

2018 Community Development Block Grant (CDBG)

AGENCY APPLICATION



Application Due: Friday, March 17, 2017 at 5:00pm

Applicant Information:

- > Agency Name: Providence Health Care Foundation Eastern Washington
- > Application Contact/Name: Carol Bonino, Grants Manager, Providence Health Care Foundation Eastern Washington
- Email: carol.bonino@providence.org
- Phone (include area code): (509) 474-2813

> Describe how this proposal aligns with the above Mission Statement:

Our mission is to serve all, especially the poor and vulnerable. The north side dental clinic will serve 9,000 low-income patients/year, many of them on Medicaid/Medicare. Spokane's existing low-income dental clinics are at capacity.

> Describe the role of your organizations Board/Governing Body:

To provide leadership in operational performance, strategic development, and oversight of PHCF operations.

> TIN/EIN #: 32-0014330

- DUNS #: 607312530
- > SAM Registration (please attach a screenshot): I Yes No
- Experience managing public funds/grants: Yes No

Expiration Date: mm/dd/yyyy

Explain:

PHC Foundation receives ongoing state funding for PHC's maxillofacial program.

- > **Policies and procedures for the following** (please attach copies of all identified P&P's):
 - Yes No Procurement
 - Yes No Drug Free Workplace
 - Yes No Conflict of Interest
 - Yes No Financial Management
 - Yes No Property/Equipment Management and Disposition
 - Yes No Record Retention
 - Yes No Equal/Civil Rights
- > Organization/agency expended >\$750,000.00 in federal grants funds over the past 12 months: 🗌 Yes 🔳 No

Has your organization/agency had an audit in the past 12 months: Yes No – Findings? Yes No

- Does your agency have a system for tracking employee time and effort distributions specifically by cost objective/activity: Yes No
- Has your agency been awarded other grants, loans, or other types of financial assistance during the past 12 months: Yes No

Project Scope (work to be performed):

- > **Project Name**: North Spokane Community Dental Clinic
- > **Project Location(s)**: 5504 N. Division, Spokane WA
- > Who holds the title for this property: Franklin Park S C, LLC

> What actions have been taken to secure site control:

In negotiations to set lease terms via Letter of Intent. LOI expected by 4/1; lease by 5/1

Requested Amount (\$): \$ 240,000,00

Scope of Work to be Performed:

Installation of permanent/fixed dental care equipment for four "operatories" (patient stations). Each operatory includes non-movable equipment: dental chairs, overhead operating lights, dental handpieces (instruments that attach to the vacuum system, such as drills and polishers), and structural casing to support the equipment.

Consolidated Plan (local) Needs and Goals:

1.) Safe Affordable Housing Choice

Preserve and expand quality, safe, affordable housing choices

2.) Need to reduce homelessness and provide for basic needs

Prevent and reduce homelessness

Provide opportunities to improve quality of life

3.) Need for Community Development, Infrastructure and Economic Opportunities

- Support vibrant neighborhoods
- Expand economic opportunities

Neighborhood Funding Priorities:

Please identify which of the neighborhood funding priorities are addressed through this proposal.

Improved Quality of Life
Public Safety
Job Creation
Safe and Decent Housing
Community Centers
Equal Access
Senior Programs
Community Pride

Briefly describe how this proposal will achieve the above listed neighborhood priorities:

Access to dental care is critical to maintain overall oral health. Poor oral health negatively impacts overall health. Quality of life is reduced when overall health is compromised. A recent community needs assessment identified the lack of access to dental care among low-income adults in our community as a top concern. The new dental clinic will provide a "dental home" for approximately 9,000 residents who are currently unserved/under-served regarding dental care.

The clinic will also create new jobs in Spokane: 20-24 permanent staff positions (clinical and administrative/support) will be required to operate the clinic.

