



NATIONAL ASSOCIATION OF  
Community Health Centers

# Developing Effective Federally Qualified Health Center Programs and Applications

***The National Association of  
Community Health Centers  
is Pleased to Announce a  
Two and a Half-Day Training***

**Designed for Organizations and Communities Considering  
Starting an FQHC, Interested in FQHC-Look-Alike Designation,  
Applying for Section 330 Funding as a New Grantee  
or for Continuation Funding**

**August 20–22, 2009**

Hilton Chicago  
720 South Michigan Avenue  
Chicago, IL 60605

HOTEL RATE : \$189 single/double occupancy

For reservations please call (312) 922-4400

Rooms will be available at the discounted rate until  
Wednesday, July 22, 2009  
or until all the rooms in the block have been sold, whichever occurs first.

**ATTENDANCE IS LIMITED TO 100 PARTICIPANTS**  
**SO REGISTER EARLY**

This training is partially supported by the Cooperative Agreement from the Health Resources and Services Administration/Bureau of Primary Health Care.

# DEVELOPING EFFECTIVE FQHC PROGRAMS AND APPLICATIONS

Where to build it? Who to serve? What is required to qualify as an FQHC and how do I go about applying? Organizing a new health center or expansion program is complex enough . . . but how do you also present that program plan in an effective application for funding or Look-Alike designation?

This training is a **two and a half day intensive workshop** on how to develop your program model including comprehensive needs assessment, health plan, business plans and budgeting. Tips on how to present information in the proposal, what review committees look for and how to help improve your opportunities for funding will be covered as well.

In this training you be given an overview of the Federally Qualified Health Center program and the benefits of becoming one are (both as a grantee and as a look-alike) and will learn how to:

- *Assess different types of FQHCs*
- *Develop comprehensive needs assessments*
- *Apply strategic thinking*
- *Develop a service delivery model and organizational structure*
- *Develop governance, operating, financial, and clinical systems*
- *Develop performance measures and goals and objectives for health and business plans*
- *Develop successful collaborations*
- *Develop financial budgets*

**Tentative Training Schedule** (Sidebar consultations are available with all speakers during the training. Please feel free to make arrangements throughout. Follow-up Q & A by phone and email is also available.)

- DAY ONE:** 1:00PM – 5:15PM
- DAY TWO:** 8:00AM – 4:00PM
- DAY THREE:** 8:00AM – 5:15PM

A comprehensive handbook and resource cd are provided to training participants along with samples of many of the documents discussed in the workshops and plenaries.

## Who Should Attend?

- *Planners, stakeholders and potential staff and board Members from communities and organizations interested in starting new health centers*
- *Administrative, clinical, finance and development staff and board Members of:*
  - *Health Centers facing Service Area Competition applications*
  - *Health Center grantees interested in expanding sites and/or services*
- *Primary Care Association and Primary Care Office staff*
- *Anyone seeking to brush up on Section 330 program requirements, program development and application preparation*



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## REGISTRATION FORM

# DEVELOPING EFFECTIVE FEDERALLY QUALIFIED HEALTH CENTERS

August 20–22, 2009  
Hilton Chicago, 720 South Michigan Avenue, Chicago, IL 60605

Please type or print. Please copy this form for additional registrants

**Pre-registration is required to attend. Please complete form by August 13, 2009**

### PARTICIPANT INFORMATION

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail \_\_\_\_\_

### PAYMENT INFORMATION *Please check your choice of payment:*

Check (Payable to NACHC)     American Express     MasterCard/Visa

Amount Enclosed: \$ \_\_\_\_\_ (\$305 each)

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Print Name as it appears on card: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

**Please return with your payment by August 13, 2009 to:**

NACHC – Proposal Writing  
7200 Wisconsin Avenue, Suite 210  
Bethesda, MD 20814  
301/347-0400 fax 301/347-0457

### NACHC Cancellation Policy:

Cancellations received on/before August 13th will be assessed a \$100 processing fee. Cancellations received after August 13th are non-refundable and not transferable to other NACHC meetings. "No Shows" at the training are non-refundable and non-transferable.

Please contact Pamela Byrnes at [pbyrnes@nachc.com](mailto:pbyrnes@nachc.com) or 1-860-739-9224  
for questions regarding the curriculum.