



PINAL COUNTY
WIDE OPEN OPPORTUNITY

**Proposition 202 Tribal Gaming
Application Support Form**

Name of Tribal Entity: Due Date:	
Name of Nonprofit Organization:	
Contact Person:	
Contact Person Title:	
Mailing Address:	
Street Address:	
Phone:	
E-mail: <small>This will be the email address the resolution and signed coversheet will be sent when completed.</small>	
Website Address:	
Attachment Checklist	<ul style="list-style-type: none">• Application Support Form• IRS 501 © 3 designation letter• Completed application including coversheet
Project Name:	
Amount of Funding Being Requested:	
Summary of Project:	
Summary of How Project Benefits Pinal County Residents	
Name and Signature of Agency Director:	<i>Laura Larson-Huffaker</i>

2022 Ak-Chin Indian Community Grant Application Cover Sheet

Name of Applicant: Horizon Health and Wellness		Applicant is a: <input type="checkbox"/> City/Town/County (circle) <input checked="" type="checkbox"/> Other <input type="checkbox"/> Business	
Mayor/Supervisor/Chairman/President: Laura Larson-Huffaker, CEO			
Contact Person and Title: Cheri DeBree, Chief Innovation Officer			
Applicant Address (administrative office): 625 N. Plaza Dr.			
City: Apache Junction		Zip Code: 85120	
Applicant Mailing Address (if different):			
City:		Zip Code:	
Phone Number: 480-983-0065		Fax Number:	
E-mail Address: Cheri.DeBree@hhwaz.org			
Fiscal Agent for any Applicant that is not a City, Town, or County (<i>Special Taxing Districts/Fire Districts must have a Fiscal Agent</i>)			
Contact Person: Heather Patel			
City/Town/County Mailing Address: P.O. Box 1348			
City: Florence		Zip Code: 85132	
Phone Number: 520-866-6422		Fax Number:	
E-mail Address: Heather.Patel@Pinal.gov			

Program or Project Name: Ak Chin Morrison House Renovation Grant Proposal	
Purpose (Check all that apply) <input type="checkbox"/> education <input type="checkbox"/> public safety <input checked="" type="checkbox"/> health <input type="checkbox"/> environment <input type="checkbox"/> promotion of commerce <input type="checkbox"/> economic and community development	
Purpose of Grant (brief statement): This proposal is requesting one time funding to rehabilitate a currently uninhabitable property owned by Horizon Health and Wellness (HHW) in order to create six units to house individuals that are homeless and also have mental health or substance use issues. HHW has secured a bid from a licensed contractor to make necessary repairs to the home so that it can be used for our Supportive Housing Program, which delivers services to the individuals within these housing units to help them keep their housing along with other supportive services for both physical and mental health.	
Beginning and Ending Date of Program or Project: Project will begin upon award of funding and will last 9 months barring any unforeseen circumstances with materials and labor.	
Amount Requested: \$198,000	Total Cost: \$198,000
Geographic Area Served: Casa Grande	

By the execution of this Grant Application the undersigned agrees that the information contained in this Application is true, to the best of the Applicant's knowledge. The Applicant shall notify the Community if any information in this Application changes

Signature:  Date: 5/23/22

Typed/Printed Name and Title: Cheri DeBree

For the Fiscal Agent: _____ Date: _____

(If applicable)

Typed/Printed Name and Title: _____

Ak-Chin Indian Community Prop 202 Grant Application

INSTRUCTIONS: Applicants must submit a narrative explaining the proposal for which the Applicant is requesting funding. The Narrative submitted with the application shall follow the outline format provided below. Narratives shall not be more than five (5) pages, not including attachments, if any.

A. Purpose of Grant.

Horizon Health and Wellness (HHW) is a non-profit 501(c)(3) integrated health care agency licensed by the State of Arizona and accredited through the Joint Commission to deliver an extensive array of services for all ages and stages in life. HHW offers inpatient, outpatient and residential services, primary care, behavioral health, telehealth, and preventative healthcare services in central and southern Arizona. For more than 40 years, HHW has been serving the health care needs of Arizona residents. Our mission is to “Provide integrated healthcare that addresses the whole person and promotes wellness using best practices to enhance the quality of life of the individuals, families, and communities we serve. Horizon serves many rural areas and underserved populations.”

HHW is committed to providing the best care possible by providing integrated health care that addresses the whole person and promotes wellness, thereby helping patients sustain their health and the health of their families. Horizon Health and Wellness believes that everyone needs housing that is safe, stable, and affordable, especially those with mental illness and other disabilities. Our Vision is to alleviate human suffering and empower people to attain their optimum potential.

