### AGENDA ITEM | RECOMMENDATION
---|---
**MISSION STATEMENT**<br>The mission of the SVHCD is to maintain, improve, and restore the health of everyone in our community. | 

1. **CALL TO ORDER** | Hohorst

**PLEASE NOTE:**
The closed session will be held at 5:00 p.m. in the private conference room adjoining the Community Meeting Room following Public Comment on Closed Session. The Open Session will be held at 6:00 p.m.

2. **PUBLIC COMMENT ON CLOSED SESSION** | Hohorst

3. **CLOSED SESSION:**

4. **REPORT OF CLOSED SESSION** | Hohorst Inform

5. **PUBLIC COMMENT SECTION**<br>At this time, members of the public may comment on any item not appearing on the agenda. It is recommended that you keep your comments to three minutes or less. Under State Law, matters presented under this item cannot be discussed or acted upon by the Board at this time. For items appearing on the agenda, the public will be invited to make comments at the time the item comes up for Board consideration. At all times please use the microphone. | Hohorst

6. **CONSENT CALENDAR:**
   - A. Medical Staff Appointments and Reappointments | Hohorst Inform/Action
   - B. Agenda Process for Board Meetings
   - C. Format and Instructions for Preparing Board Letters
   - D. Joint SVHCD Board Meeting with Sonoma City Council – February 6, 2012

7. **SONOMA VALLEY HOSPITAL FOUNDATION ANNUAL GIVING PLAN** | Plenty Inform

8. **FINAL SONOMA VALLEY HOSPITAL 2012 THREE-YEAR ROLLING STRATEGIC PLAN** | Mather Inform/Action

9. **COMMUNITY BENEFIT COMMENTS** | Boerum Inform

10. **FINANCIAL REPORT:**
    - A. December 2011 Financials | Reid Inform
### 11. ADMINISTRATIVE REPORT:

A. Dashboard for December 2011  
B. HCAHPS Report (Hospital Consumer Assessment of Healthcare Providers & Systems)  

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<thead>
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### 12. OFFICER & COMMITTEE REPORTS:

A. Chair Report  
B. Quality Committee:  
C. Governance Committee:  
   1. Governance Committee 2012 Work Plan  
   2. 2012 Board Self-Assessment and Board Development  
D. JPA/Northern California Health Care Authority  

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### 13. ADJOURN:

_The next regularly scheduled meeting of the SVHCD Board will be held on Thursday, March 1, 2012._
6.A.

MEDICAL STAFF APPOINTMENTS
SONOMA VALLEY HOSPITAL MEDICAL STAFF REPORT
MEDICAL EXECUTIVE COMMITTEE

TO:       SVH BOARD OF DIRECTORS
FROM:     MEDICAL EXECUTIVE COMMITTEE

The applicants on the following lists are recommended for approval as noted. The credentialing process has not identified specific concerns as to their professional qualifications or competency that require further Committee discussion. The recommendations for clinical privileges are based on documented evidence of each individual's education, training, experience, demonstrated professional competence and judgment, clinical performance, the documented results of patient care and other quality review and monitoring, and pertinent information concerning clinical performance obtained from other sources. Each proposed or current member has satisfactorily demonstrated the ability to exercise the clinical privileges to be initially granted or renewed. Provisional and new members are subject to ongoing observation unless specific exceptions are noted. Allied Health Professionals recommended for new or renewed clinical privileges are subject to the same process and standards.

PART ONE: CREDENTIALING FAVORABLE RECOMMENDATIONS – January 19, 2012 Medical Executive Committee
The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified. The resulting recommendations indicated below have been approved by the Interdisciplinary Practice Committee (when applicable), Medicine, and Surgery Departments and are hereby submitted to the MEC and Board of Directors for final action.

