



I. GRANT PROPOSAL SUMMARY SHEET

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Date – 5/04/2026

Contact Information

Organization Name: Union Community Care	ED/CEO Name: Alisa Jones
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Phone: 717-299-6371	Board Chair Name: Cindy Stewart
Website: unioncommunitycare.org	Board Chair Approval (check here): <input checked="" type="checkbox"/>
Year Incorporated: 1973	Primary Contact Name: Jimmy Reichenbach
FEIN: 29-1909490	Primary Contact E-mail: james.reichenbach@unioncomcare.org

Organization Information:

Field/s of Interest:

<input type="checkbox"/>	Arts, Culture, Heritage	<input type="checkbox"/>	Education, Library	<input type="checkbox"/>	Environment, Animals
<input checked="" type="checkbox"/>	Health	<input type="checkbox"/>	Human Services	<input type="checkbox"/>	Social Justice, Civic Engagement
<input type="checkbox"/>	Religion	<input type="checkbox"/> If other, please describe:			

Mission: At Union Community Care, our mission is to spark equity through patient-led healthcare that welcomes and strengthens our communities by integrating body, mind, and heart

Geographic Area Served (If not all of Chester County, specify primary Chester County regions served): **Coatesville**

Describe Population Served

Union Community Care serves a diverse array of Chester County residents, including underserved and vulnerable populations facing barriers to care. We provide affordable, integrated medical, dental, behavioral health, and social services, meeting people where they are and addressing social determinants like housing, income, and access to care to improve overall community health and well-being.

Annual Number of People Served. (Include Chester County # &/or % served.) **4000 at our Coatesville location.**

Annual Budget \$65,500,000

85 % of budget for program expenses
15 % of budget for administrative expenses
0 % of budget for fundraising expenses
100% = total

350 # of Full-Time Equivalent Paid Staff
14 # of Board Volunteers
0 # of Active Non-Board Volunteers
150 # of Volunteer Hours

Top 3-5 funding sources:

1. Patient Revenue
2. In-House Pharmacy
3. Grants

This grant proposal is for: Direct Service Programs & General Operating &/or Capacity Building

If Capacity Building Proposal, the focus is: N/A

<input type="checkbox"/>	Contingency Planning	<input type="checkbox"/>	Partnerships, Collaborations	<input type="checkbox"/>	Merger, Closure
<input type="checkbox"/>	Mission, Vision, Strategy	<input type="checkbox"/>	Board Engagement & Leadership	<input type="checkbox"/>	Marketing, Communication
<input type="checkbox"/>	Resource Development	<input type="checkbox"/>	Operations	<input type="checkbox"/>	Technology
<input type="checkbox"/>	If other, please describe:				

Grant Amount Requested from the Community Foundation: \$10,000

Proposal Summary:

Union Community Care proposes to implement and expand comprehensive school-based health care services to improve access to preventive, primary, and behavioral health care for students across the Coatesville Area School District. This initiative will establish a coordinated, school-centered model of care that addresses physical health, mental and behavioral health needs, and health-related barriers to learning. By delivering services where students spend much of their time, the project aims to improve health outcomes, reduce health disparities, and support academic success.

II. GRANT PROPOSAL NARRATIVE

Provide clear, concise information in 1-3 pages. Please be brief.

1. Nonprofit's overall aims, key initiatives, key achievements & distinctiveness

Union Community Care's aim is to advance health equity by delivering accessible, integrated, patient-led healthcare that addresses not only medical needs but also the social conditions affecting health. Specifically, UCC aims to spark equity through patient-led care that integrates body, mind, and heart while ensuring access to care regardless of ability to pay, including uninsured and under-insured patients. Union Community Care also aims to strengthen communities, not just individual health outcomes, by addressing social drivers of health such as food access, transportation, and behavioral health support.

Union Community Care's mission is to spark equity through patient-led healthcare that welcomes and strengthens our communities by integrating body, mind, and heart. To achieve its mission Union Community Care provides "360 Care"—medical, dental, behavioral/mental health, social support, pharmacy, and urgent care—often in the same location or network, reducing barriers to access. Care is provided through Federally Qualified Health Center (FQHC) Services such as sliding-fee payment options based on income, culturally competent services in designated health-professional-shortage areas, school-based and community-based care, mobile and outreach Healthcare, and preventive and social health programs.

Union Community Care's impact is both measurable and sustained. Serving over 40,000 patients annually with more than 149,000 care visits across multiple counties Union Community Care has been recognized as a nationally certified Patient-Center Medical Home (PCMH) for quality and coordinated care. In 2025 Union Community Care was selected as the healthcare provider for the Brandywine Center in Coatesville, expanding UCC's equitable care model into a new community.

Union Community Care's distinct role is delivering community-led, whole-person healthcare that removes financial, cultural, and logistical barriers—strengthening both individual health and long-term community well-being.

2. Funding request

Union Community Care proposes to implement and expand comprehensive school-based health care services to improve access to preventive, primary, and behavioral health care for students across the Coatesville Area School District. This initiative will establish a coordinated, school-centered model of care that addresses physical health, mental and behavioral health needs, and health-related barriers to learning. By delivering services where students spend much of their time, the project aims to improve health outcomes, reduce health disparities, and support academic success.