We believe in the Housing-First Approach and that having a home helps an individual feel secure and safe. Permanent Supportive Housing (PSH) is permanent housing in which housing assistance and supportive services are provided to assist households with at least one member (adult or child) with a disability in achieving housing stability on their recovery journey to a happy and healthy life. Having a safe and secure place to live in the community is an essential part of life, especially when it includes services, professional supports, and tools that help them live as independently as possible. Supportive Housing Services allow individuals to be involved in the process of choosing their home and services rather than being placed in a residence. The services we provide are customized to each individual based on their needs and desires. They have complete choice of the housing, neighborhood, whether to participate in mental health services and how to manage their daily activities. Participants in the HHW supportive housing program with income are required to pay at least 30% of their adjusted monthly income towards cost of rent. The remaining 70% of rent is paid for by the AHCCCS Housing Program. Horizon has been providing housing to Pinal County residents for several years.

To help address the issue of homelessness and the effects of serious mental illness, Horizon offers Supportive Housing Services and other community living options as a way to care for people in need. Horizon is a state-supportive housing provider for Pinal, Yuma and Gila Counties. The housing meets the U.S. Department of Housing and Urban Development’s (HUD) Housing Quality Standards and our tenants sign a standard lease agreement. Horizon has low barriers of entry to our housing. The home in this proposal is owned by Horizon and is used to house people with mental illness. Statistics show that between one-fourth and one-third of homeless persons have a serious mental illness. With homelessness, also comes an

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array of other burdens including low quality of life, risk of assault, increased substance use issues, increased and untreated physical and mental health issues, and early death. With the sudden increase in rent, the number of homeless persons is expected to rise. By funding this proposal, we can help be part of the solution.

The annual HUD Point in Time (PIT) Survey for Arizona shows that between 2017 and 2019, the number of individuals experiencing homelessness across Arizona increased 12 percent to over 10,000 individuals. This increase in conjunction with limited shelter capacity has resulted in 43% increase in the number of unsheltered individuals living in Arizona. In addition, the number of individuals experiencing chronic homelessness in Arizona has increased by 21%. Arizona Health Care Cost Containment System (AHCCCS) Statewide PSH Program Outcomes for State Fiscal Year 2020 showed a significant decrease in utilization in the six months after housing placement, including a 31% decrease in Emergency Department visits, a 44% decrease in inpatient admission, and 92% reduction in Behavioral Health Residential Facilities resulting in an average cost savings of \$5,563 per-member per-month savings. Horizon owns a triplex in need of significant repair.

The property for this grant application was built in 1965 and is currently unlivable due to the significant foundational crack hindering all units. This property requires significant structural repairs (please see contractor's bid). Once repairs are completed, this unit will house 6 individuals or families that were once homeless.

1. Identify the target population that will be served by the Project. (Who will benefit? How many will be served? Is there a targeted geographic location? Etc.)

This will provide community living placements for at least 6 low-income individuals/families with serious mental illness (SMI), general mental health or substance use (GMH/SU) issues. These individuals will be given the option to renew their lease each year and can renew as many times as needed. Individuals must adhere to terms and conditions set forth in their lease, housing assistance payment contract with HOM Inc. and AZ Landlord and Tenant Act with the support of staff from HHW. This housing unit is located in Casa Grande, Arizona.

2. Describe the Project goals and objectives, and outline a plan to meet these goals.

HHW intends to use the funding to rehabilitate one of our supportive houses that is currently uninhabitable located at 102 N Morrison Ave Casa Grande, AZ 85122-4549. As stated prior, the structure has six individual housing units.

We have identified a builder for this project and would engage their services immediately upon receipt of this grant (see timeline section and attached quote). The builder is familiar with HHW our facilities and has worked with us in determining the costs of the project.

3. Provide a timetable for implementation of the Project.

Horizon Health and Wellness plans to complete the Morrison renovation within a 9 month period. We have already been working with a contractor and have acquired a bid for all necessary and needed improvements and additions. This 9 month timeline will need to be somewhat flexible due to unforeseen circumstances such as delays in acquiring materials and labor to complete the work within the proposed time.

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B. Resources

1. Identify current funding sources for the Project and characterize each funding source listed as either a one-time-only or long-term funding source

There will be no other funding for the rehabilitation of this property. This request is for one-time only funding that will be used to complete the rehabilitation project. Each unit in the facility is contracted with HOM Inc., who contribute housing assistance payments for individuals that qualify for their program. To qualify, individuals must have an identified housing need, a diagnosis of serious mental illness, general mental health, or substance use, and are receiving Medicaid benefits.

2. Identify other organizations or partners that are participating in or contributing to the Project, but which are not funding sources, and describe their roles or contributions.

We will be partnering with Pinal County as they will be serving as our sponsoring governmental municipality. The only other partnership that we will have for this capital project will be the contractor we hire to complete the renovation project described in this proposal (see attached bid).

3. Define the Project as a new or continuing project or a purchase. Provide information about how the Project will be sustained or the purchase will be maintained after the grant funding is exhausted

The rehabilitation of this housing unit is a new project for HHW. Due to being a one-time capital grant, the progress and results will be in keeping to the timeline proposed in this application as much as possible and managing all efforts. HHW Grant Administrator will hold bi-weekly meetings with the leadership and the contractor to review progress. We will mark results as done as they are accomplished. Once these repairs are made, the housing unit and all maintenance is 100% sustainable through the funds we receive delivering services to the individuals living there.

