



SECTION ONE

Funder to which this application is directed	
Date of Application	
ORGANIZATION NAME	
Applicant Organization (Full Legal Name)	The Order of Love Peace Truth Tolerance and Cooperation
Doing Business As	Tomorrow's Bread Today (TBT)
Previous Name, if changed	
IRS letter date	3-10-1997
Tax Exempt ID # (EIN)	76-0446925
Name of Executive Director	Donald Harold McCormick
Name of Attorney (if applicable)	
Name of Accountant (if applicable)	
Name of Contract Fundraiser (if applicable)	
Name of Fiscal Sponsor (if applicable)	
CONTACT INFORMATION	
Proposal Contact Name	Donald Harold McCormick
Title	Trustee
Phone	832-599-8449
Fax	1-866-373--8510
E-mail	donmcco@gmail.com
Street Address	921 CR3704B
City	Splendora
State	TX
Zip Code	77372
Organization Website	tbt.org
Mailing Address (if different than street address)	P.O. Box 1838
City	Splendora
State	TX
Zip Code	77372



ORGANIZATION FINANCIAL INFORMATION	
Organization's Budgeted Expenses for Current Year (give fiscal year end mm/dd/yy)	\$1,000,000
Endowment Size (market value as of fiscal year mm/dd/yy)	\$
Organization's Major Funding Sources (e.g., United Way, local community foundation, county board of health, etc.) by percentage	Individual Donations

ORGANIZATION'S AFFILIATION
United Way: Yes No Other (specify): Gateway to Care
Chapter of national or regional organization (specify):

REQUEST DATA	
Program/Project Title	Establish a local base for a Patient and Physician Medical Cooperative
Total Budget for this Program/Project	\$1,000,000
Amount of this request	\$750,000
Grant Duration (e.g., one-year grant, etc.)	7 Years but grant used as collateral and not repeating
Anticipated Project Start Date	January 1 2022
Community/Counties served by this Program/Project	Splendora, Texas,
Total Number of people to be served during grant period	1,000
Brief demographic description of population served by this Program/Project	The population is in a Federally designed Low-Income area and is medically underserved
TYPE OF REQUEST (check all that apply and see glossary for definitions)	
Capital <input type="checkbox"/> Technical assistance <input type="checkbox"/> Operating <input checked="" type="checkbox"/> Endowment <input type="checkbox"/> X Program/Project Start-up X Other (specify) Collateral for Loan to do construction and operations	
SIGNATURES (both are required unless otherwise specified by funder)	
Signature of Executive Director	
Signature of Board President	<i>Don McCormick</i>



SECTION TWO – ORGANIZATIONAL BACKGROUND

The following section should not exceed 2 pages in total (*please confirm any page limits with each foundation to which you are submitting the application*). Responses should be typed, single-spaced, single-sided and use 11 or 12-point type. At the funder's discretion, you may answer questions individually or group them into one narrative for this section.

1. Summary of organization's history and statement of organization's mission

We began in 1997 as a lay religious organization with the intent of doing the corporal and spiritual works of mercy for those people in need in our community. There have been 5 of us who have been the members of TBT who have contributed their labor and the money they have earned from their labor to help needy people get health care, food, and shelter. Our members have been and are still either medical care administrators or direct health care providers.

2. Description of current programs/projects and activities.

In the last three years we have operated health care cooperatives located in the Greater Houston Area. We have served over 2,000 patients ranging in age from newborns to people in their 90s. The patients have been treated for a very wide range of injuries and sicknesses. Most of the patients have been seen by contracted primary care physicians and nurse practitioners. We have over 50 primary care and specialty practices clinics participating in our cooperative. We have been helped by specialists by doing administrative work for them to earn money to support patient care in the contracted clinics. They also make referrals to us for patients with primary care needs. Our only source of funding has been donations from the people working for us and members of TBT and from patients who join the cooperative and pay monthly retainer fees that average \$35 per month for primary care medical services. Members who cannot pay the fees are seen at the expense of TBT.

3. Evidence of organization's overall effectiveness (please list achievement of specific organizational or program goals).