Community Development Block Grant: National Objective and Eligible Activity

National Obj			ional Obje	ojective		
Matrix Code	Activity	LMA	LMC	LMH	LMJ	SBS
01	Acquisition of Real Property					
03A	Senior Centers					
03B	Handicapped Centers			-		
03C	Homeless Facilities (not operating costs)			-		
03D	Youth Centers					
03E	Neighborhood Facilities			-		
03F	Parks, Recreational Facilities			-		
031	Flood Drainage Improvements					
03J	Water/Sewer Improvements					
03K	Street Improvements					
03L	Sidewalks					
03M	Child Care Centers					
03P	Health Facilities					
03Q	Facilities for Abused and Neglected Children					
03S	Facilities for AIDS Patients (not operating costs)					
03	Other Public Facilities and Improvements					
04	Clearance and Demolition					
14A	Rehab: Single-Unit Residential					
14B	Rehab: Multi-Unit Residential					

National Objective Key: Low and Moderate Income Area Benefit (LMA): 24 CFR 570.208(a)(1), Low and Moderate Income Limited Clientele (LMC): 24 CFR 570.208(a)(2), Low and Moderate Income Housing (LMH): 24 CFR 570.208(a)(3), Low and Moderate Income Job Creation or Retention (LMJ): 24 CFR 570.208(a)(4), Slum and Blight Spot (SBS): 24 CFR 570.208(b)(2)

HUD (federal) Goal Outcome Indicators:

Goal Outcome Indicator	Unit of Measure	Total
Public Facility or Infrastructure Activities other than Low/Mod Income	# of Persons Assisted	1,600
Housing Benefit		.,
Public Facility or Infrastructure Activities for Low/Mod Income Housing	# of Households Assisted	
Benefit		
Rental Units Rehabilitated	# of Household Housing Units	
Homeowner Housing Rehabilitated	# of Household Housing Units	
Homeless Person Overnight Shelter	# of Persons Assisted	
Overnight/Emergency Shelter/Transitional Housing Beds Added	# of Beds	
Jobs Created/Retained	# of Jobs	
Housing for Homeless Added	# of Household Housing Units	
Housing for People with HIV/AIDS Added	# of Household Housing Units	
Buildings Demolished	# of Buildings	

Describe the method that will be used to track (*unduplicated*) project performance based on the appropriate unit of measure identified above:

CHAS's electronic health record system has a unique file for each patient, with each assigned a unique number identifier. Reports are regularly developed based on the number of "unique" patients and separately display the number of encounters/visits for each patient.

Project Timeline:

> **Anticipated Completion Date** (attach copy of project timeline):

Spring-Summer 2018

> Identify lead staff person(s) and their experience managing a project of this scope:

Siobhan Danahey, Strategy and Business Development Consultant. Two recent projects that she worked on: Providence Medical Park, and Spokane Teaching Health Clinic. She collaborates with construction teams, healthcare leaders, vendors and end users to construct and operationalize PHC healthcare facilities.

Project Budget Narrative:

> How was the project budget developed? Identify individuals (by title) involved in the budget development:

CHAS operates several dental clinics and therefore is familiar with the cost to equip these facilities. CHAS provided current costs for patient stations ("operatories"): approximately \$60,000 per operatory, i.e. permanent/fixed equipment (patient chairs, overhead lighting, etc.).

What contingencies have been built into this budget:

We have factored in a contingency of 3% to cover potential increases in the cost of equipment.

> Identify other funding sources that will be used as leverage to support this project:

Providence Health Care Foundation has created an overall fund-raising plan to secure support to establish the clinic. Sources of support include government funding as well as private foundation grants, corporate contributions, and individual donors.

> What arrangements have been made to sustain/maintain this project once complete:

CDBG funding will help with one-time start-up costs. The clinic will be financially self-sustaining after year 3. Providence and CHAS will absorb operating costs not covered by clinic revenue between start-up and year 3.

- What arrangements have been made to address costs that exceed the proposed budget: We do not anticipate the cost of operatory equipment to change significantly. A contingency has been factored in to cover modest increases in equipment costs.
- Funds are awarded on a reimbursement basis, how will this proposal address potential delays in the reimbursement process:

Providence is prepared to cover the costs until reimbursements are distributed.

> Describe your agency's financial plan if this application is funded in part, or not at all:

We will continue to seek external philanthropic support to cover any gaps the might appear between the project budget and funds raised.