### PROVISIONAL MEDICAL STAFF APPOINTMENTS

**Effective for 1 year**

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### MEDICAL STAFF REAPPOINTMENTS

**Effective for 2 years**

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This document is a quality improvement/peer review document of the hospital. It includes privileged and confidential information, which is protected from disclosure pursuant to California Evidence Code, Section 1157 and other provisions of state and federal law. Unauthorized disclosure or duplication is absolutely prohibited.
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**ADDITIONAL PRIVILEGES REQUESTED**

**Effective for 2 years**

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**ALLIED HEALTH PROFESSIONAL APPOINTMENTS/ REAPPOINTMENTS**

**Effective for 2 years**

**INDIVIDUAL CREDENTIALS REVIEWED**

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Credentials reviewed/verified Key – Y = Yes, C = Certified, NC= Not Certified, E = Eligible, N/A = Not Applicable, ( - ) = No Items Found, R= Radiography/Radiology, F= Fluoroscopy, PS = Procedural Sedation, DEF= Deficiency

TERMED PROVIDERS

Goltz, David, Ortho/Courtesy - Terms on 02/04/12 No re-application received after calls and letters sent.

Singh, Mala, Family Practice - Terms on 02/04/12 No re-application received after calls and letters sent.

EXPIRED APPLICATION

None

DUES
PART, TWO & THREE: CREDENTIALING OTHER RECOMMENDATIONS
N/A

PART FOUR: GLOSSARY OF TERMS

AMA – American Medical Association Physician Profile Current Query (lists birthdate, birthplace, specialties, medical school and training, all current and past state licensures, current and past NPI information, ECFMG (Educational Commission of Foreign Medical Graduates) certification, federal DEA licensure, specialty board certifications, Medicare/ Medicaid sanctions, other federal sanctions and additional information). Only ran during initial appointment.

NPDB – National Practitioner Data Bank Profile Current Query (lists any medical malpractice payments, state license actions, exclusion of debarment actions, clinical privilege actions, professional society actions, DEA/ Federal Licensure actions, peer review actions)

LIC – State Medical/professional License Current Status

T&E – Training & Experience Verified

MPI – Malpractice Insurance Current/ Verified

COM – Competency/ability to perform confirmed by hospital activity/ peers

DEA – Drug Enforcement Agency License Verified

BC – Board Certification

CME – Continuing Medical Education

OTH = Other current, valid certificates if applicable

Based on review of the application, clinical privileges requested, credentials file, peer review data, and the health status attestation for the above-named practitioners, the Medical Executive Committee makes the above recommendation(s). All policies and procedures for credentialing have been followed in the review of the above information.

Jerome Smith, MD, MPH, President

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6.B.

BOARD AGENDA PROCESS
Meeting Date: February 2, 2012
Prepared by: Vivian Woodall, SVH Executive Assistant and Clerk of the Board
Agenda Item Title: Board Agenda Process

Recommendations:
That the Board approve and adopt the Board Agenda Process as described in the attachment hereto.

Background:
A memorandum setting forth the process and timeline for issuing the Board agendas was prepared and informally adopted at the February 3, 2011, Board meeting. That memorandum is attached.

Consequences of Negative Action/Alternative Actions:
Adhering to the Board Agenda Process will streamline the sometimes complex task of preparing the Board agenda, finalizing all documents associated with the agenda, and issuing the Board agenda package. Adhering to the timeline will help to ensure that the Board agenda is issued on a timely basis as required by the Brown Act; it will also enable Hospital administrative staff to implement this task.

Financial Impact:
There is no financial impact from this recommendation.

Selection Process and Contract History:
N/A

Board Committee:
N/A

Attachment:
Board Agenda Process Memorandum
TO: SVHCD Board of Directors

FROM: Vivian Woodall, SVH Executive Assistant and Clerk of the Board

DATE: January 26, 2011

RE: Board Agenda Process

1. Two weeks prior to a regularly scheduled Board meeting the Chair will request, from each Board member and the CEO, suggestions for items to be included in the agenda for the Board meeting. Where possible, Board members should include information in support of their request which can be distributed with the agenda.