We care for many people who would not have health care without any barriers to care and in a strictly confidential way. Our cost of care is less than 1/2 of the usual cost in the commercial and government systems, yet the health care workers earn as much as they do in other clinics that do not serve the low-income populations.

4. Description of population and geographic region (community/counties) served by this organization.

Our service area is Greater Houston for the development of Cooperatives. Based on our surveys of patients we have found that forty percent of these people who come to participating clinics are either uninsured or lack primary health care coverage in their health plans. They are mostly employed but are paid low wages and work for small businesses. Many of the areas are



medically under-served and the poor patients do not have access to providers because of lack of money and insurance.

5. The project in Splendor is to demonstrate that a primary care practice supported by patient members and using the specialty services and insurance systems we have perfected can be organized and be self-sustaining within one year. It will not require an expenditure of the grant money but will use it only as collateral for a loan that will be paid by the members over a seven-year period. The loan money, not the grant will do the leasehold improvements on the clinic and the cover enrollment cost and start up cost of operations. Such a large number of small loans (300-400) cannot be made by banks without the guaranty and collateral and accounting of the Cooperative. The project is also eligible for New Market Tax Credits and a Shared Income Fund program which will complete the required construction and operating capital need of \$1,000,000. The \$750,000 grant for use as collateral does not have to come from a single source, so in considering this project think about how much you can allocate.



In general, the following narratives, which include Sections Three through Six, should not exceed four pages in total (*please confirm any page limits with each foundation to which you are submitting the application*). Responses should be typed, single-spaced, single-sided and use 11 or 12-point type. At the funder's discretion, you may answer questions individually or group them into one narrative for these sections.

SECTION THREE – STATEMENT OF NEED OR COMMUNITY BENEFIT

1. What is the problem, challenge or need that is unaddressed or unmet? Or what is the community benefit that this program or project will impart?

The problem in providing medical care in these communities is that only private or public insurance programs are available to support the labor and material costs. Neither system is practically available to the patients we serve and could serve. Even under the current new health care law, most of the patients will remain either uninsured or under-insured because of lack of adequate income and inadequate funds from the public sector programs for primary health care services. Medicaid eligibility is difficult to maintain by many patients and the reimbursement for physician services is a limited number of contracted HMOs that pay less than 70% of the filed claims for a host of reasons. Therefore, patients must pay for health care as best they can, yet the specialist physicians and hospitals do not want to care for them unless they have insurance or proof of income adequate to pay their bill.

We know that primary health care is not expensive and that even the poor can afford it if there is a systematic and routine way to fund it. We have discovered that monthly fees of about \$50.00 per month per person from 1,000 people will provide complete primary care services and access to complete medical care in the patient's home and from specialists in the cooperative for less than half of what they now pay for care and insurance. We know that most of the patients we see could make that kind of regular payment and that others in the community would also make monthly donations. The challenge for TBT and the community is to organize the patients and clinics into a local cooperative so that the clinics will be sustained indefinitely and all the people in need will be served. We can only address the specialty needs and hospital needs of this group by help from the physicians and hospitals and by guiding the patients through the programs these groups have available.

2. What is the research, statistic(s) or evidence that shows this need or benefit exists?

We have seen and treated thousands of these kinds of patients and can report the contact information and we know that there is no universal health care available and not likely to come soon because of political conflicts, lack of community organization, and the dominance of the profit and business motives in the system.



SECTION FOUR – PROGRAM/PROJECT DESCRIPTION & METHODOLOGY

IMPORTANT: Review the funder’s program guidelines and restrictions before responding to this section.

1. Description of program/project, including:

a. Summary description of overall program/project to be funded under this grant

We intend to enroll 1,000 patients who will contribute at least \$50 per month to support the primary care clinics and 400 families borrow \$2,500 each and invest it in the Shared Income Fund that will be used to create the clinic and the local medical cooperative. The members will be individuals who live in the service areas and use the services of the clinic and the benefits from the medical cooperative. To do this within the projected time frame we will need at least two community organizers who will each enroll about two households per day over the first four months of development. We assuming a minimum number of three people per household which would be the 1,000-membership base required. We must pay the cost of supporting these organizers in addition to the cost of operating the cooperative’s clinic and provider network. This cost is in shown in the budget projected.

b. Brief description of goals and objectives for program/project

1,000 donors or members who contribute \$50 each monthly and 400 families who participate in the “shared income fund” by making a \$2,500 loan and paying \$28.30 per month for 84 months.

c. Timetable for implementation and duration of program/project

One year in development and then it is self-sustaining.

d. Evidence of use of best practices (For example, is this program/project based on a program that has been shown to be effective in other settings? Is it based on national standards?). If the initiative is a pilot project and has not been done before, please list assumptions on why new approach will succeed.

