

SUBRECIPIENT GRANT AGREEMENT

THIS SUBRECIPIENT GRANT AGREEMENT is entered into as of the ____ day of September, 2016 between the VILLAGE OF OAK PARK, Illinois (hereinafter the "Village") and OAK PARK AND RIVER FOREST INFANT WELFARE SOCIETY, an Illinois not-for-profit Corporation (hereinafter the "Subrecipient").

RECITALS

WHEREAS, the Village has applied for Community Development Block Grant ("CDBG") funds from the United States Department of Housing and Urban Development ("HUD") as provided by the Housing and Community Development Act of 1974, as amended (P.L. 93-383) (hereinafter "the Act"); and

WHEREAS, Subrecipient has applied to the Village for CDBG funds for the 2016 Program Year ("PY"); and

WHEREAS, the Village has considered and approved the application of Subrecipient and hereby agrees to distribute to Subrecipient a portion of the total CDBG funds allotted to the Village by HUD, with the portion distributed to Subrecipient being in the amount provided in this Agreement and upon the conditions set forth herein; and

WHEREAS, the Village and Subrecipient, acting through their respective Boards are each authorized to enter into this Agreement.

NOW, THEREFORE, in consideration of the mutual covenants hereinafter set forth, the parties agree as follows:

1. **INCORPORATION OF RECITALS.** The foregoing recitals are incorporated into this Agreement as though fully set forth herein.

2. **SCOPE OF SERVICES.**

A. Subrecipient's project schedule and project budget (collectively referred to as "the Project") are set forth in the Subrecipient's Program Year 2016 Community Development Block Grant Program Proposal, attached hereto and incorporated herein by reference as Exhibit A (hereinafter the "Subrecipient's Proposal").

B. The Project will proceed in accordance with the terms of this Agreement, the Subrecipient's Proposal and all laws and regulations referenced in this Agreement. Any changes(s) in the Project must be approved by the Village prior to the Subrecipient incurring any Project costs or implementing any substantial Project modifications. Such approval shall only be effective if authorized by a written amendment to this Agreement.

C. The funds to be provided by the Village to Subrecipient pursuant to this

Agreement shall be used to partially cover personnel costs and dental supplies for a dental clinic program for low-income children and youth. A total of 2,700 persons (500 Oak Park persons) will benefit.

3. ALLOCATION OF FUNDS.

A. The Village shall distribute to Subrecipient as Subrecipient's portion of the total grant received by the Village from HUD a maximum of Twenty One Thousand and Five Hundred Dollars (\$21,500) (hereinafter the "Grant Funds") to be paid in accordance with the terms of this Agreement. The Subrecipient acknowledges and agrees that only those budget line items and percentages that appear in its Program Year 2016 Project Budget will be considered for reimbursement through the Grant Funds.

B. The Grant Funds shall not be used for ineligible or unallowable costs, including costs incurred prior to the effective date of this Agreement as defined herein. In the event the Village does not receive the Grant Funds from HUD, the Village shall not provide the Grant Funds, or any other funds, to Subrecipient.

4. PAYMENT.

A. The Village shall make all Grant Funds payments on a reimbursement basis. To request a payment of Grant Funds, the Subrecipient must submit a request for payment to the Village in the form of an invoice, together with such supporting documentation as the Village deems necessary in its discretion to support the invoice. The Village shall only reimburse the Subrecipient for approved expenditures to the maximum of the allocated Grant Funds for the Project.

B. The Village may refuse to reimburse the Subrecipient if the Subrecipient is not in compliance with any applicable law, rule or regulation or this Agreement. In such case, the Village shall assist the Subrecipient to bring the Project into compliance.

C. The Subrecipient shall submit invoices to the Village for reimbursement at least quarterly. Final project invoices must be submitted to the Village no later than October 31, 2017. Any invoices submitted after October 31, 2017 shall not be paid by the Village.

5. PROGRAM YEAR.

A. The Subrecipient shall perform the Project beginning October 1, 2016 and ending on September 30, 2017 (hereinafter referred to as the "Program Year").

B. The Project shall be completed no later than September 30, 2017. Project costs shall not be incurred after the Program Year.

C. If the Subrecipient is delayed in the completion of the Project by any cause legitimately beyond its control, it shall immediately, upon receipt and knowledge of such delay,

give written notice to the Village and request an extension of time for completion of the Project. The Subrecipient shall request an extension from the Village in writing at least thirty (30) days before the end of the Program Year. The Village shall either grant or deny the request for an extension in its discretion and shall provide notice to the Subrecipient of its grant or denial of the request.

D. The Subrecipient shall return any funds not expended by the end of the Project to the Village. All funds obligated or committed by the Subrecipient to contractors, suppliers, etc. during the Program Year must be expended by the end of the Program Year unless an extension has been given to the Subrecipient. The Subrecipient shall have 30 days after the close of the Program Year to request reimbursement for costs incurred for the Project, unless an extension has been granted pursuant to this Agreement.

6. COMPLIANCE WITH LAWS AND REGULATIONS.

A. The Subrecipient shall comply with the applicable provisions Housing and Community Development Act of 1974, 42 U.S.C. § 5301 *et seq.* (hereinafter referred to as the "Act"), and all applicable rules and regulations promulgated under the Act by the Department of Housing and Urban Development (HUD), including, but not limited to 24 CFR Part 570, and all other applicable federal, state, county and local government laws, ordinances or regulations which may in any manner affect the performance of this Agreement, including but not limited to those set forth herein, and those identified in the document titled "Assurances," attached hereto and incorporated herein by reference as Exhibit B.

B. The Subrecipient shall comply with the applicable administrative requirements set forth in Title 24, Part 570.502 of the Code of Federal Regulations

C. The Subrecipient shall comply with the following in its performance of the Project:

1. Not discriminate against any worker, employee, or applicant, or any member of the public because of race, religion, disability, creed, color, sex, age, sexual orientation, status as a disabled veteran or Vietnam era veteran, or national origin, nor otherwise commit an unfair employment practice;

2. Take action to ensure that applicants are employed without regard to race, religion, handicap, creed, color, sex, age, sexual orientation, status as a disabled veteran or Vietnam era veteran, or national origin, with such action including, but not limited to the following: employment, upgrading, demotion or transfer, termination, rates of pay, other forms of compensation, selection for training, including apprenticeship; and

3. The Village's Reaffirmation of Equal Employment Opportunity Policy ("EEO"), attached hereto and incorporated herein by reference as Exhibit C.

D. Subrecipient agrees not to violate any state or federal laws, rules or regulations regarding a direct or indirect illegal interest on the part of any employee or elected officials of the Subrecipient in the Project or payments made pursuant to this Agreement.

E. Subrecipient agrees that, to the best of its knowledge, neither the Project nor the funds provided therefore, nor the personnel employed in the administration of the program shall be in any way or to any extent engaged in the conduct of political activities in contravention of Chapter 15 of Title 5 of the United States Code, otherwise known as the "Hatch Act."

F. Subrecipient shall be accountable to the Village for compliance with this Agreement in the same manner as the Village is accountable to the United States government for compliance with HUD guidelines.

G. The Village, as a condition to Subrecipient's receipt of Grant Funds, requires Subrecipient, when applicable, to assist in the completion of an environmental review as needed for the Project.

H. Subrecipient shall permit the authorized representatives of the Village, HUD, and the Comptroller General of the United States to inspect and audit all data and reports of Subrecipient relating to its performance of this Agreement.

I. Subrecipient agrees and authorizes the Village to conduct on-site reviews, examine personnel and employment records and to conduct other procedures or practices to assure compliance with these provisions. The Subrecipient agrees to post notices, in conspicuous places available to employees and applicants for employment, setting forth the provisions of this non-discrimination clause.

J. The Village will provide technical assistance as needed to assist the Subrecipient in complying with the Act and the rules and regulations promulgated for implementation of the Act.

7. REPORTING AND RECORD KEEPING.

A. Subrecipient's Maintenance of Required Records.

Subrecipient shall maintain records to show actual time devoted and costs incurred in connection with the Project. Upon fifteen (15) days' notice from the Village, originals or certified copies of all time sheets, billings, and other documentation used in the preparation of said Progress Reports required pursuant to Section 7(C) below shall be made available for inspection, copying, or auditing by the Village at any time, during normal business hours.

B. Subrecipient's documents and records pursuant to this Agreement shall be maintained and made available during the Project Period and for three (3) years after completion of the Project. The Subrecipient shall give notice to the Village of any documents or records to be disposed of or destroyed and the intended date after said period, which shall be at least 90

days after the effective date of such notice of disposal or destruction. The Village shall have 90 days after receipt of any such notice to given notice to the Consultant not to dispose of or destroy said documents and records and to require Consultant to deliver same to the Village. The Subrecipient shall maintain for a minimum of three (3) years after the completion of this Agreement, or for three (3) years after the termination of this Agreement, whichever comes later, adequate books, records and supporting documents to verify the amounts, recipients and uses of all disbursements of Grant Funds passing in conjunction with the Agreement. The Agreement and all books, records and supporting documents related to the Agreement shall be available for review and audit by the Village and the federal funding entity, if applicable, and the Subrecipient agrees to cooperate fully with any audit conducted by the Village and to provide full access to all materials. Failure to maintain the books, records and supporting documents required by this subsection shall establish a presumption in favor of the Village for recovery of any Grant Funds paid by the Village under the Agreement for which adequate books, records and supporting documentation are not available to support their purported disbursement. The Subrecipient shall make the documents and records available for the Village's review, inspection and audit during the entire term of this Agreement and three (3) years after completion of the Project as set forth herein and shall fully cooperate in responding to any information request pursuant to the Illinois Freedom of Information Act, 5 ILCS 140/1 *et seq.* by providing any and all responsive documents to the Village.

