



Thank you for applying to the Greater Harrisburg Foundation, a regional foundation of The Foundation for Enhancing Communities. Tell your story clearly and concisely. Attachments are required; follow all directions. Failure to answer questions, utilize this template, or attach required documents will disqualify your application. **Answer all questions using information that applies to the project seeking support of grant funds.** Contact Jennifer Strechay, Program Offer for Community Investment, at [jstrechay@tfec.org](mailto:jstrechay@tfec.org) or 717-236-5040 with questions.

## **APPLICANT PROFILE**

### **Applicant Organization Name**

Beacon Clinic for Health and Hope

*Provide your organization's name as currently recognized by the IRS*

- Check box if the Applicant Organization Name above is a "Doing Business As" name and the provided 501c3 letter states a different name. To be recognized by the "Doing Business As" name, attach ONE legal document using the provided name. If not provided, TFEC will utilize the 501c3 name.**
- Check box if the Applicant Organization uses a Fiscal Sponsor and provide name here**  
*Click or tap here to enter text.*

### **Name, Title, Email, Phone of Executive Leader**

Debra McClain, Executive Director, [executivedirector@beaconclinicpa.org](mailto:executivedirector@beaconclinicpa.org), 717-418-1829 (cell)

*All contracts and notifications of grant status will be addressed to the individual provided here*

### **Applicant Organization's Physical Address**

248 Seneca Street, Harrisburg, PA 17110

### **Applicant Organization's Address for Mailed Communications**

P.O. Box 5870, Harrisburg, PA 17110

*All contracts and notifications of grant status will be sent to the address provided here*

### **Name, Title, Email, Phone of Contact Completing Application**

Debra McClain, Executive Director, [executivedirector@beaconclinicpa.org](mailto:executivedirector@beaconclinicpa.org), 717-418-1829 (cell)

*If application questions arise, this individual will be contacted by TFEC staff*

### **Organization's Mission Statement**

Our mission is to inspire hope, health and well-being by providing high quality, culturally competent, free faith-based primary healthcare to underserved and uninsured adults in the Great Harrisburg Community.

### **Organization History (Do not exceed this page)**

We opened our doors in March 2015, remaining steadfast to our mission with a goal to support wellness and longevity to our target population, uninsured adults ages 18 - 65 who live in Cumberland, Dauphin and Perry Counties. In addition to free healthcare, we also provide free medications, seeing continued growth in the number of patients we are serving. Initially, appointment scheduling and other activities were all done manually. In the past 2 years we have transitioned to online appointment scheduling, electronic eligibility screening, text messaging to patients, added a dispensary with inventory management software and prescription labeling and acquired a translation system to help us serve our diverse patient population.



## PROJECT SNAPSHOT

1. Capture your UPstream project and the community need it seeks to address in 200 words or less.

As we evolve in our growth strategy and in service, we have an increased need to have appropriate technology and IT security as we capture patient data electronically. We have a duty to protect that information and need to have the appropriate security in place. We have also found through necessity resulting from COVID-19 and needing to do video health appointments that our network connectivity is insufficient. We need to upgrade equipment and secure an IT service team to support this change.

## PROJECT NARRATIVE

Answer questions 2-10 clearly and concisely; no limit.

2. The GHCF UPstream grant opportunity seeks to improve our area communities by supporting existing or new “upstream” systems, interventions, programs, or projects that attempt to create positive social change by addressing a problem at its source rather than managing its “downstream” symptoms. Describe your proposed upstream project, the geographic area it will serve, and the audience to be served; state why this audience was selected. Include how/why your project is “upstream” and how your project is working to address a specific need or needs. You MUST use and complete the following statement within your answer, “Grant funds will be used to\_\_\_\_\_”.

Grant funds will be used to improve our connectivity and IT security as we continue to evolve with technology. We have added 6 new computers and 2 iPads in the last 2 years and having insufficient WiFi and secure patient data puts us at an unacceptable risk. This upgrade will provide seamless technology interactions with patients, translators, providers and staff. It will enable us to secure a new computer for our receptionist that can accept Windows 10 technology and allow software applications that will provide quicker turn-a-round times, enhancing productivity. Training will be included.

