

FY 2015

Application for Uncompensated Care, Equipment and Capital Costs Funding

ATTACHMENTS CHECKLIST

Submit a copy of the following documents with the FY 2015 Application

- ✓ Sliding fee schedule
- ✓ Medicare cost based rate letter
- ✓ Medicare Cost Report (worksheets only)
- ✓ Board of Directors Membership List
- ✓ Organizational Chart
- ✓ Copy of the most recent Performance Report (330 Centers)
- ✓ Corporation By-Laws
- ✓ The most recent Independent Audit with management letter(s)
- ✓ Documentation of any affiliation with a related organization and/or management contracts for management of the applicant's organization
- ✓ Most recent submission of U.S. Public Health Service Section 330 Notice of Grant Application or FQHC Recertification application

Send one copy of the most recent Independent Audit and management letter to:

**Division of Compliance and Monitoring
One Davis Square, Suite 401
Charleston, WV 25301**

Fiscal Year 2015

**Community Health Center Application for Uncompensated Care and
Equipment and Capital Costs**

ASSURANCES

1. Organizational Structure

The applicant organization is a free standing, not-for-profit community health center governed by a community board of directors. Patients are provided quality, accessible, health care regardless of the ability to pay.

2. Use of State Funds

No state funds received under this grant will be used to generate interest.

3. Special Conditions

Any special conditions from CY 2013 have been met.

Attach an explanation for any Assurance that was not met.

Community Health Center Name

Administrator Name (print)

Administrator Signature (blue ink)

Date