2. On Monday of the week (10 days) prior to the Board meeting, the Chair will circulate to the Board members, the CEO, and the Clerk a draft agenda for the Board meeting. Where possible, the draft agenda will include sufficient explanatory material to inform the Board members of the nature of each item on the agenda. This material will be included with the Board packet, when it is issued, regardless of whether the item is on the agenda or has been omitted, to comply with Brown Act transparency requirements.

3. Board members and the CEO will be requested to comment on the draft agenda and provide final attachments by the Wednesday (eight days) of the week prior to the Board meeting. These comments must be directed only to the Chair and not discussed between Board members to avoid “serial discussions” or other possible infractions of the Brown Act.

4. A final agenda will be prepared by the Chair in conjunction with the Clerk on the Thursday of the week prior to the Board meeting. In addition, all attachments must be provided to the Clerk on the Thursday (one week) prior to the Board meeting.

5. The Clerk will distribute the final agenda and attachments to Board members and members of the public who have requested notification no later than the end of the day on Monday of Board meeting week. The information will also be posted in the main entrance lobby of the Hospital and in the waiting room of the Emergency Department of the Hospital. These locations provide continuous public access to the documents during the 72 hours prior to the start of the meeting as required by the Brown Act. The agenda and the supporting documents will also be posted on the Hospital’s web site.

6. In addition to the agenda, the Chair will provide to the Clerk a list of the supporting documents that are to be included with the agenda. These items will provide sufficient information for Board members and the public to be knowledgeable about the nature of all items on the agenda for which action will be taken. In the case of items to be considered in closed session, this information may be limited to a generic description in order not to disclose trade secrets or violate personnel privacy considerations.

7. Each Board member is restricted from discussing items on the agenda with more than one other Board member prior to the Board meeting, with the exception that requests may be made to the Chair for additional clarifying information.
6.C.

FORMAT FOR PREPARING BOARD LETTERS
Meeting Date: February 2, 2012

Prepared by: Kevin Carruth, Governance Committee Chair, Peter Hohorst, Board Chair

Agenda Item Title: Format for and Instructions for Preparing Board Letters

Recommendations:

1. The Board shall adopt this Board Letter format and the instructions entitled “Board Letter Writing Basics” as Board Policy.
2. Direct the Board Members, Board Committee Chairs, and the CEO to use the Transmittal Format for all agendized Board meeting items, including items agendized and/or prepared by the CEO’s staff.
3. Direct the Board Chair, with support from the CEO, to ensure that all items on the regular or special Board agendas are accompanied by a Board Letter.
4. Direct the Chair to state the reason for exceptions to the Board policy and approve exceptions at the start of Board Meetings by a 4/5 vote of the Board prior to allowing any discussion and/or action on exception.

Background and Reasons for Recommendations:

Consistent with the Mission of the District the Governance Committee (GC) assists the Board to improve its functioning, structure, and infrastructure, while the Board serves as the steward of the District. The Board must ensure that it possesses the necessary systems to fulfill these responsibilities and execute these roles. In this regard it is the Board’s duty to ensure that its meetings are conducted in a productive manner.

The GC assists the Board in its responsibility to ensure that the Board functions effectively. To this end the GC formulates policy to convey Board expectations and directives for Board action. The Board approved the Board Letter format in May 2011. This is presented now in the format used for the Board Policy Manual.