It is a new approach for funding health care that is from the grass roots. It is simple to understand and its benefits are apparent to the people who are directly involved in the support and use of the cooperative’s member medical providers.

2. How and with whom will the organization collaborate on this program/project?

We are going to pay the community organizer's salaries and expenses and office overhead. The fees they bring in will pay the cost of operating the cooperative’s network for an indefinite time



into the future.

3. Why is your organization positioned to address this need or benefit (e.g., skills, location, etc.)?

We have been organizing physician practices to take care of patients in need since 1995 and have about 50 physicians who help the organization and the cooperative in all the areas mentioned above. Houston was our pilot to discover how to do and to price a Cooperative membership. Our staff is expert at getting workable physician and hospital agreements. The medical staff is especially good at providing access to quality medical care.

4. How is your project different from similar existing projects at other organizations?

We not as good or as big as Group Cooperatives that have been established in the last 70 years, but we are the only people in Houston Area who are doing this kind of job for targeted low-income populations. The usual clinics who support the poor are mostly dependent of continuous grant money and Medicaid to operate. We become self-sustaining and reproductive in the first year in each area we target.

5. The creation of a primary care clinic by direct support of patient members is the “basic unit” of a complete health care system. Three hundred households in most neighborhoods contain about 1,000 individuals of all ages and all health conditions. That number of patients is the capacity a primary care medical team can serve. It affords time for health education, diagnosis, treatment of problems, and mutual assistance through people using the same practitioners. It allows for the patients and the providers of care to know each other well enough develop trust and dispel fears that hamper communication and withhold help that with likely eliminate root causes of problems. This “basic unit” when grown to 30 neighborhoods creates a Specialty Center and when five of these Specialty Centers are joined then one becomes an Acute Care Hospital, a Skilled Nursing Facility and an Assisted living Apartment Complex. This 150,000-member system then uses Specialty Hospitals that have a record of good outcomes in treating complex problems like Cancer and Heart Disease and rare diseases. A complete health care system that will bring the United States from dead last in health care compared to ten other industrialized counties begins with this “Basic Unit” and depends on it being self-sustaining and patient supported and patient centered.



SECTION FIVE – EVALUATION AND RESULTS

Please see glossary for definition of “Outcomes,” as well as the funder’s guidelines before completing this section.

1. Provide specific short-term, intermediate and/or long-term outcomes of this program/project and the timeframe within which they will occur.

We expect to enroll 1,000 patients in the Coop and that they will become financially self-sustaining, have much better health outcomes because of access to both primary and specialty care and to mutual support that is a part of a patient/physician cooperative.

2. How will outcomes be measured and who (e.g., staff, consultant, etc.) will measure them?

We keep comprehensive medical records on each patient using electronic medical records and we measure what we do against the standards of care for both preventive and acute care medical practice. On the administrative side, we survey each member and determine exactly what their needs and wants are in medical and social issues. We use a “Pathways to Care” system to effect positive changes that benefit the patients and providers in the medical outcomes. We have expert in-house staff in these areas.

3. How will the results be used and disseminated by your organization and/or others?

We use the results to improve the way in which we get patients into the Cooperative, the way they are treated, and the coordination of their care. We disseminate information among our providers and staff and do project communications and milestones. We use “Scrum” to plan and carry our goals and to keep our teams organized and in communication with each other.

4. How will the project’s constituents and/or clients be actively involved in evaluating the project?

The providers and staff talk to them regularly about their health and the business of the Cooperative. The patients are equal members of the Coop with the providers and staff and they empower the organization through their talk and their votes.

