordance with applicable laws and the rules in this Policy.
- C. This document shall serve to satisfy the requirement of an annual adoption by the Board of Directors of a policy for providing assistance or grant funding pursuant to Health & Safety Code Section 32139(c).

III. DEFINITIONS

- A. “Community Funding” means SVH resources – including tax revenue or other funds, materials or in-kind support – given to or spent to support any individual, organization, or entity for the purpose of benefitting the healthcare of the region served by SVH, including the areas within and surrounding the SVH jurisdictional boundaries. Community Funding can include money or Materials/ In-kind Benefits. Materials/In-kind Support are resources other than money, including time and materials. There are three types of Community Funding:
 1. Community Benefit Support;
 2. Marketing Support; and
 3. Sponsorship of Charitable Events.

- B. **“Community Benefit Support”** is resources donated for the purpose of health improvement services, economic development and/or community coalition building within the SVH healthcare district which are aligned with issues identified in the Community Health Needs Assessment. Examples include contributions to community events at which individuals can benefit from health screenings or wellness screenings, community health education, and contributions to community health clinics.
- C. **“Marketing Support”** means resources given or spent to promote the business, and goals of SVH and the services SVH provides.
- D. **“Sponsorships of Charitable Events”** means resources given or spent to sponsor qualified charitable organizations located within the District Boundaries, including sponsorship of events conducted by charitable organizations that support the MISSION/VISION of the District.

IV. PLAN MANAGEMENT

A. Plan Elements

1. This Policy sets forth procedures and standards for consideration, approval and administration of potential expenditures of SVH resources in the areas of community benefit support and marketing.
2. SVH distributes all tickets/passes according to the FairPolitical Practices Commission §18944.1. Gifts: Agency Provided Tickets or Passes.
3. SVH will expend District resources only in the furtherance of its MISSION/VISION, and prioritize requests that align with issues identified in the Community Health Needs Assessment.
4. SVH makes expenditures related to community funding and marketing only after consideration pursuant to this Policy and an evaluation of the financial capacity of the proposed recipient, and SVH to make such expenditures.
5. SVH will not provide Community Funding to support or oppose campaigns for or against political candidates or ballot measures.
6. SVH will not provide Community Funding to or in aid of any religious sect, church, creed, or sectarian purpose, or to help to support or sustain any school, college, university, hospital, or other institution controlled by any religious creed, church, or sectarian denomination.

B. Plan Management

1. The Chief Executive Officer may create a Community Funding Committee (“Committee”) to maintain the integrity of the procedures set forth in this Policy. In the absence of such a Committee, the duties and responsibilities assigned to the Committee in this Policy shall be carried out by the Leadership Working Group (“LWG”).
 - a. The Community Funding Committee will conduct the following activities: review requests for Community Funding monthly or as pending either in person, online, or via telephone conference call and present recommendations on funding decisions to LWG for final review.
 - b. Final award decisions, will be communicated by the Director of Community Benefit to the applicant along with the restricted dollar amount (amount deemed community benefit).
 - c. Invoices will be verified by the Director of Community Benefit and approved by the

Chief Executive Officer before being forwarded to Accounting.

- d. Restricted letters will be prepared by the Director of Community Benefit and forwarded to Accounting to accompany the payment.
- e. By April of each year, evaluate the prior year's Community Funding activities for alignment with the SVH strategic plan and provide recommendations for the next year's Community Funding budget to the LWG. These recommendations will include planned community events, tentative line-item expenses and a total budget projection for the upcoming fiscal year.
- f. Recipients of grant funding or assistance will be disclosed on the SVH website per the legal requirement (Health & Safety Code 32139(b)(5)).
- g. On occasion, the LWG may choose to approve a community funding request without prior input from the committee.

2. Community Funding Requests and Decisions

- a. All decisions related to Community Funding will be made pursuant to the procedures set forth in this Policy.
- b. All applicants for Community Funding, including SVH officers or employees, shall submit a Community Funding Request Form (see Attachment A as an example) to Salinas Valley Health. The Request Form can be accessed on the SVH website or by mail.
- c. Applicants will have an opportunity each fiscal year (July 1–June 30) to submit one comprehensive funding request for that fiscal year.
- d. The Committee will review each Community Funding Request in accordance with the guidelines contained within the Policy. In reviewing each request, the following factors should be considered in determining grant recipients:
 - i. Addresses an identified health need in the current Community Health Needs Assessment.
 - ii. Supports the community within the Salinas Valley Health District and surrounding the SVH jurisdictional boundaries.
 - iii. Operates as a non-profit 501(c)(3) or organization with a non-profit fiscal agent.
 - iv. Maintains documented nondiscrimination policies with regard to target populations, employee, and volunteers.
 - v. Focused evaluation of grant requests from underserved individuals and communities.
 - vi. Evaluation of the financial need of grant applicants.
 - vii. Consideration of the circumstances under which grants may be provided to prior grant recipients and exceptions to those circumstances.
 - viii. Awarding grants to, and possibly limiting funds for, foundations that are sponsored or controlled by, or association with, another grant recipient.
- e. The Director of Community Benefit will communicate in writing whether requests were accepted or denied.

3. Policy Review

- a. Decisions made and actions taken pursuant to this Policy shall be reviewed at least annually to ensure compliance the Board's Policy on Community Giving, and alignment of Community Funding decisions with SVH's strategic plan and vision, mission and goals.

4. Tickets and Related Benefits

- a. If SVH receives event tickets or other benefits in response to the provision of Community Funding, such as in exchange for sponsorship of a community event, such benefits shall be managed according to the SVH [GIFT, TICKET AND HONORARIA POLICY](#).

5. Documentation

- a. All applicants for Community Funding must complete and submit a Community Funding Request Form (Attachment A).
- b. The Community Funding Committee will utilize the Community Funding Request Form (Attachment A) to consider and support recommendations to the LWG.
- c. Applicants for Community Funding will be notified of the disposition of their request in writing.
- d. The Committee shall maintain all documentation related to Community Funding requests, including completed Community Funding Request forms; records of Committee Community Funding Request evaluations and recommendations; notice s of Community Funding awards or denials, and a copy of Restricted Letters, in compliance with the SVH record retention policy. ([RECORDS RETENTION POLICY](#))
- e. [SVH Grants & Sponsorship Application](#) (For consideration this form must be received at least 4 weeks prior to the event/activity.)

C. **Plan Responsibility** (Who is responsible for the plan and its components?)

1. Allen Radner, MD, President/CEO

D. **Performance Measurement**

1. Budgeting and Tracking of Community Funding Expenditures.
 - a. For budgeting and resource tracking purposes, Community Funding expenditures will be designated as follows: Community Benefit Support and Sponsorship of Charitable Events identified as restricted Community Benefit will be assigned to 8645 (Community Funding), spend category: community funding. If there is a portion of Charitable Events that supports event costs, assignment will be to 8645 (Community Funding), spend category: other expense. Marketing Support is assigned to 8630 (Marketing), spend category: other expenses.

E. **Orientation and Education**

1. Orientation, education and/or training is provided on an as needed basis.

V. REFERENCES

- A. Article XVI, Sections 5 and 6, California Constitution
- B. California Government Code Section 8314

- C. California Code of Civil Procedure Section 526a
- D. California Penal Code Sections 424, et seq.
- E. Fair Political Practices Commission §18944.1. Gifts: Agency Provided Tickets or Passes

Attachments

[Attachment A 2026.pdf](#)

Approval Signatures

Step Description	Approver	Date
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Standards

No standards are associated with this document

DRAFT

ADJOURNMENT