To repeat the background provided in May, government bodies typically have standard formats for agenda item documents, the Sonoma City Council and Sonoma County Boards of Supervisors being two prime examples. Local government boards typically require all items on
the agenda to conform with their standard format. The amount of information needed for various agenda items can vary tremendously. The standard Board Letter format proposed here allows the presenter to demonstrate that the issue has been carefully analyzed by providing the facts along with the analysis and the conclusions that can be drawn from the analysis. It provides all the information available to the Board members in writing, in advance, and when done well will often result in few, if any, questions and Board Agenda items can often be placed on the Consent Agenda. Well prepared Board Letters are the vehicle for informing the Board so they can in turn make well informed decisions. Board Letters become the permanent documentation of the information provided to the Board at the time of its action. It should further reduce the need for detailed minutes because the critical information should have been included in the Board Letter and need not be repeated in the minutes. It will facilitate more items being on the consent calendar if they are sufficiently clear and non-controversial, which can then allow the Board to have more time to focus on the critical issues.

Most units of local government also provide written instructions on how to use those formats in a consistent and appropriate manner. Instruction can prove particularly helpful to those preparing the Board Letters and assures the Board receives kinds of standard information in a standard format on everything that comes before the Board for discussion, action, etc.

It is the opinion of the Board Chair that since the adoption of this approach in May the Board has had shorter and more effective Board meetings, since most of the information is available for Board member’s and the public’s consideration in advance of the meeting.

Consequences of Negative Action/Alternative Actions:

The Board Letter format and the accompanying instruction would not be placed in the Board Policy Manual.

Financial Impact:

1. When done well, the Board should continue to have more information and better analysis that can lead to more thoughtful recommendations by the Board members and/or CEO and with the increased likelihood of the Board having sufficient information to make the best decision for the District.
2. This Board policy will require the hospital staff to take the time to fully present the facts and then analyze the issue before presenting a conclusion and recommendation. The staff will then need to write the Board Letters for issues presented to the Board by the CEO, when the CEO does not prepare the item. The CEO will need to review and approve all hospital generated items before submitting them for the Board agenda. The time used to thoughtfully prepare the Board Letter so as to fully inform the Board’s decision making process is time that cannot be used for other purposes.
3. Board members are uncompensated. It will similarly require time from Board members to submit Board Letters for items they desire to have on the agenda.
4. Reducing the time invested in the production of the meeting minutes will continue to save a very substantial amount of hospital secretarial time that can be redirected to more productive purposes.

Contract History:
No contract is involved in this proposal.

Board Committee Review:
The Board’s Governance Committee Charter directs the GC to draft policies and decisions regarding governance performance and submit them to the Board for deliberation and action. This proposal was considered by the Governance Committee on January 23, 2012. The Governance Committee unanimously supports the recommendation.

Attachments:
Policy #3 -- Format and Instructions for Preparing Board Letters
POLICY #3

POLICY TITLE
Format and Instructions for Preparing Board Letters

PURPOSE
To provide the District’s standard format for Board Letters along with instructions in order to better inform the Board on Regular and Special Board Meeting agendized items and to ensure consistent levels of information are provided to the Board prior to its discussion and/or action.

SCOPE AND APPLICABILITY
This is a SVCHD Board Policy and it specifically applies to the Board, Board Committees, the CEO, and those preparing Board items on behalf of the CEO.

RESPONSIBILITY
When preparing the Board Meeting agendas, it is the specific responsibility of the Board Chair, supported by CEO, to ensure that all agendized Special and Regular Board Meeting items are transmitted to the Board for discussion and/or action via a Board Letter as described in this policy.

FREQUENCY OF REVIEW/REVISION
This shall occur every three years, or more often if required, to confirm that it is still being followed and to make changes if necessary. If revisions are needed they will be taken to the Board for action.

Next scheduled review is February 2015.

POLICY HISTORY
On May 12, 2011, the Board adopted this basic policy. This action includes the Board Letter Writing Basics as a guide to those who prepare Board Letters.
Board Letter Writing Basics

A Writer’s Guide for Creating Board Letters in the Sonoma Valley Health Care District

February 2012

v. 0.1
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INTRODUCTION

The “Board Letter Writing Basics Writer’s Guide” is a tool in the quiver of the transmittal writer in the Sonoma Valley Health Care District (SVHCD). Its purpose is to be a “job aid” for Board Members, Board Committee Chairs, and the CEO of Sonoma Valley Hospital (SVH) that are creating or approving items for inclusion on the Board Agenda and the Board Letters requesting discussion or action by the SVHCD Board of Directors.