## DATES & LOCATIONS

3. When and where will the project take place? List dates and locations as appropriate in chronological order. State if provided dates/locations are confirmed, estimated, or to be determined.

This project will take place as soon as permitted. The project will be implemented at Beacon Clinic, 248 Seneca Street, Harrisburg, PA 17110.

## ROLES & RESPONSIBILITIES

4. Does the project involve partnerships, collaborations, service, or affiliations with other organizations that will strengthen the project? If so, LIST their name(s) and corresponding role(s) within the categories below OR if this does not apply to you, state why your project is best positioned for success as a single organization.

**SINGLE ORGANIZATION STATEMENT:** Click or tap here to enter text.

**PARTNERSHIPS:** *We are equally invested in providing this project and success is dependent upon all organizations and shared roles although one entity serves as the applicant for this grant. Our application includes a letter from each partner that states their role in this relationship.*

Beacon Clinic will be engaging 3<sup>rd</sup> Element Consulting to provide the technology support of equipment acquisition, installation, internal training and ongoing support. A copy of their proposal is included.

**COLLABORATIONS:** *We are working with other organizations to make this project happen, but we serve as the lead organization for this grant opportunity and our project success is enriched by, but not dependent upon, our collaborators. An additional letter is NOT required, but may help the application.*

**SERVICE:** *Our project will serve these organizations and cannot take place without their commitment to accept service. Our application includes a letter from each organization (this includes schools) that states their intent to participate.*

Click or tap here to enter text.

**AFFILIATIONS:** *Our project may be affiliated with these organizations in some way, but is not 100% dependent upon their participation. An additional letter is NOT needed.*

Click or tap here to enter text.

## **COMPARABLES**

5. Are other organizations in your service area providing services that are similar to your proposed project? If yes, state their names or services and explain how your project differs. If no, state NA.

Medical Outreach at Christ Lutheran Church is a nurse run free clinic in the Allison Hill area of the city. They primarily take walk-ins and to our understanding they do not do indepth electronic eligibility screenings as we do. They often refer patients to us to receive a higher level of care from a healthcare provider and to receive medications from our in-house dispensary.

## **ASSESSMENT & IMPACT**

- 6a. What will project success look like? Provide a brief overview of the project's key outcomes, outputs, and/or other results of success.

Success looks like removal of hacking and virus threats, protecting our patients private information. Our staff/volunteers to have uninterrupted network connectivity-enhancing service, productivity and morale. It will allow our provider(s) to do quality video health appointments and allow our Executive Director to attend Zoom Meetings without losing connection, increasing our ability to work virtually on collaborative efforts with other organizations while serving our community at large, especially with the change in how business is conducted in light of the pandemic. Maintaining quality service to those in need is essential.

- 6b. How will project success be measured and documented (i.e.: how will you know the project is successful? Are you collecting value statements, numbers served, surveys, photos, before and after images, or using other methods)?

Currently our WiFi is poor even though we have recently upgraded to the highest capacity new router offered by our vendor, it causes continuous delays in processing and staff frustration. Success will be measured by improved WiFi coverage which will resolve our issues so our staff can work without interruption, giving us the professionalism one would expect from a healthcare facility and seamless operation improves the experience for every, especially as we plan for future growth.

## **FUNDING & SUPPORT**

7. If this proposal is not funded at the level requested, will you be able to implement the project as stated? Explain as needed.

Yes, it is essential and funding will be found to support this need.

8. This grant opportunity will not fund 100% of any project. Restate the amount you are seeking and describe other funding sources and amounts. Our bid for this project is \$4,318.99. We would greatly appreciate if the entire project could be funded, if this is not possible, \$2,500 - \$3,000 would help carry a nice piece of this essential project.
9. Did the applicant organization end its most recent fiscal year with a budget surplus or deficit? If so, briefly state the amount of the surplus or deficit and state how the surplus may be used (i.e. is it earmarked for another program) and/or how the deficit may be handled.

For the fiscal year ended December 31, 2019, Beacon Clinic ended the year with a budget surplus. The amount of the surplus was \$44,137. This surplus is earmarked to help sustain the ongoing operations of Beacon Clinic during the 2020 fiscal year. The surplus will support staff salaries and support payment of medications for patients. Beacon Clinic currently provides payment of all medications for patients.