C. Quarterly Progress Reports & Final Report. Subrecipient shall prepare and submit a quarterly Progress Report to the Village reporting on the status of the Project. Project progress is to be implemented based on the Project timeline set forth in the Proposal, attached hereto and incorporated herein as Attachment A. The information provided in the Progress Reports shall be forwarded to the United States Department of Housing and Urban Development and shall be made available to the Village's Community Development Citizen Advisory Committee in order to determine the success or failure of the Project.

All Progress Reports, unless otherwise specifically noted, shall be due by the 15th day of the month following the end of each quarter and shall contain data obtained during the preceding three months. The Subrecipient shall be required to submit a final report at the end of the Project, in addition to the last Progress Report.

The following schedule shall be applicable:

1 st Quarter: October-December, 2016	Progress report due by January 15, 2017
2 nd Quarter: January–March, 2017	Progress report due by April 15, 2017
3 rd Quarter: April–June, 2017	Progress report due by July 15, 2017
4 th Quarter: July–September, 2017	Progress report/Final report due by October 15, 2017

Each quarterly Progress Report and the Final Report shall include information regarding activity compliance pursuant to the national objective criteria set forth in 24 C.F.R. Section 208 (2) and 570 and in Section 2 - Scope of Services. See the attached formats Exhibits D & E. The Village may request additional reports from the Subrecipient as necessary to comply with any applicable

federal law requirements.

D. Penalty for Late Submission of Quarterly Reports or Final Report. In the event the Subrecipient does not provide the Village with any report within the required time period, the Village shall withhold \$25.00 from the Grant Funds for each business day the report remains overdue. Funds charged for failure to submit a required report shall be deducted from the total Grant Funds and the amount allocated to reimburse for the scope of services shall be reduced accordingly. It is the Subrecipient's sole responsibility to be aware of the reporting schedule and to provide the Village with timely reports.

E. Subrecipient will keep and maintain such records and provide such reports and documentation to the Village as the Village deems necessary to further its monitoring obligations.

8. MONITORING AND PERFORMANCE DEFICIENCIES.

A. Village Project Monitoring. The Village will monitor the Subrecipient's planning and implementation of the Project on a periodic basis to determine Subrecipient's compliance with all laws, rules and regulations and to determine whether Subrecipient is adequately performing and operating the Project in accordance with the approved Project guidelines. Subrecipient acknowledges the necessity for such monitoring and agrees to cooperate with the Village in this effort by providing all requested records and information and allowing such on-site visits as the Village determines is necessary to accomplish its monitoring function.

B. Performance Deficiency Procedures. The Village may take such actions as are necessary to prevent the continuation of a performance deficiency, to mitigate, to the extent possible, the adverse effects or consequences of the deficiency, and to prevent a recurrence of the deficiency. The following steps outline the general procedure the Village will use when it becomes aware of a performance deficiency. The Village is not bound to follow these steps. Depending on the seriousness of the deficiency, the Village may take any steps it deems necessary to address the deficiency, including immediate termination of the Project and any other remedies available by law.

1. When an issue involving a performance deficiency arises, including performance reporting requirements, the Village will first attempt to resolve the issue by informal discussions with the Subrecipient. The Village will attempt to provide Technical Assistance, to the maximum extent practicable, to help the Subrecipient successfully resolve the performance issue.
2. If discussion does not result in correction of the deficiency, the Village will schedule a monitoring visit to review the performance area that must be improved. The Village will provide the Subrecipient with a written report that outlines the results of the monitoring. Generally this report will include a course of corrective action and a time frame in which to implement corrective actions.

3. If, despite the above efforts, the Subrecipient fails to undertake the course of corrective action by the stated deadline, the Village will notify the Subrecipient in writing that its Project is being suspended. CDBG funds may not be expended for any Project that has been suspended.
4. The Village's written suspension notice will include a specified, written course of corrective action and a timeline for achieving the changes. Generally, corrective action plans will require a 15 to 60 day period of resolution (depending upon the performance issue).
5. The Village may lift a suspension when the performance issue has been resolved to the satisfaction of the Village. The Village will release a suspension by written release signed by the Village Manager or her designee.

C. Unresolved Performance Deficiencies. Subrecipient's failure, in whole or in part, to meet the course of corrective action to have a suspension lifted, shall constitute cause for termination pursuant to the procedures set forth in Section 9 below.

9. TERMINATION.

This Agreement may be terminated as follows:

A. By Fulfillment. This Agreement will be considered terminated upon fulfillment of its terms and conditions.

B. By Mutual Consent. The Agreement may be terminated or suspended, in whole or in part, at any time, if both parties consent to such termination or suspension. The conditions of the suspension or termination shall be documented in a written amendment to the Agreement.

C. Lack of Funding. The Village reserves the right to terminate this contract, in whole or in part, in the event expected or actual funding from the Federal government or other sources is withdrawn, reduced or eliminated.

D. For Cause. The Village may terminate this Agreement for cause at any time. Cause shall include, but not be limited to:

1. Improper or illegal use of funds;
2. Subrecipient's suspension of the Project; or
3. Failure to carry out the Project in a timely manner.

E. Termination for Illegality. This Agreement shall be subject to automatic termination due to the Subrecipient's improper or illegal use of the Grant Funds. Notice of termination for illegality shall be provided by the Village to Subrecipient pursuant to Section 18 below.

10. REVERSION OF ASSETS.

A. At the termination of this contract, Subrecipient shall transfer to the Village any CDBG funds on hand, and any accounts receivable attributable to the use of CDBG funds.

B. Any real property under Subrecipient's control that was acquired or improved in whole or in part with CDBG funds (including CDBG funds provided to Subrecipient in the form of a loan) in excess of \$25,000 must be either:

1. Used to meet one of the national objectives in Section 570.208 for a period of five years after the expiration of the agreement, or for such longer period of time as determined to be appropriate by the recipient; or
2. If not so used, Subrecipient shall then pay to the Village an amount equal to the current market value of the property, less any portion of the value attributable to expenditures of non-CDBG funds for the acquisition of, or improvement to, the property, which payment shall be considered program income to the Village, as required by law. Such change in use or property disposition will be reported to the Village within 30 days of the intent to dispose of said property. Promissory notes, deeds of trust or other documents may additionally be negotiated as a term for receipt of funds.

C. If Subrecipient intends to dispose of any real property acquired and/or improved with CDBG funds, Subrecipient must report, in writing, to the Village, such intent to dispose of said property 30 days prior to the negotiation and/or agreement to dispose of said property.

D. For a period of 5 years after the Project Year, Subrecipient will provide the Village with an annual report inventorying all real property acquired or improved with CDBG funds and certifying its use in accordance with the CDBG National Objectives.

11. REMEDIES.

A. In the event of any violation or breach of this Agreement by Subrecipient, misuse or misapplication of funds derived from the Agreement by Subrecipient, or any violation of any laws, rules or regulations, directly or indirectly, by Subrecipient and/or any of its agents or representatives, the Village shall have the following remedies:

1. The Subrecipient may be required to repay the Grant Funds to the Village;
2. To the fullest extent permitted by law, the Subrecipient will indemnify and hold the Village harmless from any requirement to repay the Grant Funds to HUD previously received by the Subrecipient for the Project or penalties and expenses, including attorneys' fees

and other costs of defense, resulting from any action or omission by the Subrecipient; and

3. The Village may bring suit in any court of competent jurisdiction for repayment of Grant Funds, damages and its attorney's fees and costs, or to seek any other lawful remedy to enforce the terms of this Agreement, as a result of any action or omission by the Subrecipient.

12. **INDEPENDENT CONTRACTOR.** Subrecipient is and shall remain for all purposes an independent contractor and shall be solely responsible for any salaries, wages, benefits, fees or other compensation which she may obligate herself to pay to any other person or consultant retained by her.

13. **NO ASSIGNMENT.** Subrecipient shall not assign this Agreement or any part thereof and Subrecipient shall not transfer or assign any Grant Funds or claims due or to become due hereunder, without the written approval of the Village having first been obtained.

14. **AMENDMENTS AND MODIFICATIONS.**

A. The nature and the scope of services specified in this Agreement may only be modified by written amendment to this Agreement approved by both parties.

B. No such amendment or modification shall be effective unless reduced to writing and duly authorized and signed by the authorized representative of the Village and the authorized representative of the Subrecipient.