This guide will provide:

- Background on Board meetings and Board Letters, including why and how they are used.
- Overview of the format of Board Letters and the definition of each section.
- Examples of Recommended Action language.

“Meeting” includes any congregation of a majority of the members of the SVHCD Board of Directors, at the same time and place to hear, discuss, or deliberate upon any issue that is under the subject matter jurisdiction of the District. Under this definition, gatherings of the Board of Supervisors to address issues under the subject matter jurisdiction of the Board and where issues are discussed, decided, or voted upon are meetings subject to the Brown Act.

Regular meetings occur at a time and location set by District By-laws. At least 72 hours prior to the meeting, the body must post an agenda containing a brief general description of each item to be discussed or transacted at the meeting, including items to be discussed in closed sessions.

The purpose of the brief general description is to inform interested members of the public about the subject matter under consideration so that they can determine whether to monitor or participate in the meeting. The description must be sufficient to provide interested persons with an understanding of the subject matter that will be considered.
What are Board Letters?

Board Letters are the documents used to convey recommendations for SVHCD Board of Directors’ discussion and/or action.

Board Letters include recommendations and supporting documentation providing background material that enables the Board to make well informed decisions.

Board Letter Format

The District has established a standard Board Letter format. Board Letters are comprised of the following sections:

- Date
- Subject
- Recommendation(s)
- Reasons for Recommendation(s) and Background
- Fiscal Implications
- Contract History
- Consequences of Negative Action/Alternative Action
- Board Committee Review
- Attachments

All sections are required in all Board Letters, but in some cases the information may be very brief, e.g., if there is no prior contract history it may only state “There is no contract history with this firm/individual.”

The following describes each section and explains why and how they are used.

Date

The Date should be the date of the Board Meeting when the item will be heard. Do not use the date the Board Letter is prepared.

Subject

The Subject should be a concise and consolidated statement of the action(s) to be taken. The subject line will be used on the Draft and Final Board Agendas provided to the Board and the public.
Recommendation(s)

Make sure all actions you are asking the Board to take are clearly indicated. There can be one recommendation or many, depending on what needs to be accomplished.

The wording for the agenda is also taken from this section, along with the Subject so as to make the public fully aware of the possible Board action(s).

Here are a few helpful tips when completing the Recommendation(s) section of your Board Letter:

- Do not simply refer to “attached”; instead, spell out the item that the Board will be approving. For example: “Approve Agreement with ABC Corporation relating to…”
- Don’t include too much detailed information that describes every nuance of the recommendation. Keep the recommended action concise, particularly when the detail is in documents attached to the Board Letter such as an appropriation contact modification, contractual agreement, etc.

Reasons for Recommendation(s) and Background

This section provides a brief justification for each action being recommended in the order they are being recommended. You should anticipate and answer key policy and economic questions that could be raised. If you are requesting delegation of authority to execute or extend a contract, explain why in this section.

Include as Background information that the Board of Directors may need to place the recommended action in proper historical perspective. The goals are to:

- Describe the relevant historical facts to put the situation/program/service/contract in perspective.
- If the action is new, why is it needed; if continuing, how was it provided before?
- If appropriate, what other alternatives were explored and why were they rejected in favor of the recommendation(s).

Fiscal Implications

- Advise the Board of whether or not there is a fiscal impact in the current budget year and any out years that will be affected by the decision. Describe how the expenditure is covered if there is no fiscal impact. For example, if the recommendation is funded by an outside source of funds, state “There is no impact on the General Fund. Costs are fully covered by ______________,” i.e., a grant from the State Department of Health Services, or a generous grant by the Smith Family Trust.
- Also advise the Board of staff time that will be needed to accomplish the recommendation(s) since that is a cost as well.