#### **ACCESS & INCLUSION**

10. As a community foundation, TFEC fosters a climate of purposeful inclusion that values diversity of gender, age, race, ethnicity, national origin, range of abilities, sexual orientation, and socio-economic status. Please state how your project will be made accessible to all individuals who qualify for participation in the project and describe any accommodations, modifications, technologies, or services you will offer to ensure that all eligible participants experience the best possible services or outcomes.

Beacon Clinic has an inclusive culture among staff, volunteers and patients. Our patients represent 41 different countries, speaking 26 different languages and the LGBTQ community. Our focus is also directed to individuals who are marginalized by insufficient household income. We endeavor to treat all people with dignity, respect and kindness.

## BUDGET WORKSHEET

Complete the Budget Worksheet below; a Project Total is required.

ITEM OR SERVICE <i>Examples include: Contracted Services, Equipment, Personnel, Supplies; list your own as appropriate.</i>	DESCRIPTION OF ITEM OR SERVICE	REQUESTED GRANT FUNDS <i>Indicate where funds sought through this grant opportunity will be applied.</i>	OTHER FUNDING SOURCES <i>State the names and amounts of all other funding sources.</i>	PENDING, COMMITTED, OR RECEIVED <i>Using a P, C, or R, indicate the status of all funding sources.</i>	\$ TOTALS <i>Add across to provide a total for each row. Total columns as indicated in bottom row.</i>
Equipment	Pro Access Point	\$298.00			<b>\$298.00</b>
Equipment	Network Switch	\$299.00			<b>\$299.00</b>
Equipment	Firewall Appliance	\$549.00			<b>\$549.00</b>
Equipment	Lenovo PC & Mount	\$639.00			<b>\$639.00</b>
Equipment	Acer Monitor	\$149.99			<b>\$149.99</b>
Equipment	5 Port Flex Switch	\$119.00			<b>\$119.00</b>
Service	Installation & Reconfiguration	\$1,500.00			<b>\$1,500.00</b>
Service	Cabling to Access Points	\$200.00			<b>\$200.00</b>
Service	Inclusive/Complete IT Support, including Security	\$565.00			<b>\$565.00</b>
<b>TOTALS</b>		<b>\$4,318.99</b> <b>Total: Requested Grant Funds</b>	<b>\$</b> <b>Total: Other Funding Sources</b>		<b>\$4,318.99</b> <b>PROJECT TOTAL</b>



# Quote

Quote Number: 195

Payment Terms:  
Expiration Date: 08/30/2020

**3rd element**  
CONSULTING  
www.3rdelementconsulting.com

### Quote Prepared For

**Debra McClain**  
**Beacon Clinic**  
248 Seneca Street  
PO Box 5870  
Harrisburg, PA 17110  
United States  
Phone:717-775-1111  
executivedirector@beaconclinicpa.org

### Quote Prepared By

**David Sizer**  
**3rd Element Consulting**  
74 West Main Street  
Mechanicsburg, PA 17055  
United States  
Phone:717-763-6800  
Fax:  
[dlsizer@3rdelementconsulting.com](mailto:dlsizer@3rdelementconsulting.com)

Quantity	Item	Unit Price	Extended Price
<b>Monthly Items</b>			
1	Complete IT Support Remote and Onsite Support for all devices and users (Historical Fixed Pricing)	\$500.00	\$500.00
1	DAT-SAAS-BACKUP-10 Datto SaaS Office 365 Backup (1-10 Seats)	\$30.00	\$30.00
7	3EC Endpoint Security Level II 3EC Endpoint Security Level II (Includes AV & DNS Protection)	\$4.00	\$28.00
7	3EC User Security Level II 3EC User Security Level II (Includes Security Awareness Training)	\$1.00	\$7.00
<b>Monthly Total</b>			<b>\$565.00</b>
<b>One-Time Items</b>			
2	UniFi AC AP Pro Access Point	\$149.00	\$298.00
1	UniFi 16-Port PoE+ Network Switch	\$299.00	\$299.00
1	Netgate SG-3100 Firewall Appliance	\$549.00	\$549.00
1	Lenovo ThinkCentre M75q-1 Tiny PC	\$619.00	\$619.00
1	ThinkCentre Tiny VESA Mount II	\$20.00	\$20.00
1	Acer B246HL Monitor (VGA, DVI, DP)	\$149.99	\$149.99
1	5 Port Flex Switch w/ PoE	\$119.00	\$119.00
1	Covers initial installation of new products and services, along with re-configuration of existing equipment as needed to reach a baseline for on-going support.	\$1,500.00	\$1,500.00
1	Cabling for wireless Access Point - to be performed by LowV Systems. Estimate only - actual cost to be billed directly by LowV at time of service.	\$200.00	\$200.00
<b>One-Time Total</b>			<b>\$3,753.99</b>
<b>Subtotal</b>			<b>\$4,318.99</b>
<b>Total Taxes</b>			<b>\$0.00</b>
<b>Total</b>			<b>\$4,318.99</b>

