



District Program and Activities Committee (DPAC)

Purpose: *Monitors LMCHD directly sponsored programs, partnerships, and activities.*

LMCHD Strategic Goals:

Goal One. *LMCHD will improve availability of and access to direct health and mental health services for all residents of the District, with a focus on reducing the District's health disparities.*

Goal Two. *LMCHD will support preventative and public health efforts that promote and protect the personal, community, and environmental well-being and health of District residents.*

Goal Three. *LMCHD will engage in population-specific efforts to address those District residents that are historically underserved or particularly impacted by health disparities.*

Goal Four. *LMCHD will support research and educational programming that moves the Los Medanos community towards improved and innovative practices, ensures that healthcare professionals receive the best training, and further enhances service delivery to District residents.*

Instructions: *Please fill out the following Workplan in full and provide a paper AND electronic copy to: (1) Executive Director, Los Medanos Community Healthcare District, P.O. Box 8698, Pittsburg, CA 94565-8698; and (2) bpalmerlmchd@aol.com.*

Suggested Coordinator:¹

Sponsoring public or governmental entity:

Project Title:

Project Description

The purpose of the project:

¹ The coordinator will be responsible for overseeing the day-to-day activities of the program or activity in question and to ensure that all expenditures are aligned with this workplan and the LMCHD's strategic goals. The coordinator will also be responsible for presenting quarterly reports to the District Programs and Activities Committee (DPAC) and for presenting expenses exceeding an amount to be determined to the DPAC for approval.

Program Budget and Expenses
 (Please include documentation of all projected expenses)

Total Annual Budget Amount: \$ _____

Program Item/Expense	Category of Expense	Projected Date or Time Frame of Expense:	Expense Amount
		Total: (should equal the total budget amount)	

Bids/RFP's (If applicable):

What other resources/in-kind donations have you leveraged/will you be leveraging for this project?

Project Contact Information:

Contact:
 Contact Address:
 Email:
 Telephone:

For staff use only:

This Workplan was originally reviewed and recommended by DPAC on: __/__/__

This Workplan was originally approved at the District Board Meeting on: __/__/__

Annual Budget for the Workplan approved by the District Board: \$ _____

Date that the First Quarterly Report is due to DPAC: __/__/__

Has the project sponsor agreed to include District sponsorship information on all of its publicity materials? _____