15. **SAVINGS CLAUSE.** If any provision of this Agreement, or the application of such provision, shall be rendered or declared invalid by a court of competent jurisdiction, or by reason of its requiring any steps, actions or results, the remaining parts or portions of this Agreement shall remain in full force and effect.

16. **ENTIRE AGREEMENT.**

A. This Agreement sets forth all the covenants, conditions and promises between the parties.

B. There are no covenants, promises, agreements, conditions or understandings between the parties, either oral or written, other than those contained in this Agreement.

17. **GOVERNING LAW, VENUE AND SEVERABILITY.**

A. This Agreement shall be governed by the laws of the State of Illinois both as to interpretation and performance. Venue for any action brought pursuant to this Agreement shall be in the Circuit Court of Cook County, Illinois.

B. If any provision of this Agreement, or the application of such provision, shall be rendered or declared invalid by a court of competent jurisdiction, or by reason of its requiring

any steps, actions or results, the remaining parts or portions of this Agreement shall remain in full force and effect.

18. NOTICES.

A. All notices or invoices required to be given under the terms of this Agreement shall be given by United States mail or personal service addressed to the parties as follows:

For the Village:

Grants Supervisor
Village of Oak Park
Village Hall
123 Madison Street
Oak Park, Illinois 60302

For Subrecipient:

Peggy LaFleur, Executive Director
Oak Park and River Forest Infant Welfare
Society
320 Lake Street
Oak Park, IL 60302

B. Either of the parties may designate in writing from time to time substitute addresses or persons in connection with required notices.

19. EFFECTIVE DATE. The effective date of this Agreement as reflected above shall be the date that the Village Manager for the Village of Oak Park executes this Agreement.

20. COUNTERPARTS. This Agreement may be executed in counterparts, each of which shall be considered an original and together shall be one and the same Agreement.

21. CAPTIONS AND SECTION HEADINGS. Captions and section headings are for convenience only and are not a part of this Agreement and shall not be used in construing it.

22. NON-WAIVER OF RIGHTS. No failure of any Party to exercise any power given to it hereunder or to insist upon strict compliance by any other Party with its obligations hereunder, and no custom or practice of the Parties at variance with the terms hereof, shall constitute a waiver of that Party's right to demand exact compliance with the terms hereof.

23. ATTORNEY'S OPINION. If requested, the Subrecipient shall provide an opinion by its attorney in a form reasonably satisfactory to the Village Attorney that all steps necessary to adopt this Agreement, in a manner binding upon the Subrecipient have been taken by the Subrecipient.

24. BINDING AUTHORITY. The individuals executing this Agreement on behalf of the Parties represent that they have the legal power, right, and actual authority to bind their respective Party to the terms and conditions of this Agreement.

**[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK -
SIGNATURE PAGE FOLLOWS]**

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be signed by their duly authorized representatives on the day and date first written above.

VILLAGE OF OAK PARK

OAK PARK AND RIVER FOREST INFANT WELFARE SOCIETY

Name: Cara Pavlicek
Title: Village Manager

Name:
Title:

Date: _____, 2016

Date: _____, 2016

ATTEST:

ATTEST:

Name: Teresa Powell
Title: Village Clerk

Name:
Title:

Date: _____, 2016

Date: _____, 2016

EXHIBIT A
SUBRECIPIENT'S PROPOSAL

[Home](#) » [Village of Oak Park CDBG Public Services Proposal](#) » [Webform results](#)

Submission #13

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Submission information

Form: [Village of Oak Park CDBG Public Services Proposal](#)
Submitted by childrensclinic
Fri, 2016-03-18 10:24
104.1.85.49

1. Applicant Information

A. Organization Information

1. Organization Name

Oak Park River Forest Infant Welfare Society

2. Organization Mailing Address

320 Lake Street

3. Organization Phone

7,088,480,528.0000

4. Executive Director

Katie O'Brien

5. Email Address

kobrien@childrenscliniciws.org

6. FEIN #

369,002,074

7. DUNS #

112,379,904

B. Project Information

1. Proposed Project Name

Dental Care for Low-Income Oak Park Children

2. Proposed Project Address

320 Lake Street
Oak Park, IL 60302

3. Project Manager/Primary Contact
Wendy Epstein, Director of Grant Funding

4. Secondary Contact
Dr. Wanda Laszcz, Oral Health Director

5. Proposed Project Phone
7,088,480,528.0000

6. Email Address
wepstein@childrenscliniciws.org

C. Type of Organization
Private non-profit

Other

D. Project Overview

1. Total CDBG Dollars Requested
\$25,000

2. Total Project Budget
\$858,369

3. Total Low/Moderate Income Persons Served Annually
2,700, 500 of whom reside in Oak Park.

4. Brief project description and purpose
The Oak Park River Forest Infant Welfare Society Children’s Clinic is requesting a \$25,000 Oak Park CDBG grant to subsidize the cost of providing preventive and restorative care dental care for 500 low-income Oak Park children.

5. Population Served
51% or more Low/Moderate Persons

Other

E. Priority Addressed
Programs for Youth/Children

2. Project Narrative

I. Background & Need

Cavities are the number one childhood disease. According to “Healthy Smiles, Healthy Growth 2013-2014”, a study of the oral health of Illinois third-graders conducted by the Chicago Community Oral Health Forum, the extent of oral health disease among school children in Illinois is epidemic: 52% percent of third graders suffer from tooth decay and 22% have untreated conditions requiring care. Not surprisingly, low-income children in Illinois are at a considerably higher risk for oral health problems: 26% of children eligible for Free and Reduced Meal Program had untreated decay as compared to 16% of those not eligible. There is a racial component to the inequity of oral health disease as well. Minority children are more likely to have cavities compared to their Caucasian counterparts: Latino and African American third graders had a higher rate of caries, 58% and 54%, respectively, compared to Caucasian children at 47%. Geography is another determinant of oral health in Illinois: third graders from suburban Cook County are significantly more likely to have cavities and untreated decay (62% and 36%, respectively) than children from any other region in the state including the City of Chicago (51% and 17%, respectively). Children from suburban Cook County also have the lowest rate (18%) of dental sealants in place -- plastic coatings placed on the surface of children’s molars and premolars to protect them from decay, a best practice intervention for reducing cavities --compared to 50% for the entire state of Illinois, making suburban Cook county the only region in the state below the target of 28% coverage.

Poor oral health can have devastating short-term and life-long consequences for children including:

- Invasive, painful and costly dental treatments for infections including hospitalization
- The loss of permanent adult teeth which can affect self-esteem and future employability
- Poor academic performance as oral pain decreases a child’s ability to concentrate and succeed in the classroom and is one of the primary reasons for school absences
- Stunted growth and development as pain from oral disease can affect the ability to chew, preventing children from getting adequate nutrition
- Impaired overall health as oral health disease makes the body more vulnerable to infections in other parts of their bodies such as the ears, sinuses and the brain. “A mouth with periodontal disease is an open wound”.
- Increased risk of cardiovascular, reproductive, kidney and other systemic diseases; certain cancers; and low-birth weight and premature babies as adults. (American Academy of Pediatric Dentists, “The State of Little Teeth”, January 2014).

However, there is a critical shortage of affordable dental care for low-income children in the Chicago area. Illinois’ All Kids Medicaid program reimburses for dental care at a rate well below the actual cost of care (Medicaid reimbursement covers only 60% of the cost of care at the IWS Children’s Clinic), discouraging private providers from taking public-paying patients. And few low-income families can afford the cost of dental care out-of-pocket. But only 5% of dentists practice in the health centers, dental schools and public clinics that constitute the dental safety net (Children’s Dental Health Project “Moving on the Oral Health Provision in Health Reform: A Roadmap for Implementation”, January 2011) and only 9 of 35 health centers in Cook County offer dental care. Finally, there is a serious deficit of pediatric dentists, dentists who are specially trained to treat children (AAPD, “The State of Little Teeth”). The scarcity of care is evidenced by the fact that our dental patients come to us from all over the Chicago region.

II. Approach

a. Purpose

The IWS Children's Clinic addresses the epidemic of cavities and the barriers to dental care for Chicago-area publicly-insured and uninsured children by offering free and low-cost preventive

and restorative dental care regardless of ability to pay. The Clinic offers a rare respite from the interminable search for affordable pediatric dental care for low-income Oak Park families.

As a public service activity that benefits low income persons, the project is in perfect alignment with CDBG national objectives. In fact, the vast majority (77%) of Oak Park children who availed themselves of our dental services in PY 2014 were Very Low Income; the other 33% were Low Income. In terms of Village priorities, the project proposed is a public service, a primary priority for the Village, and provides a much-needed service for youth/children including those with disabilities, a high Village priority.

b. Target Populations

The program targets low-income Oak Park children from 6 months of age through the 18th year. As a pediatric health clinic, our only exclusion is that we do not provide care for adults. All of our Oak Park dental patients are from low-income families. Ninety percent are enrolled in All Kids Medicaid or Medicaid Managed Care and the rest pay for services on a modest sliding fee scale (an average of \$26-37 per visit) but care is always provided regardless of ability to pay. Our primary service area is near west suburban Cook County and the west side of the City of Chicago but 18% of our dental patients reside in Oak Park. In terms of race and ethnicity, 57% of our Oak Park dental patients are African American, 33% are Caucasian, and 10% are Hispanic. In PY2014, the Clinic provided in-clinic dental care for 486 Oak Park children in 991 visits.

