

**Application Form:**

**Strategic Restructuring for**

**California Community Clinics**

*(See the Request for Applications for complete instructions and other required documentation.)*

Name of Applicant Organization:

Organization(s) with which you are interested in partnering, if any:

**I. About the Applicant Organization**

1. **What type of health care facility is your organization (e.g., community clinic, county-based clinic)?**

1. **What type of legal entity is your organization (e.g., 501[c]3)?**

1. **What designation(s) does the organization have (e.g., FQHC, free clinic)?**

1. **In what year was your organization founded?**

1. **What is your organization’s mission and vision?**

1. **Briefly describe the services offered by the clinic.**

1. **How many sites do you operate?**

1. **Describe the clinic’s payer mix.**

1. **How many patient visits does your clinic have per year?**

1. **How many unduplicated patients do you have per year?**

1. **What is your annual budget?**

1. **What are your primary sources of funding?**

1. **What percentage of the medical staff are employees of your organization, and what percentage are contractors?**

1. **Are you currently collaborating with other organizations? If so, in what way?**

**II. Project Description**

1. **Why are you considering entering into a strategic restructuring relationship with another organization?**

1. **What do you want to accomplish – internally and externally – as a result of such an effort? What will be the ultimate benefit to the community?**

1. **Why do you believe that entering into a strategic restructuring relationship with another organization will help further those goals?**

1. **What type of strategic restructuring relationship is of interest to you? (Descriptions of each are included in the RFA. Check all that apply or leave blank if you are not yet sure.)**

Administrative Consolidation. List types that interest you:

Joint Programming. List types:

Management Services Organization.

Joint Venture Corporation. Identify desired focus:

Merger.

Other. Describe:

1. **What research (if any) has been done to establish the need for what you are considering (e.g., community needs assessments, assessment of market demand)? How would you characterize that need?**

1. **What timeframe are you envisioning? How urgent is your need to change?**

1. **Have you identified any potential partners?**

* 1. If yes, where are you in those discussions? Has each board been involved, and if so, to what degree?

* 1. Have you worked with this potential partner before? What was the experience like?

1. **Has your organization had prior experience with the types of strategic restructuring described above? If so, briefly describe this experience.**

1. **What resources are available to you to pursue this opportunity (e.g., staff time, board time, internal financial resources, external funding, outside advisors)? Will they be available through all phases of the initiative?**

1. **What barriers or limitations exist with regard to your pursuing this opportunity (e.g., financial challenges, legal challenges, licensing issues, regulatory agency relationships, leadership challenges)?**

1. **Do you believe your community can and will support the type of strategic restructuring relationship(s) you are considering?**