5. If this is an ongoing program/project or if its purpose is to provide direct support to an ongoing program/project, summarize past quantitative and qualitative outcomes of that program/project.

The regular fees gained from the organizer's work will create some surplus in the cooperative network operations which can be used to start another round of development. This will expand provider base and facilities and we can go from caring for 1,000 people to 7,000 and so on. Each round will reduce the grant need by about 15% so that in seven years no additional grants will be required and we will be able to spin off new clinic networks from within our cooperative resources each year. It is likely that the self-sustaining nature of this program will grow faster than we are projecting and the spirit of it will appeal to most of the people in our communities.



SECTION SIX – PROGRAM/PROJECT FUNDING PLANS

1. List of other funders to whom this **current proposal** has been and will be submitted. For each funder, indicate amount requested and status of request (e.g., “to be submitted,” “pending,” “funded,” or “declined”). If funded, specify amount of grant and date received.

2. Other anticipated funding for this current proposal including:

a. Earned revenue

Earned revenue

Year 1 \$118,000 Year 2 and after \$590,000

b. In-kind support

\$

c. Special events

d. Fundraisers, etc.

3. If this will be an ongoing program/project, describe plans and specific sources for future/long-term funding.

The regular fees gained from the organizer's work will create some surplus in the cooperative network operations which can be used to start another round of co-op development. This will expand the clinical provider base and facilities and we can go from caring for 1,000 people to 7,000 and so on. Each round will reduce the grant need by about 15% so that in seven years no additional grants will be required and we will be able to spin off new clinic networks from within our co-op resources each year. It is likely that the self-sustaining nature of this program will grow faster than we are projecting and the spirit of it appeals to most of the people in our community.



SECTION SEVEN – REQUIRED FINANCIAL ATTACHMENTS

1. List of grants greater than \$5,000 (including funder name, amount, and brief description) received during your organization’s two most recently completed fiscal years.

None

2. Total organizational budget for current fiscal year* including a column showing the organization’s year-to-date status (budget vs. actual).

Attached #1

3. Project request budget* for your entire project.

Attached #2

4. Two most recently completed Form 990s.

Attached #3

5. If your organization has an endowment greater than \$100,000, please provide your endowment spending policy.

N/A

6. Additional financial forms including:

- a. Most recently completed audit if available, including auditor’s notes and management letter if issued. **Audited see attachments #4**
- b. Statement of Revenue/Support and Expenses* for your organization’s most recently completed fiscal year. **Attached #4**
- c. Current Balance Sheet. **Attached #5**

**Available as common form*

SECTION EIGHT – OTHER REQUIRED ATTACHMENTS

1. IRS letter of determination 501(c)(3), or if such a letter does not exist see specific funder requirements. **Attached #6**
2. Names and organizations of board members, plus a brief narrative on the board’s operations that answers the following questions:
 - a. What are the term limits of board members? **Annual**
 - b. What are the standing committees of the board? **Committee of Trustees and Co-op Committee**
 - c. What is the fundraising responsibility of the board? **Help get members through community contacts and promotion programs**
 - d. How frequently does the full board receive financial reports? **Quarterly**
 - e. How frequently does the full board meet and what percentage attend on average? **Quarterly and all members**



- f. What (if any) long-range or strategic plan has the board adopted? **Improve the contracts with providers and get members into the coop through education and budget commitments.**
 3. List of key staff members and qualifications, or an organizational chart
Attached #7
 4. One example of each of the following (if available): **Attached #8**
 - a. Annual reports
 - b. Organizational brochure
 - c. Sample newsletter
 - d. Program brochureThese items can be mailed to the funder if they are not available electronically.
 5. Letters of commitment from collaborating organizations, if appropriate. **N/A**
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Before using the Common Grant Application, please visit the funder's website or call to learn additional information about the funder and how it uses the Application

The Common Grant Application is a collaborative effort of funder and nonprofit organizations working to build the performance capability of the nonprofit sector in Ohio.



GLOSSARY

Capital Request – A planned undertaking to purchase, build or renovate a space or building, or to acquire equipment.

In-Kind Support – A contribution of equipment/materials, time, and or services that the donor has placed a monetary value on for tax purposes.