The Clinic's cultural competency is evidenced in several ways. The Clinic has 29 years of experience providing culturally sensitive dental care in Oak Park. Our dentists are seasoned practitioners who are accustomed to a multi-cultural patient caseload. Because we are located at the intersection of several large minority communities, we have always had a very diverse dental patient census. Over the last two years, our dental staff has become more diverse as well: we now have one African American dentist and one Hispanic dentist on staff. Finally, as more than half of our dental patients are native Spanish speakers, all of our front-line staff – our dental assistants and receptionists, one dental hygienist and one of our three pediatric dentists -- are bilingual and all of our forms are available in both English and Spanish. The entire staff self-assessed our cultural competency last year using a tool provided by the Community Mental Health Board of Oak Park Township.

c. Strategies

OVERVIEW The IWS dental clinic is one of the few resources for affordable pediatric dental care in the Chicago area. The Clinic provides full preventive and restorative care in a 5-chair office, including oral exams, cleanings, fluoride treatments, sealants, extractions, cavity repair, and root canals. The Clinic is a "dental home" which means that our patients come to the Clinic for all of their oral health needs, their regular semi-annual preventive visits as well as their restorative care. Clinic patients are strongly encouraged to follow accepted protocols for good oral hygiene: to see a dentist twice a year for an oral exam and a cleaning starting at age 1. The main reasons why patients leave the dental clinic is that they have obtained private health insurance, moved out of the area or aged out of our services.

SPECIALIZED CARE FOR HIGH NEED POPULATIONS Because we have three pediatric dentists on staff, dentists who have had an additional 2 years of training in pediatric behavioral management, skills not taught to general dentists, the Clinic is able to provide care for "high need" patients: special needs children (i.e., Down's Syndrome, autism), children who have complex or extensive oral health problems (i.e., multiple extractions or root canals), and children with behavioral health issues (i.e., diagnosed mental illness). Our pediatric dentists have operating room privileges at Illinois Masonic Medical Center where once a month they see Clinic

patients who need to undergo anesthesia for all of their dental procedures. Our capacity to provide care to this underserved population is noteworthy as there is a critical shortage of pediatric dentists who accept Medicaid (American Academy of Pediatric Dentists, "The State of Little Teeth", January 2014). Thanks to a capacity grant from the Illinois Children's Healthcare Foundation, in the coming year the Clinic will add two additional dental rooms for special need patients who become agitated by the noise in our open-bay exam rooms and need additional time in the dental chair (45-60 minutes versus 30 minutes per visit) and a third day of pediatric dentistry to meet the growing demand for care for this underserved population. In addition, starting in the 2016-2017 school year, pediatric dentistry residents from UIC-COD will begin rotating through the Clinic, increasing our ability to serve this population by 33%.

MARKETING AND ADVERTISING Our most common referral sources are family and friends. However, many of our patient referrals come from District 97 and 200 school nurses, area early childhood programs including Head Start, Village social service agencies (Hephzibah, Parenthesis, Sarah's Inn, Anne's House, Thrive, etc.), the Oak Park Department of Public Health, West Suburban Medical Center, Rush Oak Park Hospital, local houses of worship, and private dentists who are unable or unwilling to provide care for Medicaid patients. Some families learn about the Clinic through our two community outreach programs in the schools -- Portable Dentistry (see below) and Oral Health Education Workshops. The Clinic also markets our dental services through our website, which is updated monthly, and annual promotional mailings to area service providers, schools and houses of worship.

CLINIC APPOINTMENTS Appointments at the IWS Children's Clinic are usually made by phone and most patients can get an appointment with a general dentist within two weeks (there is a 6 week wait for an appointment with a pediatric dentist). The hours of operation for the dental clinic are Mondays 9 am-8 pm, Tuesdays 12:30 pm – 8 pm, Wednesdays, Thursdays and Fridays 9 am – 5 pm, and the first Saturday of the month 9 am – 3:30 pm. Upon arrival at the Clinic, Clinic patients are greeted at the front desk by a bilingual receptionist. The patient's parents are asked to complete an intake form and a medical history. The former includes questions about the parents or guardians, residency, race, ethnicity, household size, income, and insurance status. Patients enrolled in All Kids Medicaid or a Medicaid-approved Managed Care Organization must present a card verifying their enrollment. Uninsured patients must complete a No Medical Insurance Affidavit and provide proof of income to determine their fee which is calculated on a sliding scale. All forms are available in both Spanish and English. After the paperwork is completed, the patient is shown to one of our five dental chairs by the attending dentist or dental student. All preventive visits include a cleaning by a dental hygienist and an oral exam by a general or pediatric dentist. Restorative care is provided by a Clinic dentist and a 4th year dental student from the University of Illinois College of Dentistry when in rotation. Nitrous oxide, used to reduce patient anxiety in the chair, is available in every room and is used as needed. Bilingual dental assistants assist the dentists and the students. After every preventive visit, patients receive a goody bag containing a toothbrush and floss to ensure proper oral hygiene at home. To promote literacy, every dental patient is encouraged to select a new or gently used book to take home from our Giving Library as they leave the Clinic.

ORAL HEALTH EDUCATION Oral health education is an integral part of the care provided in the Dental Clinic. At every visit, our dentists, students and hygienists talk to our patients and their parents about the importance of having a regular oral hygiene regimen, the need for semi-annual dental visits, the positive impact that good nutrition has on developing teeth, and the risk of cavities from excessive consumption of juice, soda and sports drinks. Cognizant of the role that parents play in the development of their child's oral health habits, the parents of new dental

patients are given an Oral Health Survey at their child's first preventive exam and retested if they score below 70%. One of the most effective tools for educating our young dental patients on the importance of good oral hygiene is the measurement of plaque through the use of red disclosing tablets. The plaque test provides our young patients with a visual image of the amount of plaque that has accumulated on their teeth. Plaque is measured at each preventive visit and compared to previous visits for signs of improvement.

PORTABLE DENTISTRY IN THE SCHOOLS The Portable Dentistry Program provides oral exams, cleanings, fluoride treatments and dental sealants in the schools during the academic school year to elementary, middle and preschool students who would not otherwise have access to care. The program is marketed to all area public and parochial schools but specifically targeted for school districts with a high proportion of low-income students. Students identified as having urgent oral health needs are referred to the Clinic for restorative care, a unique aspect of our program that few other traveling dentistry programs offer -- a seamless flow from diagnosis to referral to treatment. In PY 2014, Portable Dentistry provided preventive dental care for 311 Oak Park students at Holmes, Irving and Beye Elementary Schools.

d. Timeline

Use the attached chart format with applicant having the ability to complete the fields.

III. Outcomes & Evaluation

a. Goal Statement

Goal #1: Increase access to dental care for low-income Oak Park children

Goal #2: Improve the oral health status of Oak Park Clinic patients

Goal #3: Improve oral health outcomes for low-income Oak Park children through health education

b. Narrative

1. Ensuring Outputs/Outcomes

All dental patient service data is collected through Dentrix, our dental practice management software. The dentists and UIC dental students record the procedure codes for billing and reporting purposes and write the clinical notes for each oral exam. The dental assistants do the charting by recording the work completed on an odontogram in the patient's record after each exam. Monthly services reports based on billings are compiled by the Accounting and Billing Specialist. The Office Manager produces all Dentrix-based service usage reports. The Director of Finance and Operations reports on Medicaid billings. The Health Education Outreach Coordinator tracks Portable Dentistry and oral health education visits on excel spreadsheets. All reports are reviewed by the Oral Health Director and the Executive Director on a monthly basis and presented to the board of directors each month through the Executive Director's report. The Director of Grant Funding is responsible for meeting all grant reporting requirements.

OBJECTIVES, OUTPUTS AND OUTCOMES FOR FY 2017

Objective #1: Provide affordable dental care for low-income Oak Park children

Projected Outcome: 500 Oak Park children will receive preventive and restorative dental care

at the Clinic

Objective #2: Provide preventive dental care for low-income Oak Park children in the schools
Projected Output: The Portable Dentistry Program will provide oral exams, cleanings, fluoride treatments, and/or dental sealants in the schools for 275 Oak Park students

Objective #3: Reduce the incidence of plaque in Oak Park dental patients
Projected Outcome: 70% of high plaque Oak Park dental patients, those at greatest risk of cavities and gum disease, will experience an improvement in their plaque index at their 6 month recall visit

Objective#4: Provide oral health and nutrition education for low-income Oak Park children in the schools

Projected Output: 975 Oak Park elementary, middle and preschool students will attend an Oral Health and Nutrition Education Workshop conducted by our Health Education Outreach Coordinator

2. Documenting Income

In the past, income eligibility was presumed with an All Kids Medicaid card. For the purposes of CDBG reporting, we would take the All Kids levels provided by the State of Illinois (All Kids Assistance, All Kids Level 1, All Kids Level 2, All Kids Share, etc.) and correlate them to HUD's income guidelines (moderate, low, very low). However, since January 2015, when Illinois began to distribute Medicaid reimbursement through Managed Care Networks, we no longer have access to our patients' income levels through the State of Illinois. So last year we added lines for household size and income to our intake form and household size and income fields to our electronic medical records system. Income verification for our uninsured patients remains the same: an affidavit stating that the family does not have private health insurance and proof of income.