Union Community Care's school-based health initiative will serve students in kindergarten through 12th grade enrolled in the Coatesville Area School District. Coatesville Area School District serves approximately 5,200–5,400 students across nine schools, including elementary, middle, intermediate, and high school levels. The population to be served includes school-aged children and adolescents, ranging from approximately 5 to 18 years old, spanning grades K–12. This broad age range allows the program to provide developmentally appropriate preventive, primary, and behavioral health services during critical stages of childhood and adolescent development. Coatesville Area School District serves one of the most racial and ethnically diverse student populations in Pennsylvania. The student body is composed of approximately: 38% White, 28–29% Black or African American, 24–25% Hispanic/Latino, 7–8% Two or more races, Approximately 1% Asian, Less than 1% American Indian/Alaska Native or Native Hawaiian/Pacific Islander. This high level of diversity underscores the need for culturally responsive, linguistically appropriate, and equitable health services

embedded within the school setting. A significant proportion of students in Coatesville Area School District come from economically disadvantaged households. Approximately 61–72% of students are classified as economically disadvantaged and qualify for free or reduced-price meals. The district participates in the Community Eligibility Provision (CEP), enabling all students to receive school meals at no charge, which reflects the high level of community-wide economic need. Families residing within the district experience poverty at rates higher than those of Chester County overall, with approximately 14% of children living below the federal poverty line, a key factor contributing to unmet health needs and limited access to care. Approximately 7–8% of Coatesville Area School District students are English Language Learners (ELLs), representing students who speak languages other than English at home and may face additional barriers to accessing health care and health information. This linguistic diversity highlights the importance of bilingual services, health literacy support, and family-centered communication. Coatesville Area School District serves a population with elevated support needs, including approximately 28% of students receiving special education services, nearly 5% identified as experiencing homelessness, as well as students facing food insecurity, housing instability, and unmet behavioral health needs. These factors increase students' risk for chronic health conditions, mental health challenges, and educational disruptions, reinforcing the necessity of integrated, school-based health services.

Children and adolescents in Greater Coatesville experience persistent health inequities rooted in social, economic, and structural conditions that limit their ability to achieve optimal health and educational success. These inequities are driven not by individual choice, but by social determinants of health, including economic stability, access to health care, neighborhood conditions, language access, and exposure to chronic stress and trauma—which disproportionately affect students and families served by the Coatesville Area School District. Economic instability is a defining social determinant of health in Greater Coatesville. Many students in Coatesville Area School District live in households that experience financial hardship, food insecurity, and unstable employment conditions. These realities limit families' ability to access consistent primary and preventive health care due to cost, transportation barriers, inflexible work schedules, and limited insurance networks.

As a result, many students do not receive routine preventive care, timely management of chronic conditions, or early intervention for emerging health concerns. Instead, care is often delayed until health needs become urgent, resulting in avoidable emergency department use and missed opportunities for prevention. These access gaps reflect systemic inequities in the health care delivery system, particularly for low-income families and those insured through Medicaid.

Mental and behavioral health disparities represent one of the most urgent equity challenges facing students in Greater Coatesville. Many children experience chronic stressors, including economic hardship, housing instability, exposure to community violence, family disruption, and intergenerational trauma. These conditions increase the risk of anxiety, depression, emotional dysregulation, and behavioral health concerns.

Despite this elevated need, access to youth behavioral health services is limited by provider shortages, long waitlists, transportation challenges, stigmas, and lack of culturally responsive care. These systemic barriers disproportionately affect students from historically marginalized communities and contribute to unmet mental health needs that interfere with learning, behavior, and long-term well-being.

Health-related inequities directly undermine educational equity. Students who experience untreated physical or mental health conditions are more likely to miss school, struggle with concentration, and receive disciplinary referrals—outcomes that reinforce achievement gaps and limit future opportunity.

Chronic conditions such as asthma, unmanaged behavioral health challenges, and unmet preventive care needs function as barriers to learning, disproportionately affecting students who already face structural disadvantages. In this context, schools become one of the most equitable and reliable access points for health intervention, particularly for students who may otherwise go without care.

Union Community Care's proposed school-based medical and behavioral health program is designed to address the root causes of unmet health needs among students in Greater Coatesville by removing structural barriers to care and embedding services directly in the school environment. The program's activities are intentionally aligned to produce measurable outputs, meaningful short- and intermediate-term outcomes, and lasting impact for students and families. By delivering on-site primary, preventive, and behavioral health services during the school day, the program immediately increases service availability and utilization among students who might otherwise face barriers such as transportation challenges, cost, limited provider availability, or caregiver work constraints. Embedding services in schools ensures consistent access and engagement, particularly for students who are least likely to access traditional healthcare settings. As more students access timely care, health concerns are identified earlier and addressed before they escalate.

Preventive care and chronic disease management improve students' physical well-being, while trauma-informed behavioral health services support emotional regulation, stress management, and coping skills. Care coordination further strengthens outcomes by addressing social determinants of health such as insurance gaps, food insecurity, and transportation barriers that interfere with care continuity. Over time, sustained improvements in access, health status, and engagement contribute to broader, long-term impact. By addressing health as a foundational component of learning, the program helps interrupt cycles of unmet need, crisis-based care, and academic disruption that disproportionately affect students from low-income households and historically marginalized communities. This approach is effective because it recognizes that health inequities are driven by systems and conditions, not individual behavior. By meeting students where they are and addressing both clinical needs and social barriers, Union Community Care's program creates equitable access to care, strengthens protective factors, and supports long-term success. The result is not only healthier students, but healthier schools and a stronger Greater Coatesville community.

III. ATTACHMENTS

1. Copy of **501 (c) (3)** federal tax-exempt letter - **Attached**
2. List of **Board** of Directors, with their affiliations - **Attached**
3. Most recent **annual report** **URL:** <https://unioncommunitycare.org/our-impact/>
4. Audited or reviewed recent **financial statement** - **Attached**
5. Itemized **organizational operating budget** with actual results for prior fiscal year & current fiscal year to date - **Attached**
6. If capacity building initiative, **itemized budget** (including external consultant's proposal, if applicable) **N/A**
7. Current **strategic plan**. If your nonprofit does **not** have a current strategic plan, **explain why**. - **Attached**