**Contract Selection Process and History**

If the recommended action refers to an agreement or contract, there is contract history. This section is intended to provide a brief history of the contractor/vendor’s relationship to the District and describe the procurement process. If there is no agreement/contract, state, “Not applicable.”

**Consequences of Negative/Alternative Action(s)**

This section should be a concise statement of the consequences that will follow should the recommended action not receive Board approval. The statement begins: “Failure to approve this action may result in...” Use wording that does not create liability problems for the District if the Board elects to delay action or reject/modify staff recommendation. List the alternative actions the Board could take and the possible consequences of those decisions.

**Board Committee Review**

This section should briefly explain what Board Committee(s) reviewed the issue and when, and include their input and/or recommendation for Board consideration. If there is a requirement for Board Committee review, that should also be noted. If it was not reviewed by a Board Committee, that should also be explained.

**Attachments**

Include documents referred to in the Board Letter, such as contracts/agreements and amendments, resolutions, relevant correspondence, reports, audits, etc. so the Board can have easy access to background or related materials that will better inform the Board when it is making its decision.
Meeting Date:

Prepared by: [Name, department]

Agenda Item Title:

Recommendation(s):

Background and for Recommendation(s):

Consequences of Negative Action/Alternative Actions:

Financial Impact:

Contract Selection Process and History:

Board Committee:

Attachments:
7. FOUNDATION ANNUAL GIVING PLAN
Annual Giving Plan
Road Map

- Where do we want to go and how will we get there?
  - Strategic Goals
  - Financial Goals
  - Tools
  - Timeline
- Review previous year
  - SWOT Analysis
  - Consult benchmarking data
- Involve Board
2011 Review

- Implemented mid-year appeal
- Year-end appeal up
- SVVGA grant and wine auction fund-a-need
- Jean’s PJ Party
- Online giving!
- Grateful Patients
- SNF project done
- Good press coverage
- Building culture of philanthropy (increased involvement of SVH staff, physicians, Boards, community)
- October free mammos
## 2011 Review
### Grants to SVH

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED improvements</td>
<td>$50,000</td>
</tr>
<tr>
<td>Vital Signs Blood Pressure Cuff with Stand</td>
<td>$2,141</td>
</tr>
<tr>
<td>5 Accumax mattresses</td>
<td>$4,942</td>
</tr>
<tr>
<td>Remodel Birthplace rooms 319 and 320</td>
<td>$19,176</td>
</tr>
<tr>
<td>10 Stryker beds</td>
<td>$59,660</td>
</tr>
<tr>
<td>Pediatric intubation equipment</td>
<td>$5,891</td>
</tr>
<tr>
<td>Patient white boards for OB</td>
<td>$561</td>
</tr>
<tr>
<td>Digital camera for Wound Care</td>
<td>$235</td>
</tr>
<tr>
<td>Mammos for 26 un/underinsured patients in October</td>
<td>$5,096</td>
</tr>
<tr>
<td>SNF</td>
<td>$20,500</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$168,202</strong></td>
</tr>
</tbody>
</table>
## 2011 Review

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL INCOME</td>
<td>$244,941</td>
<td>$241,210</td>
</tr>
<tr>
<td>TOTAL OPERATING EXPENSES</td>
<td>$99,774</td>
<td>$77,872</td>
</tr>
<tr>
<td>NET REVENUE</td>
<td>$140,001</td>
<td>$163,338</td>
</tr>
</tbody>
</table>

Operations Expense: Funds raised (MAX 33%)  
41% 32%
Strategic Goals

- Raise more money, especially unrestricted dollars
- Continue to strengthen and refine donor-focused annual giving program
Annual Giving Refresher

- Build culture of philanthropy
- Donor-focused
  - More “touches”
  - Stewardship
  - Communication
Annual Giving Refresher

Tools

- Commemorative giving
- Events
- Grateful Patient
- Direct Response
- Internet
Next Steps