Patient confidentiality is protected in a number of ways. There is a separate area at the reception desk to allow for private conversations with the front office staff. Electronic patient records are only accessible by authorized personnel and are password protected. Backup files are encrypted on-site, during transit and off-site.

3. Evaluation Process

PROGRAM EVALUATION The IWS Children's Clinic evaluates our impact through a variety of health indicators and proxies for good health. Success is measured by our ability to achieve the projected outputs and outcomes established at the beginning of each fiscal year. We measure outcomes (vs. outputs) whenever possible. When outputs and outcomes fall below projections, we review the possible explanations for the short fall and try to rectify the situation if possible. The IWS Children's Clinic monitors patient trends on a monthly basis through the aggregation of patient service data in Dentrix, our practice management software, on-the-ground observations shared by our dental practitioners at monthly dental staff meetings, and a semi-annual Patient Satisfaction Survey. Program results are evaluated by the Oral Health Director and the Executive Director on a monthly basis.

PATIENT SATISFACTION SURVEYS The Director of Grant Funding administers a Patient Satisfaction Surveys on a semi-annual basis to the parents of our dental patients. The most recent survey was administered from August 10, 2015 to September 8, 2015. Fifty respondents completed the survey, of whom 80% were female and 69% were Hispanic. Ninety eight percent of respondents reported that they considered the Clinic their usual source

of dental care. We had the best possible result for the most important measure, the likelihood of referral: 100% indicated that they would refer friends and family to the Clinic, up from 91% in the March 2015 survey. The ratings for our Dentists, Hygienists, Dental Assistants and Receptionists were excellent: 94% -100% of respondents gave them a rating of good or great. The lowest ratings were for waiting time in the waiting room (a 88% rating of good or great with a 12% rating of OK or Fair) and waiting time in the dental chair (a 92% rating of good or great with a 8% rating of OK or Fair). All of the respondents gave us a good or great rating for returning their phone calls.

Comments from "What I like best about the Clinic":

- The staff is awesome from the front desk all the way to the doctors and dentists. They always make our visit very comfortable. Keep up the great work!
- Everyone has a friendly attitude.
- I think the Clinic is doing an awesome job all around.
- I like the call reminders for appointments.
- The convenient location and hours
- They are speedy and efficient
- It's very kid-friendly. They know how to treat kids.
- Very neat and clean
- I like the way the staff handles my child so he leaves the Clinic without fear of the dentist.
- I like not waiting forever to be seen like our previous dentist
- I love everything!
- I like the attention to the patient
- The personnel here are very professional
- I like the service because it's fast and available when I need it
- Their kindness. The dentist and hygienist are really nice.
- I like how they treat the patients
- It's close to my house

Comments from "Suggestions for Improvement":

- Get more dentists to reduce the waiting time
- Add more chairs in the waiting room
- Show oral health education videos in the waiting room
- Expand the waiting area and add more toys and games

The expansion of our capacity to handle "high need" patients over the last 4 years is an example of how emerging patient needs informs program development at the Clinic. Because we have had a pediatric dentist on staff for many years, the Clinic is a major referral source for area dentists who are unable or unwilling to take difficult Medicaid cases. As a result, we have experienced a slow but steady increase in the number of patients with special needs (i.e., with Down's Syndrome, autism), extensive or complex oral health problems (i.e., in need of multiple extractions, root canals), and behavioral health issues (i.e., with a diagnosed mental illness). In 2012, in response to the increased demand for our specialized services, we added nitrous oxide (an anti-anxiety agent used to facilitate dental treatment that would be traumatic for some patients) to a third dental exam room. We also purchased new papoose boards which minimize patient movement in order to protect against self-harm during dental procedures through a grant from Washington Square Health Foundation. Then, in the fall of 2013, the Clinic hired a second pediatric dentist to staff a new full-day High Need Dental Clinic, also with support from WSHF. In 2014, two of our pediatric dentists secured operating room privileges at Illinois Masonic Medical Center in order to treat Clinic patients who need to

undergo anesthesia for all of their dental procedures. In the fall of 2016, we will build two additional rooms for special needs patients such as those on the autism spectrum who become agitated by the noise in our open-bay exam rooms and add a third day of pediatric dentistry to meet the growing need for dental care for this underserved population.

IV. Organization Capacity

a. Mission & Experience

MISSION STATEMENT The Oak Park River Forest Infant Welfare Society is a diverse member-driven organization with an abiding commitment to assuring the health and well being of children. Through our Children's Clinic, the IWS provides the highest quality medical, dental and social services to those who are unable to afford the cost of private health care. The work of the Society is powered by dedicated members and volunteers, a highly competent professional staff, generous donors, engaged partners and enlightened communities who share our view that sustaining the health of our children is a critical investment in the future.

EXPERIENCE OF KEY STAFF The Oak Park River Forest Infant Welfare Society has been providing dental care to low-income Oak Park children since 1997. The Clinic is run by a team of experienced and committed professionals. Elizabeth Lippitt, a Masters in Health Services Administration from the University of Michigan School of Public Health, was the Executive Director of the Clinic for 20 years (Ms. Lippitt left the Clinic in December for a position at Advocate Health Care and the board is currently searching for her successor). Ms. Lippitt presided over the evolution of the IWS Clinic from a part-time pediatric medical practice to a full-time, full-service health clinic for children. The Executive Director supervises Oral Health Director, Dr. Wanda Laszcz, DDS. Dr. Laszcz came to the IWS Children's Clinic from the Infant Welfare Society of Chicago where she worked for 9 years as a general dentist. A 2003 graduate of the University of Illinois at Chicago College of Dentistry (UIC-COD), Dr. Laszcz recently received her Masters in Public Health from the University of Illinois. In addition to seeing patients 2 days a week, Dr. Laszcz is responsible for supervising 6 dentists, 6 dental assistants, 2 dental hygienists and 20 fourth-year dental students annually from UIC-COD. The lead dentist for Portable Dentistry is Dr. Betsy Samore. Dr. Samore, with the Clinic since 1996, received her DDS from the UIC-COD in 1986 and is a clinical instructor at the College of Du Page School of Dental Hygiene. Health Education Outreach Coordinator Victoria Novotny has a Bachelor of Applied Science and Technology from Illinois State University. Ms. Novotny, who came to the Clinic in May 2015, was previously employed as an Oral Health Educator for Smile Illinois.

AWARDS In 2009, the Clinic's dental program received an award for excellence from the American Dental Association Foundation and the Chicago Dental Society. Clinic dentist and former Oral Health Director Dr. Jill Baskin received the 2012 Golden Toothbrush Award from Erie Family Health Center for her role in the development of the Clinic's model dental program.

FY 2015 ACHIEVEMENTS

- 2,777 low-income children received dental care in 6,913 visits, including 486 Oak Park children in 991 visits
- 74% of high plaque dental patients, those at highest risk of cavities and gum disease,

experienced an improvement in their plaque index at their 6 month recall visit

- 1,599 students received preventive dental care in the schools through the Portable Dentistry Program, a 22% increase from FY 2014, including 262 students at Holmes and Irving Elementary schools
- 4,751 students at 33 schools and 2 after-school programs and 31 parents in 3 parent groups attended an Oral Health and Nutrition Education workshop conducted by our Health Education Outreach Coordinator, including 968 Oak Park students at First United Church Nursery School and Beye, Irving and Holmes Elementary Schools.

b. Ability to Meet Reporting Requirements

The IWS Children's Clinic has received CDBG funding from the Village of Oak Park for pediatric dental care since 1999. Thus, the Clinic has had 17 years of experience administering CDBG grants. We have met all of the Villages reporting requirements for the grants received and achieved most if not all of our output and outcome projections. No significant challenges are foreseen in PY 2016.

c. Collaboration with Others

The IWS Children's Clinic believes strongly in the value and efficacy of partnerships. The Clinic is a major referral site for Berwyn, Cicero and Oak Park schools; Rush Oak Park Hospital; area Head Start programs; and the Salvation Army's Anne's House. We recently formalized an on-going relationship with Hephzibah, to provide all of the medical and dental services for the children who reside in their Residence for abused and neglected children. The Clinic is a founding member of the Collaboration for Early Childhood Care and Education which focuses on early intervention services for children and is a member of the I-Floss Coalition; the Cicero Youth Task Force Health Care Committee; the Cicero-Berwyn AOK Early Childhood Committee; and the Oak Park Youth Township Network Committee. The Clinic Executive Director is co-chair of the Oak Park Pioneering Healthy Communities Initiative and participates in the Oak Park River Forest Community Foundation's Success for All Youth initiative. Our two community outreach programs -- Portable Dentistry and Oral Health Education Workshops -- require close working relationships with area schools and health departments. The Clinic has a contract with the Berwyn Public Health District to provide preventive dental care and oral health education in Berwyn public and parochial schools. Mental Health services are provided on-site through a formal partnership with Pillars. A partnership with the University of Illinois College of Dentistry provides the Clinic with 20 fourth-year dental students each year.