4. If the Applicant organization has requested funding from any other Arizona tribe, please list:

- a. Pending requests made within the last eighteen (18) months, including the name of the tribe to which the request was made and a brief summary of the project for which a grant was requested.
- b. Funded requests made in the last five (5) years, including the name of the tribe that awarded the funding, a brief summary of the project for which the funding was awarded, and the amount of the funding received.

HHW has applied for two other grants this calendar year besides this current one we are applying for now. Please see chart below. HHW has never been funded by any of the Indian community grants.

Date of Application	Tribe	Summary of Project
February, 2022	Gila River	HHW intends to use the funding to remodel our facility in Oracle. This clinic currently is two separate buildings and does not have the most efficient or accessible use of space. We would like to remodel to connect the two buildings into

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		one, and create a patient flow that not only helps patients to feel welcome and comfortable (enhanced lobby area, easily accessible front reception area) but also allows for better flow, safety and increased ability to have more patients attending at one time.
May, 2022	Tohono O'odham	Rehabilitation and repurposing supported housing unit at 556 W. Southern Avenue, Apache Junction, Arizona. Turning this housing unit from a one-unit structure to a two-unit structure, so that more individuals can be housed.

C. Reports. Approved grantees must report back to the Community about the use of all grants. Outline how your organization will account for and manage the funding if selected. Describe how Project progress and results will be tracked and documented.

HHW can provide monthly progress reports back to the Community or upon request. HHW will have bi-weekly meetings with the contractor to get updates on progress and any delays. HHW has a finance department that will monitor the spending of the grant funding and will do a full accounting of all funds spent in these reports. We can also let the Community know when the unit is completed if representatives would like to come and see the finished product and be formally recognized for your contribution.

D. Budget. Provide a budget, including justification, which supports the request in the Application. Provide an estimated timeline for when funds will be expended.

HHW is requesting a total of \$198,000 for this project which would allow us to repair the foundation of the building, remove and replace the existing flooring within the structure and paint the interior and exterior of the building along with some updating. A budget is attached detailing the work plan and expected cost. All work will be completed within one year of the grant award date.

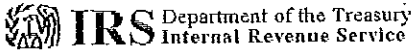
E. Additional information. Please provide any additional information about the Project or the Applicant organization that the Ak-Chin Council should know when considering the Application.

Please see attached budget justification spreadsheet.

We appreciate the opportunity to apply for this funding. If awarded this grant, Horizon would be able to provide safe, secure, affordable housing for six individuals or families. Thank you for your consideration.

Horizon Health and Wellness
AK-Chin Indian Community Prop 202 Grant

REVENUE Description	Quantity	Unit Cost	YEAR ONE			TOTAL		
			Federal	Non-Federal	Combined	Federal	Non-Federal	Combined
Program Income received from fees, private			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Federal Funds			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Support-AK Chin Prop 202 Grant			\$ -	\$ 198,000	\$ 198,000	\$ -	\$ 198,000	\$ 198,000
TOTAL REVENUE			\$ -	\$ 198,000	\$ 198,000	\$ -	\$ 198,000	\$ 198,000
EXPENSE Description			Federal	Non-Federal	Total Combined	Federal	Non-Federal	Total Combined
Medical Staff	0.00		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Behavioral Health Staff	0.00		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Support Staff	0.00		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL PERSONNEL	0.00		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FICA (7.65%)		7.65%	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SUTA (1%)		1.00%	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Benefits (health, dental, life, retirement up to 3.5% match)		16.50%	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FRINGE BENEFITS			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. Travel			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
d. Equipment			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
e. Supplies			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
f. Contractual			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
g. Construction			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Foundation Repair Oracle Building		\$ 165,000.00	\$ -	\$ 165,000	\$ 165,000	\$ -	\$ 165,000	\$ 165,000
Remove and replace existing Flooring		\$ 20,000.00	\$ -	\$ 20,000	\$ 20,000	\$ -	\$ 20,000	\$ 20,000
Painting of Interior and Exterior of building		\$ 13,000.00	\$ -	\$ 13,000	\$ 13,000	\$ -	\$ 13,000	\$ 13,000
h. Other			\$ -	\$ 198,000	\$ 198,000	\$ -	\$ 198,000	\$ 198,000
Administrative/Indirect Support				\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL EXPENSES			\$ -	\$ 198,000	\$ 198,000	\$ -	\$ 198,000	\$ 198,000



P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248167147
Jan. 22, 2016 LTR 4168C 0
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00016443
BODC: TE

HORIZON HEALTH AND WELLNESS INC
625 N PLAZA DR
APACHE JCT AZ 85120

Employer ID Number: 86-0554593
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Jan. 13, 2016, regarding your tax-exempt status.

We issued you a determination letter in October 1986, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

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HORIZON HEALTH AND WELLNESS INC
625 N PLAZA DR
APACHE JCT AZ 85120

Sincerely yours,

Doris P. Kenwright

Doris Kenwright, Operation Mgr.
Accounts Management Operations 1