Methodology – A sequence of activities needed to accomplish the program objectives.

Operational Support – A grant given to cover an organization’s day-to-day expenses such as salaries, utilities, office supplies, etc.

Outcomes – The changes in (or benefits achieved by) individuals or communities due to their participation in program/project activities. This may include changes to participants’ knowledge, skills, values, behavior, condition, or status. In general, outcomes are described in quantitative or qualitative terms.

Quantitative (or Measurable) outcomes are changes or benefits that can be measured or counted and expressed with a numerical value. For example, 30 of the 40 third-grade students participating in the literacy program will increase their reading level by one grade level.

Qualitative outcomes are changes or benefits that refer only to the characteristics of something being described, rather than exact numerical measurement. Qualitative changes can be observed (or detected through the senses) and are generally described in a narrative form. For example, the mother of a student participating in the literacy program stated that her daughter no longer feared reading aloud in class now that she could read at the same level as her classmates.

Program – An organized set of services designed to achieve specific outcomes for a specified population that will continue beyond the grant period.

Project – A planned undertaking or organized set of services designed to achieve specific outcomes that begins and ends within a specified time. (A successful project may become an ongoing program.)

Technical Assistance – Operational or managerial assistance given to a nonprofit organization. It may include fundraising assistance, budgeting or financial planning, program planning, legal advice, marketing, or other aids to management. Assistance may be offered directly by a foundation or corporate staff member or in the form of a grant to pay for the services of a consultant.

Attachment #1



Ohio Common Grant Form
TOTAL ORGANIZATIONAL BUDGET FOR CURRENT FISCAL
YEAR

Name of Organization:

The Order of Love Peace Truth Tolerance and
Cooperation

Time Period (mm/dd/yy to mm/dd/yy):

6-1-2018 to 5-31-2019

REVENUE/SUPPORT	Budget for Year	Year-to-Date (specify date - mm/dd/yy)
Corporate grants		
Foundation grants		
Govt. grants/contracts/per diem (describe in narrative)		
Contributions	\$1,000,000	
Affiliate orgs./non-govt. contracts (describe in narrative)		
Federated campaigns (describe in narrative)		
Membership dues	\$118,000	
Special events, fundraisers		
Sponsorships		
Admissions		
Sales, rent		
Revenue, tuition		
Endowment funds		
Interest, dividends, non-endowments investments		
Other (if more than 20% of total revenues, describe in narrative)		
Total Revenue/Support	\$1,118,000	



Ohio Common Grant Form
TOTAL ORGANIZATIONAL BUDGET FOR CURRENT FISCAL
YEAR

Name of Organization: _____

EXPENSES	Budget for Year	Year-to-Date (specify date - mm/dd/yy)
Salaries	\$406,000	
Employee benefits, taxes	\$40,200	
Affiliate orgs. or contracts (describe in narrative)		
Professional fees	\$100,000	
Equipment, supplies, materials	\$100,000	
Telephone, utilities	\$28,800	
Postage, mailing	\$1,200	
Occupancy	\$236,000	
Insurance	6,000	
Reserves	\$150,000	
Travel	\$2,400	
Conferences		
Evaluations		
Other (if more than 20% of total expenses, describe in narrative)	\$47,400	
TOTAL EXPENSES	\$1,118,000	
Revenue less Expenses	0	



Attachment #3 : See PDF File, “TBT Corporate Documents”

Attachments #4 and #5: See PDF File, “TBT Corporate Documents”

Attachment #6: See PDF File IRS Determination letter, "TBT Corporate Documents..."

Attachment # 7: “See Organizational Chart below;”

Board of Trustees

Don McCormick, BA
Bret Schulte, J.D
Arnold Valenson, MD
Blair Korndorffer, AIA
Anne Bartell, MOM, Lac

Coop Committee

Don McCormick
Bret Schulte
Anne Bartell

Medical Care Providers: See PDF of;
TBT Multi-Specialty Group, PLLC

General Administration:

Don McCormick, CEO
Crystal Chacon, Patient Advocate
Matt Tambourides, IT Support

Attachment # 8 : “See PDFs 5-9”

Attachment # 9: “See PDF of Organizational Documents”