V. Budget Narrative

a. Budget Description

The total cost of the dental program for PY 2016 is projected at \$858,369. As Oak Park patients constitute 18% of our dental patient census, the portion of the dental budget allocated to our Oak Park patients is \$154,506 (.18 Oak Park patients x 858,369 total dental budget). Likewise, the portion of the dentist line item allocated to our Oak Park patients is \$45,980 (.18 Oak Park patients x \$255,443 total cost of dentists). We are asking Oak Park CDBG to pay for 50% of the cost of the dentists who will provide care for Oak Park patients in PY 2016, or \$23,000.

We will have 9 dentists working at the Clinic, all on a part-time basis. One dentist works .09

FTE, one dentist works 0.02 FTE, one dentist works 0.50 FTE and the others are .2 FTE. The dental clinic is open 68.25 per week, including one Saturday a month for 6 hours which is approximately 1.81FTE. Since our Oak Park dental patients are scheduled throughout the week and not on a specific day, we allocate a portion of one dentist's time to this grant at an average of \$65 per hour which is 18% of 1 FTE.

Dental supplies cost an average of \$28 per visit. We are projecting the cost of dental supplies for Oak Park patient visits at \$2,800 (.28 x 1,000 projected visits). We are asking Oak Park CDBG to pay \$2,000 for dental supplies or 71% of the total cost of dental supplies for our Oak Park patients.

b. Alternate Revenue Sources

The IWS Children's Clinic has a diversified funding profile and our income stream is stable. Many of our corporate, foundation and government funders provide consistent support year after year. In addition, we have a dozen grant applications pending, several of which are specifically for dental care, and will continue to aggressively seek out new foundation and corporate donors in the coming year. In terms of fundraising, the Clinic is the sole beneficiary of several fundraising events sponsored by the Oak Park River Forest Infant Welfare Society including an annual Holiday Housewalk in December and the Tee It Up Fore Kids golf outing each June. A major gifts campaign has been launched in conjunction with our 100th anniversary this year to increase our endowment, create a reserve for operating funds and support a capital project in the Clinic.

However, the Clinic's need for private funding is a function of the economics of operating a health clinic for low-income children. There will always be a gap between what it costs to provide medical, dental and social services to our patients and what the Clinic receives from the State of Illinois for providing those services. Reimbursement from Illinois' All Kids Medicaid program only covers 60% of the average cost of a dental visit, 59% of the average cost of a medical visit and 8% of the average cost of a behavioral health visit. In addition, 10% of our patients pay for services on a modest sliding fee scale, an average of \$26-37 per visit, well below the cost of the care provided. Overall, the gap between cost and reimbursement is \$59.98 for each dental visit, \$74.41 for each medical visit, and \$105.31 for each behavioral health visit, resulting in a \$818,00 annual budget gap which must be closed each year through foundation, corporate and government grants, individual contributions and special event fundraising.

The CDBG dollars requested from the Village of Oak Park will allow the Clinic to continue to provide free or low-cost dental services to Oak Park children in need of affordable dental care. If CDBG funding falls below the amount requested and the Clinic is not able to replace those dollars with private funding, we may need to explore the possibility of reducing our staff or our service hours which would, in effect, reduce access to care for this underserved population. However, the Clinic has every intention of offering affordable pediatric dental care into the foreseeable future.

3. Attachments**Timeline**

[opr_infant_welfare_society_project_timeline_py_2016.docx](#)

Logic Model

[opr_infant_welfare_society_logic_model_chart_py_2016.docx](#)

Articles of Incorporation

[opr_infant_welfare_society_articles_of_incorporation_and_by_laws_py_2016.pdf](#)

Non-Profit Determination (IRS Letter)

[opr_infant_welfare_society_irs_non-profit_determination_letter_may_2009.pdf](#)

List of Board of Directors

[opr_infant_welfare_society_board_of_directors_2015-2016.doc](#)

Organizational Chart

[opr_infant_welfare_society_organizational_chart_january_2015.doc](#)

Resumes

[opr_infant_welfare_society_resumes_py_2016.pdf](#)

Financial Statement and Audit

[opr_infant_welfare_society_fy_2015_auditfinancial_statement_fy_2016_budget.pdf](#)

Conflict of Interest Statement

[opr_infant_welfare_society_conflict_of_interest_statement_2016.pdf](#)

Lobbying Statement

[opr_infant_welfare_society_lobbying_statement_py_2016.pdf](#)

EEO Form

[opr_infant_welfare_society_eo_report_chart_py_2016.doc](#)

Statement of ADA Compliance

[opr_infant_welfare_society_compliance_with_ada_py_2016.doc](#)

Intake Documentation

[opr_infant_welfare_society_intake_form_py_2016.pdf](#)

Support Statements

[opr_infant_welfare_society_letters_of_support_for_dental_2013_and_2015.pdf](#)

Budget Worksheet

[opr_infant_welfare_society_project_budget_py_2016.xlsx](#)

4. Proposal Agency Information & Verifications**1. Name of Authorized Official of Applicant Organization**

Katie O'Brien

2. Title of Authorized Official of Applicant Organization

Interim Executive Director

3. Date of Submittal

Fri, 2016-03-18

4. Affirmation

I agree

[Previous submission](#)

[Next submission](#)



PY 2016

Organization	Oak Park River Forest Infant Welfare Society Children's Clinic
Project Name	Dental Care for Low-Income Oak Park Children

Timeframe	Activity	Person Responsible
Month 1 - October 2016	Schedule patient appointments	Receptionists
	Provide preventive and restorative dental care to Oak Park children	Dentists, dental assistants, dental hygienists, dental students
	Monitor and supervise the dental team including staff scheduling	Oral Health Director
	Bill Medicaid, collect and aggregate service data	Accounting and Billing Specialist
	Oversee dental clinic expenditures, order equipment and supplies	Director of Finance and Operations and Head Dental Assistant
	Measure outcomes and create reports for funders	Director of Grant Funding
Month 2 - November 2016	Schedule patient appointments	Receptionists
	Provide preventive and restorative dental care to Oak Park children	Dentists, dental assistants, dental hygienists, dental students
	Monitor and supervise the dental team including staff scheduling	Oral Health Director
	Bill Medicaid, collect and aggregate service data	Accounting and Billing Specialist
	Oversee dental clinic expenditures, order equipment and supplies	Director of Finance and Operations and Head Dental Assistant
	Measure outcomes and create reports for funders	Director of Grant Funding
Month 3 - December 2016	Schedule patient appointments	Receptionists
	Provide preventive and restorative dental care to Oak Park children	Dentists, dental assistants, dental hygienists, dental students
	Monitor and supervise the dental team including staff scheduling	Oral Health Director
	Bill Medicaid, collect and aggregate service data	Accounting and Billing Specialist

	Oversee dental clinic expenditures, order equipment and supplies	Director of Finance and Operations and Head Dental Assistant
	Measure outcomes and create reports for funders	Director of Grant Funding
Month 4 - January 2017	Schedule patient appointments	Receptionists
	Provide preventive and restorative dental care to Oak Park children	Dentists, dental assistants, dental hygienists, dental students
	Monitor and supervise the dental team including staff scheduling	Oral Health Director
	Bill Medicaid, collect and aggregate service data	Accounting and Billing Specialist
	Oversee dental clinic expenditures, order equipment and supplies	Director of Finance and Operations and Head Dental Assistant
	Measure outcomes and create reports for funders	Director of Grant Funding
Month 5 - February 2017	Schedule patient appointments	Receptionists
	Provide preventive and restorative dental care to Oak Park children	Dentists, dental assistants, dental hygienists, dental students
	Monitor and supervise the dental team including staff scheduling	Oral Health Director
	Bill Medicaid, collect and aggregate service data	Accounting and Billing Specialist
	Oversee dental clinic expenditures, order equipment and supplies	Director of Finance and Operations and Head Dental Assistant
	Measure outcomes and create reports for funders	Director of Grant Funding
Month 6 - March 2017	Schedule patient appointments	Receptionists
	Provide preventive and restorative dental care to Oak Park children	Dentists, dental assistants, dental hygienists, dental students
	Monitor and supervise the dental team including staff scheduling	Oral Health Director
	Bill Medicaid, collect and aggregate service data	Accounting and Billing Specialist
	Oversee dental clinic expenditures, order equipment and supplies	Director of Finance and Operations and Head Dental Assistant
	Measure outcomes and create reports for funders	Director of Grant Funding
Month 7 - April 2017	Schedule patient appointments	Receptionists
	Provide preventive and restorative dental care to Oak Park children	Dentists, dental assistants, dental hygienists, dental students