Authorizing Signature \_\_\_\_\_

Date \_\_\_\_\_

Interest Charges on Past Due Accounts and Collection Costs Overdue amounts shall be subject to a monthly finance charge. In addition, customer shall reimburse all costs and expenses for attorney's fees incurred in collecting any amounts past due. Additional training or Professional Services can be provided at our standard rates.





## 2020 BOARD OF DIRECTORS

### EXECUTIVE COMMITTEE:

Bill Morgan – Board President Term: July 2015 – July 2018; Renewal term until December 31, 2021  
Chair – Executive Committee & Building/Property Committee  
Committee’s - Finance  
Eastern PCM, LLC, President  
645 N. 12<sup>th</sup> Street, Suite 200 Home: 646 St. John’s Drive  
Lemoyne, PA 17043 Camp Hill, PA 17011  
Office: 717-233-3816, ext. 112 Email: [bmorgan@easternpcm.com](mailto:bmorgan@easternpcm.com)  
Cell: 717-979-1232

Gary Scicchitano – Board Vice President Term: July 2017 – July 2020  
Chair – Development Committee, Finance Committee, Collaboration Committee  
Committee’s – Personnel  
1115 Atland Drive  
Mechanicsburg, PA 17055  
Cell: 717-756-5603 Email: [tcomic@aol.com](mailto:tcomic@aol.com)

Mary F. Jensik, CPA – Board Treasurer Term: February 5, 2018 – December 31, 2020  
Chair – Public/Community Relations Committee  
Committee’s – Personnel, Finance, Development, Collaboration, Governance  
9 Emlyn Lane  
Mechanicsburg, PA 17055  
Cell: 717-497-5324 Email: [mjensik@comcast.net](mailto:mjensik@comcast.net)

Christina Mosser, Board Secretary Term: April 2019 – December 31, 2022  
Committee’s: Banquet, Public/Community Relations  
M & T Bank  
280 Keystone Drive  
Middletown, PA 17057  
717-421-1103 Email: [cmosser@wilmingtontrust.com](mailto:cmosser@wilmingtontrust.com)

248 Seneca Street  
Phone: 717-775-1111  
FAX: 717-775-1151

P.O. Box 5870

Harrisburg, PA 17110

*Our mission is to inspire hope, health and well-being by providing high quality, culturally competent, free faith-based primary healthcare to underserved and uninsured adults in the Greater Harrisburg Community*



2235 Millennium Way • Enola, PA 17025

Phone: 717.732.0700 • Fax: 717.732.5100 • Web: uwcr.org



July 31, 2020

Greater Harrisburg Community Foundation Upstream  
The Foundation for Enhancing Communities  
200 N. 3<sup>rd</sup> Street, 8<sup>th</sup> Floor  
Harrisburg, PA 17101

Dear Members of the Foundation:

United Way of the Capital Region provides this letter in support of funding technology upgrades at Beacon Clinic for Health and Hope to assist with assuring the safety, security and efficiency of care for its patients.

Beacon Clinic is part of the Contact to Care community initiative to improve access to healthcare of which United Way of the Capital Region is the backbone organization. The clinic fills a gap in the healthcare continuum for individuals who do not have insurance and otherwise would be unable to afford primary medical care. The clinic staff's collaboration with other healthcare providers and participation in Contact to Care empowers individuals without means to manage their health and provides a positive impact on the community and region.

Beacon Clinic has been critical to our community's response to helping low income families navigate challenging times in their lives.