Line Item Budget:

Project Activity	CDBG Funds (request)	Matching Funds/Leverage	Total
Capital Improvements	\$ 240,000.00	\$ 840,000.00	\$ 1,080,000.00
Public Facilities			\$ 0.00
Demolition			\$ 0.00
Total Project Activity	\$ 240,000.00	\$ 840,000.00	\$ 1,080,000.00

Project Delivery	CDBG Funds (request)	Matching Funds/Leverage	Total
Salaries			
Staff A			\$ 0.00
Staff B			\$ 0.00
Staff C			\$ 0.00
Other:			\$ 0.00
Total Project Delivery	\$ 0.00	\$ 0.00	\$ 0.00

*Professional Services	CDBG Funds (request)	Matching Funds/Leverage	Total
Architectural			\$ 0.00
Engineering			\$ 0.00
Legal			\$ 0.00
Accounting			\$ 0.00
Construction Management			\$ 0.00
Other:			\$ 0.00
Total Professional Services	\$ 0.00	\$ 0.00	\$ 0.00
Total Project Budget			
(Project Activity + Project	¢ 240 000 00	\$ 840,000.00 \$ 1,080,00	¢ 1 080 000 00
Delivery + Professional	\$ 240,000.00		φ 1,060,000.00
Services)			

*Professional services are subject to federal procurement standards 2 CFR 200 (Subpart D)

Required Attachments:

- Project Budget
- Project Timeline
- Organization Policies and Procedures
- Current Board of Directors listing (include affiliations with other agencies or organizations)
- Copy of most recent organization audit
- Copy of most recently approved (Board) agency budget
- Organization Chart
- Articles of Incorporation/Bylaws
- IRS Tax Exemption Determination Letter
- Washington Secretary of State letter certifying charitable organization status
- Federal Tax Form 990
- Conflict of Interest Certification
- Copy of lease agreement (if applicable), or plan to obtain site control

PROJECT DESCRIPTION:Community Dental Clinic in North Spokane**PARTNERS:**Providence Health Care and CHAS Health

A new oral health initiative in Spokane promises to fill a major gap in access to dental care. Providence Health Care and CHAS Health are partnering to establish a community dental clinic that will serve approximately 9,000 patients per year, most of them low-income. The clinic will be located within one block of Providence Holy Family Hospital.

This new dental clinic will target services for the community's most vulnerable adult populations, including those on Medicaid and Medicare, and individuals without dental insurance. Patients without insurance will be able to pay on a sliding fee discount schedule, based on household size and income. Spokane's most recent community needs assessment identified barriers to accessing dental care as a major concern. Poor oral health has significant negative impact on overall health. Dental decay and inflammation result in complications for those with diabetes or cardiac issues. Pregnant women with poor dental health are at risk for premature delivery. Patients scheduled for major surgery or medical interventions such as cancer treatment require dental clearance before treatment can move forward.

Many low-income residents don't seek dental care because they can't gain access. Spokane's low-cost dental clinics are at capacity. New patients typically have to wait months for an appointment. If the need is urgent, their only option is to visit a nearby hospital emergency room, urgent care, or "tough it out." ERs and urgent care clinics are not equipped to treat dental emergencies (injury, abscessed tooth, etc.), other than palliative care such as pain relief and antibiotics.

The new 12,000-square-foot community dental clinic, to be operated by CHAS, will include 18 dental operatories (dental chairs). Each dental operatory includes non-movable equipment. Dental equipment is shared between two operatories, with each set of operatories measuring 10'x20'. The project budget includes essential equipment for the operatories, including dental chairs, overhead operating lights, dental handpieces (instruments that attach to the vacuum system, such as drills and polishers), and structural casing to support the equipment shared between the operatories.

The clinic will create new jobs in Spokane, as a staff of approximately 20 to 24 (clinical and support permanent positions) will be required to operate the clinic. This project also supports the new dental residency program that is being established by Providence. Dental residents (i.e., recent dental school graduates) will provide care in the clinic, supervised by experienced dentists. This innovative program both expands local access to dental care, and builds our community's future dental workforce, thus strengthening Spokane's oral health infrastructure.

We seek \$240,000 in CDBG funding for the new dental clinic. The cost of one dental operatory is approximately \$60,000. CDBG funding at the level requested will provide support for four operatories. Major donors to this project, including neighborhood councils, will be acknowledged with permanent signage within the dental clinic.