	Monitor and supervise the dental team including staff scheduling	Oral Health Director
	Bill Medicaid, collect and aggregate service data	Accounting and Billing Specialist
	Oversee dental clinic expenditures, order equipment and supplies	Director of Finance and Operations and Head Dental Assistant
	Measure outcomes and create reports for funders	Director of Grant Funding
Month 8 – May 2017	Schedule patient appointments	Receptionists
	Provide preventive and restorative dental care to Oak Park children	Dentists, dental assistants, dental hygienists, dental students
	Monitor and supervise the dental team including staff scheduling	Oral Health Director
	Bill Medicaid, collect and aggregate service data	Accounting and Billing Specialist
	Oversee dental clinic expenditures, order equipment and supplies	Director of Finance and Operations and Head Dental Assistant
	Measure outcomes and create reports for funders	Director of Grant Funding
Month 9 – June 2017	Schedule patient appointments	Receptionists
	Provide preventive and restorative dental care to Oak Park children	Dentists, dental assistants, dental hygienists, dental students
	Monitor and supervise the dental team including staff scheduling	Oral Health Director
	Bill Medicaid, collect and aggregate service data	Accounting and Billing Specialist
	Oversee dental clinic expenditures, order equipment and supplies	Director of Finance and Operations and Head Dental Assistant
	Measure outcomes and create reports for funders	Director of Grant Funding
Month 10 – July 2017	Schedule patient appointments	Receptionists
	Provide preventive and restorative dental care to Oak Park children	Dentists, dental assistants, dental hygienists, dental students
	Monitor and supervise the dental team including staff scheduling	Oral Health Director
	Bill Medicaid, collect and aggregate service data	Accounting and Billing Specialist
	Oversee dental clinic expenditures, order equipment and supplies	Director of Finance and Operations and Head Dental Assistant
	Measure outcomes and create	Director of Grant Funding

	reports for funders	
Month 11 - August 2017	Schedule patient appointments	Receptionists
	Provide preventive and restorative dental care to Oak Park children	Dentists, dental assistants, dental hygienists, dental students
	Monitor and supervise the dental team including staff scheduling	Oral Health Director
	Bill Medicaid, collect and aggregate service data	Accounting and Billing Specialist
	Oversee dental clinic expenditures, order equipment and supplies	Director of Finance and Operations and Head Dental Assistant
	Measure outcomes and create reports for funders	Director of Grant Funding
Month 12 - September 2017	Schedule patient appointments	Receptionists
	Provide preventive and restorative dental care to Oak Park children	Dentists, dental assistants, dental hygienists, dental students
	Monitor and supervise the dental team including staff scheduling	Oral Health Director
	Bill Medicaid, collect and aggregate service data	Accounting and Billing Specialist
	Oversee dental clinic expenditures, order equipment and supplies	Director of Finance and Operations and Head Dental Assistant
	Measure outcomes and create reports for funders	Director of Grant Funding

Professional/Services						
Consultant	\$0	\$0	0%	\$0	\$0	0%
Engineering	\$0	\$0	0%	\$0	\$0	0%
Other (Identify)	\$0	\$0	0%	\$0	\$0	0%
Subtotal Professional Services	\$0	\$0	\$0	\$0	\$0	0%
TOTAL (all categories)	\$858,369	\$25,000	3%	\$554,000	\$259,369	97%

PY 2016 CDBG OTHER REVENUE SUMMARY

This chart provides more information about the "Other Revenue" sources that were listed above in columns F, G & H. Please fully complete this table. The columns are self-explanatory

1	2	3	4	5	6	7
FUNDING SOURCE	TOTAL OR GRANT	FUNDING AMOUNT	FUNDING STATUS	DATE AVAILABLE	FUNDING RESTRICTIONS	TYPE (Federal, State/Local or Private)
Berwyn CDBG	Grant	\$10,000	Awarded	DK	For dental care provided to Berwyn residents	Local
Berwyn Public Health District	Grant	\$15,000	Awarded	Disbursed quarterly	For dental care provided to Berwyn residents	Local
Henrietta Lange Burk Fund	Grant	\$10,000	Awarded	Paid	For dental care	Private
CBOT Foundation	Grant	\$5,000	Awarded	Paid	For dental care	Private

Anonymous	Grant	\$30,000	Awarded	Paid	For dental care	Private
Delta Dental Foundation of IL	Grant	\$5,000	Awarded	Paid	For dental care	Private
Colonel Stanley R. McNeil Foundation	Grant	\$20,000	Awarded	Paid	For dental care	Private
Oral Health America	Grant	\$7,000	Awarded	Paid	For Portable Dentistry	Private
Washington Square Health Foundation	Grant	\$6,675	Awarded	Paid	Dental for High Need Patients	Private
General Operating Grants	Grant	\$75,000	Various	Various	None	Private
IWS Fundraising	Donations	\$75,694	NA	Received throughout the year	None	Private
TOTAL, where applicable		\$259,369				

PY 2016 CDBG

a. Revised Budget Description

Describe each CDBG cost in detail (e.g. specific positions, % FTE, % of time spent on the CDBG portion of the project, type of supplies). Focus on the CDBG portion of the project, and show the percentage of each category charged to this budget. The percent CDBG to total project budget should be approximately equal to or less than the percent of total Oak Park persons served to total persons served.

The total cost of the dental program for PY 2016 is projected at \$858,369. As Oak Park patients constitute 18% of our dental patient census, the portion of the dental budget allocated to our Oak Park patients is \$154,506 (.18 Oak Park patients x 858,369 total dental budget). Likewise, the portion of the dentist line item allocated to our Oak Park patients is \$45,980 (.18 Oak Park patients x \$255,443 total cost of dentists). We are asking Oak Park CDBG to pay for 42% of the cost of the dentists who will provide care for Oak Park patients in PY 2016, or \$19,500.

We will have 9 dentists working at the Clinic, all on a part-time basis. One dentist works .09 FTE, one dentist works 0.02 FTE, one dentist works 0.50 FTE and the others are .2 FTE. The dental clinic is open 68.25 per week, including one Saturday a month for 6 hours which is approximately 1.81FTE. Since our Oak Park dental patients are scheduled throughout the week and not on a specific day, we allocate a portion of one dentist's time to this grant at \$65 per hour which is 18% of 1 FTE.

Dental supplies cost an average of \$11.30 per visit. We are projecting the cost of dental supplies for Oak Park patient visits at \$11,300 (\$11.30 x 1,000 projected visits). We are asking Oak Park CDBG to pay \$2,000 for dental supplies or 18% of the total cost of dental supplies for our Oak Park patients.

PY 2016 REVISED PROJECT BUDGET. Project budget must include the entire project funding even if CDBG is only funding a portion of the activity. You must limit your amount/percentage of Oak Park CDBG funds requested to match or be less than the proportional amount of Oak Parkers to Non-Oak Parkers served.

Project Expenses	1 Total Project Costs	2 CDBG Request Amount	3 CDBG % of Total Cost	4 Other Revenue - Medicaid/MC OS	5 Other Revenue - Sliding fee	6 Other Revenue - Grants/Fundraising	7 Total Other Revenues - Fundraising	8 Other Revenues % of Costs
Funding Source:								
Personnel Costs								
Salaries	\$592,293	\$19,500	0%	\$473,155	\$17,081	85,913	\$576,149	97%
Benefits	\$40,986	\$0	0%	\$32,742	\$0	5,910	\$38,652	94%
Taxes	\$49,533	\$0	0%	\$39,570	\$0	7,142	\$46,712	94%
Professional Liability	\$10,683	\$0	0%	\$8,534	\$0	1,540	\$10,075	94%
Other (Identify)	\$0	\$0	0%	\$0	\$0	0	\$0	0%
Subtotal: Personnel Costs	\$693,495	\$19,500	3%	\$554,000	\$20,000	\$99,995	\$673,995	97%
Operating Costs:								
Rent/Lease	\$40,008	\$0	0%	\$0	\$0.00	39,523	39,523	99%
Utilities	\$6,702	\$0	0%	\$0	\$0.00	6,621	6,621	99%
Telephone	\$5,752	\$0	0%	\$0	\$0.00	5,682	5,682	99%
Postage	\$1,396	\$0	0%	\$0	\$0.00	1,379	1,379	99%
Office Supplies	\$1,994	\$0	0%	\$0	\$0.00	1,970	1,970	99%
Computer Supply/Support	\$16,851	\$0	0%	\$0	\$0.00	16,646	16,646	99%
Dental software license	\$4,952	\$0	0%	\$0	\$0.00	4,891	4,891	99%
Dental Supplies	\$75,000	\$2,000	0%	\$0	\$0.00	74,090	74,090	99%
Cleaning/Maintenance	\$12,220	\$0	0%	\$0	\$0.00	12,072	12,072	99%
Subtotal: Operations	\$164,874	\$2,000	1%	\$0	\$0	\$162,874	\$162,874	99%
Professional/Services								
Consultant	\$0	\$0	0%	\$0	\$0	\$0	\$0	0%
Engineering	\$0	\$0	0%	\$0	\$0	\$0	\$0	0%
Other (Identify)	\$0	\$0	0%	\$0	\$0	\$0	\$0	0%
Subtotal: Professional Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0%
TOTAL (all categories)	\$858,369	\$21,500	3%	\$554,000	\$20,000	\$262,869	\$836,869	97%