- Review and assess
- Build integrated plan
  - Integrates all tools
  - Offers donors multiple times and ways to give during the year
  - Integrates stewardship
  - Follows best practices
  - Provides measurables
    - $.33/$1
- Present to Board
### 2012 Annual Giving Plan

<table>
<thead>
<tr>
<th>Event</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
</tr>
</thead>
<tbody>
<tr>
<td>18: Old Bags Luncheon in Celebration of Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>18: Old Bags Luncheon in Celebration of Women</td>
</tr>
<tr>
<td>Appeal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Doctor's Day Appeal</td>
</tr>
<tr>
<td>Cultivation and Stewardship</td>
<td></td>
<td>Annual Report/Newsletter</td>
<td></td>
<td></td>
<td>Community Report</td>
</tr>
<tr>
<td>Community</td>
<td></td>
<td>24: Celebrating a Healthy Sonoma event</td>
<td></td>
<td></td>
<td>Free Mammos</td>
</tr>
</tbody>
</table>


# 2012 Annual Giving Plan

<table>
<thead>
<tr>
<th>Event</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14: Dancing With Our Stars</td>
<td>25: Magic of Christmas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appeal</td>
<td>Mustaches for Men's Health?</td>
<td></td>
<td></td>
<td></td>
<td>Year End 1st mailing</td>
<td>Year End 2nd mailing</td>
<td></td>
</tr>
<tr>
<td>Cultivation and Stewardship</td>
<td></td>
<td></td>
<td></td>
<td>Community Report</td>
<td></td>
<td>Thank-a-Thon</td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td>Free PSA screening?</td>
<td>Mustaches wrap up/ Awards?</td>
<td></td>
<td></td>
<td>Free Mammos</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2012 Annual Giving Plan

• Web and Social Media
  • Online giving!
  • Facebook
  • Prepare to gradually shift to more electronic communication
    • Build e-mail list
    • Collect donor preferences
2012 Annual Giving Plan

Events

- Improve ROI
- Expand Event Committees

Direct Mail

- Clean list
- Segmenting
- Measuring
- Negotiate printing cost
2012 Annual Giving Plan

Stewardship

- Reduce printing cost
- Donor preferences: eNewsletter vs. hardcopy
- One newsletter/year coupled with smaller/simpler “community reports”
- Negotiate best price
- Low-Cost/No-Cost “touches”
## 2012 Budget (draft)

**Revenue**

<table>
<thead>
<tr>
<th>Event/Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old Bags Luncheon in Celebration of Women</td>
<td>TBD</td>
</tr>
<tr>
<td>Dancing With Our Stars</td>
<td>$45,000</td>
</tr>
<tr>
<td>Magic of Christmas</td>
<td>$25,000</td>
</tr>
<tr>
<td><strong>NET FROM EVENTS</strong></td>
<td><strong>TBD</strong></td>
</tr>
<tr>
<td>Mail appeals</td>
<td>$38,000</td>
</tr>
<tr>
<td>Online Giving</td>
<td>$10,000</td>
</tr>
<tr>
<td>Other</td>
<td>$10,000</td>
</tr>
<tr>
<td><strong>TOTAL UNRESTRICTED</strong></td>
<td><strong>$58,000</strong></td>
</tr>
<tr>
<td>Grants</td>
<td>$100,000</td>
</tr>
<tr>
<td><strong>TOTAL RESTRICTED</strong></td>
<td><strong>$100,000</strong></td>
</tr>
</tbody>
</table>

**Total Revenue** **TBD**

**Expenses**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operation Expenses</td>
<td>$97,800</td>
</tr>
</tbody>
</table>
Next Steps

• Think strategically
• Accountability
  • Targets (inc. stretch goals)
  • Monitor (dashboard, budget)
• Teamwork
• Low-hanging fruit:
  • Grateful Patients
  • Planned Giving
  • Grants