Sincerely,

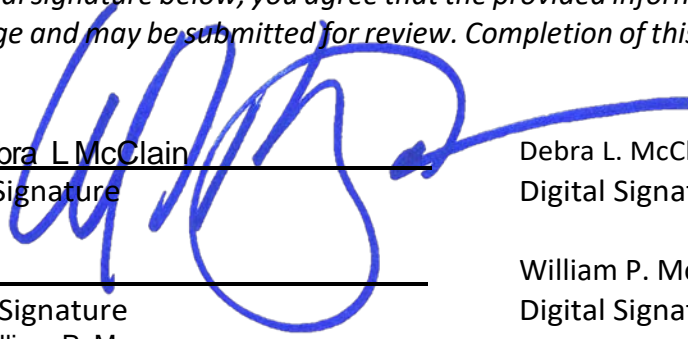
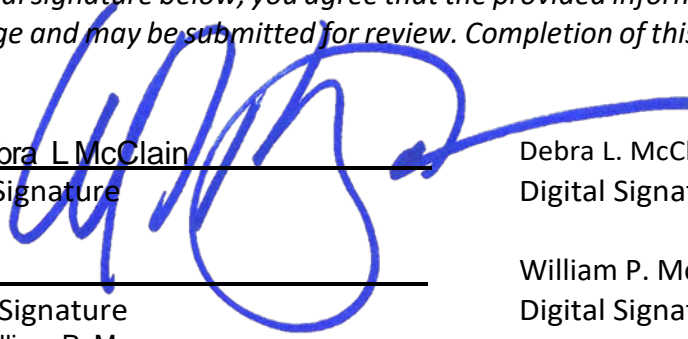
A handwritten signature in black ink that reads "Stefani S. McAuliffe". The signature is written in a cursive, flowing style.

Stefani McAuliffe  
Vice President, Community Impact

## 2020 GREATER HARRISBURG COMMUNITY FOUNDATION UPSTREAM SIGN & SUBMIT FORM

Provide signatures from the applicant organization, below. Both organization representatives must sign.

By providing your original OR digital signature below, you agree that the provided information in this application is true to the best of your knowledge and may be submitted for review. Completion of this form is one component of your Complete Application.

<input checked="" type="checkbox"/>	<b>President/CEO</b>	<u>Debra L McClain</u> Ink Signature	 Digital Signature	Debra L. McClain Digital Signature
<input checked="" type="checkbox"/>	<b>Board President</b>	<u>William P. Morgan</u> Ink Signature	 Digital Signature	William P. Morgan Digital Signature

### REQUIRED ATTACHMENTS TO BE UPLOADED & SUBMITTED BY 4PM ON THE DEADLINE DATE

All grant materials must be submitted through the TFEC online application system by 4pm on the deadline date.. This grant opportunity does not utilize delivered or mailed materials.

- Complete Application:** Applicant Profile, Project Profile, Project Snapshot, Project Narrative, Budget Worksheet, and Sign & Submit Form with original or digital signatures.
- Board of Directors List:** Professional affiliations (ie: work positions and/or titles as applicable) must be included.
- ONE, TWO, or THREE letters of support with original or digital signatures. Applicants may submit the number of letters that will best support their application.** Letters of support from the applicant organization's Board of Directors will not be accepted. Identical form letters are discouraged. A minimum of ONE letter of support is REQUIRED for this grant opportunity regardless of response to Question 4.
- If you have indicated PARTNERSHIP with or SERVICE to other Agencies as stated in Question 4, you must upload letters with original or digital signatures documenting the relationship.** A letter of partnership or service may also serve as a letter of support if support is expressly stated.
- Applicants who utilize a FISCAL SPONSOR** must include a letter signed by the Executive Leader of the Fiscal Sponsor organization indicating agreement to serve as the Fiscal Sponsor. An original or digital signature is required.
- IRS 501(c)(3) determination letter.**
- 1st Page of Applicant Organization's Most Recent 990.** If 990 is not available, upload applicant organization's most recent audit or financial statement to meet this requirement.

### QUESTIONS

If you should have any questions regarding this form or TFEC grant opportunities, contact Jennifer Strechay, Program Officer for Community Investment, at [jstrechay@tfec.org](mailto:jstrechay@tfec.org) or 717-236-5040.