PY 2016 CDBG OTHER REVENUE SUMMARY

This chart provides more information about the "Other Revenue" sources that were listed above in columns F, G & H. Please fully complete this table. The columns are self-explanatory

1	2	3	4	5	6	7
FUNDING SOURCE	LOAN OR GRANT?	FUNDING AMOUNT	FUNDING STATUS	DATE AVAIL.	FUNDING RESTRICTIONS	TYPE: Federal, State/Local or Private?
Berwyn CDBG	Grant	\$10,000	Awarded	DK	For dental care provided to Berwyn residents	Local
Berwyn Public Health District	Grant	\$15,000	Awarded	Disbursed quarterly	For dental care provided to Berwyn residents	Local
Henrietta Lange Burk Fund	Grant	\$10,000	Awarded	Paid	For dental care	Private
CBOT Foundation	Grant	\$5,000	Awarded	Paid	For dental care	Private
Anonymous	Grant	\$30,000	Awarded	Paid	For dental care	Private
Delta Dental Foundation of IL	Grant	\$5,000	Awarded	Paid	For dental care	Private
Colonel Stanley R. McNeil Foundation	Grant	\$20,000	Awarded	Paid	For dental care	Private
Oral Health America	Grant	\$7,000	Awarded	Paid	For Portable Dentistry	Private
Washington Square Health Foundation	Grant	\$6,675	Awarded	Paid	Dental for High Need Patients	Private
General Operating Grants	Grant	\$78,500	Various	Various	None	Private
IWS Fundraising	Donations	\$75,694	NA	Received throughout the year	None	Private
TOTAL, where applicable		\$262,869				

EXHIBIT B - ASSURANCES

Subrecipient hereby certifies that it will comply with the regulations, policies, guidelines and requirements with respect to the acceptance and use of Grant Funds in accordance with the Housing and Community Development Act of 1974 ("Act"), as amended, and will receive Grant Funds for the purpose of carrying out eligible community development activities under the Act, and under regulations published by the U.S. Department of Housing and Urban Development at 24 CFR Part 570. Also, Subrecipient certifies with respect to its receipt of Grant Funds that:

1. Its governing body has duly adopted or passed as an official act, a resolution, motion or similar action authorizing the person identified as the official representative of Subrecipient to execute the agreement, all understandings and assurances contained therein, and directing the authorization of the person identified as the official representative of Subrecipient to act in connection with the execution of the agreement and to provide such additional information as may be required.

2. Subrecipient shall conduct and administer the Project for which it receives Grant Funds in compliance with:

a. Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and implementing regulations issued at 24 CFR Section 1 (24 CFR 570.601(a)(1));

b. Title VIII of the Civil Rights Act of 1968 (P.L. 90-284), as amended; and that the Subrecipient will administer all programs and activities related to housing and community development in a manner to affirmatively further fair housing (24 CFR 570.601(a)(2))

c. Executive Order 11063, as amended by Executive Order 12259 (3 CFR, 1959-1963 Comp., p. 652; 3 CFR, 1980 Comp., p. 307) (Equal Opportunity in Housing), and implementing regulations in 24 CFR part 107. [24 CFR 570.601(b)].

d. Section 109 of the Housing and Community Development Act, prohibiting discrimination based on of race, color, national origin, religion, or sex, and the discrimination prohibited by Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112), and the Age Discrimination Act of 1975 (P.L. 94-135), as amended and implementing regulations when published. (24 CFR 570.602);

e. The employment and contracting rules set forth in (a) Executive Order 11246, as amended by Executive Orders 11375, 11478, 12086, and 12107 (3 CFR 1964-1965 Comp. p. 339; 3 CFR, 1966-1970 Comp., p. 684; 3 CFR, 1966-1970., p. 803; 3 CFR, 1978 Comp., p. 230; 3 CFR, 1978 Comp., p. 264 (Equal Employment Opportunity), and Executive Order 13279 (Equal Protection of the Laws for Faith-Based and Community Organizations), 67 FR 77141, 3 CFR, 2002 Comp., p. 258; and the implementing regulations at 41 CFR chapter 60; and

f. The employment and contracting rules set forth in Section 3 of the Housing and Urban Development Act of 1968, as amended and implementing regulations at 24 CFR part 135; 24

CFR 570.607.

- g. The Uniform Administrative Requirements and Cost Principles set forth in 24 CFR 570.610
- h. The conflict of interest prohibitions set forth in 24 CFR 570.611.
- i. The eligibility of certain resident aliens requirements in 24 CFR 570.613.
- j. The Architectural Barriers Act and Americans with Disabilities Act requirements set forth in 24 CFR 570.614.
- k. The uniform administrative requirements in 24 CFR 570.502
- l. Executive Order 11063, Equal Opportunity in Housing, as amended by Executive Orders 11375 and 12086, and implementing regulations at 41 CFR Section 60;

3. All procurement actions and subcontracts shall be in accordance with applicable local, State and Federal law relating to contracting by public agencies. For procurement actions requiring a written contract, Subrecipient may, upon the Village's specific written approval of the contract instrument, enter into any subcontract or procurement action authorized as necessary for the successful completion of this Agreement. Subrecipient will remain fully obligated under the provisions of this contract Agreement notwithstanding its designation of any third party to undertake all or any of the Project. Subrecipient may not award or permit an award of a contract to a party that is debarred, suspended or ineligible to participate in a Federal program.

Subrecipient will submit to the Village, the names of contractors, prior to signing contracts, to ensure compliance with 24 CFR Part 24, "Debarment and Suspension."

4. It has adopted and is enforcing:

a. A policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction; against any individuals engaged in non-violent civil rights demonstrations; and

b. A policy of enforcing applicable State and local laws against physically barring entrance to or exit from a facility or location which is the subject of such non-violent civil rights demonstrations within its jurisdiction.

5. To the best of its knowledge and belief no Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of Subrecipient, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

EXHIBIT C
VILLAGE OF OAK PARK REAFFIRMATION OF EQUAL EMPLOYMENT
OPPORTUNITY POLICY (EEO)

APPENDIX V

REAFFIRMATION STATEMENT

MARCH 31, 1997

**REAFFIRMATION OF
EQUAL EMPLOYMENT OPPORTUNITY POLICY (EEO)
VILLAGE OF OAK PARK**

It is the policy of the Village of Oak Park to afford equal opportunity in employment to all individuals, regardless of race, color, religion, age, sex, national origin, sexual orientation, disability, or status as a disabled veteran or Vietnam era veteran. The Village is committed to this policy because of legal requirements set forth in the Civil Rights Act of 1964 and the Equal Employment Opportunity Act of 1972, and because such principles are fundamental to Oak Park's existence as a racially and culturally diverse community. Equal Employment Opportunity within the Village government is essential if Oak Park is to effectively pursue community-wide goals of racial diversity and increased economic opportunity. EEO is, therefore, a legal, social, moral and economic necessity for the Village of Oak Park.

Chapter 13, Article III of the Code of the Village of Oak Park expressly prohibits discrimination in hiring, terms and conditions of employment, and promotions. Appeal procedures set forth in the Village Personnel Manual provide a mechanism for reporting any such practice to the Village Manager, who is empowered to hold hearings and issue decisions on such matters in behalf of the Village.

Policy statements alone are not sufficient, however, to address longstanding social barriers which have resulted in under-utilization of the skills and abilities of certain groups within our society. The Village of Oak Park, therefore, embraces a policy of affirmative recruitment, whereby specific efforts are made to attract and retain qualified female, minority, and disabled employees in the Village work force.

Responsibility for administering the Village of Oak Park's Equal Employment Opportunity/Affirmative Recruitment Plan lies with the Village Manager, who is assisted by the Human Resources Director in implementing policies which assure Equal Employment Opportunity within the Village work force. Ultimately, however, the Village's EEO/affirmative recruitment efforts will succeed only with the cooperation of all Village employees. Each of us is responsible for creating a work environment which encourages full participation by women, minorities and the disabled. Each of us is responsible for forging a Village work force that reflects the diversity of our community and utilizes the best talent available for serving the residents of Oak Park.



Carl Swenson
Village Manager

Exhibit E: PY 2016 Final Report Form, Oak Park CDBG Program

FINAL REPORT COMPONENT

Did the beneficiary number change from the number proposed in the original application? If so, why?

Funds Expended on CDBG Activity	
Total CDBG Project Funds Expended	
<i>Other funds expended and their source:</i>	
Other Federal	
HUD Funding (non-CDBG)	
State	
Local government	
Private	
Other (specify source) in-kind food donations	
Total	0

Total All funds	0
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Signature of Authorized Official	Typed or Printed Name	Date