

SUBRECIPIENT GRANT AGREEMENT

THIS SUBRECIPIENT GRANT AGREEMENT (hereinafter referred to as the “Agreement”) is entered into as of the day of _____ September, 2023 between the VILLAGE OF OAK PARK, Illinois (hereinafter referred to as the “Village”) and OAK PARK RIVER FOREST INFANT WELFARE SOCIETY, an Illinois not-for-profit Corporation (hereinafter referred to as the “Subrecipient”).

RECITALS

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

WHEREAS, Subrecipient has applied to the Village for CDBG funds for the 2023 Program Year; 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 (hereinafter collectively referred to as “the Project”) are set forth in the Subrecipient’s Program Year 2023 Community Development Block Grant Program Proposal attached hereto and incorporated herein by reference as Exhibit A (hereinafter referred to as 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 the cost of dental staff who will be providing care for Oak Park patients for the agency's Public Services project. A total of 5000 persons (650 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-five thousand dollars (\$25,000) (hereinafter referred to as 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 2023 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 monthly for the first quarter (a separate invoice for October, November and December, 2023, respectively) and at least quarterly for the last three quarters of the Program Year, as defined below. Final project invoices must be submitted to the Village no later than October 31, 2024. Any invoices submitted after October 31, 2024 shall not be paid by the Village.

5. PROGRAM YEAR.

A. The Subrecipient shall perform the Project beginning October 1, 2023 and ending on September 30, 2024 (hereinafter referred to as the "Program Year").

B. The Project shall be completed no later than September 30, 2024. 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 the Code of Federal Regulations at 2 CFR 200.

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.

K. The Project shall be administered in accordance with all applicable federal, state, and local laws, codes, ordinances, and regulations, including the federal Davis-Bacon Act and related acts, requirements, environmental regulations, and all conditions and exhibits attached

hereto. Eligible costs are limited to those associated with the scope of the Project described herein. It is mutually understood that allocated funds are to be expended by the Subrecipient. The Subrecipient shall provide documentation to the Village as required to sufficiently document financial compliance, the beneficiaries of the Project, and compliance with applicable laws concerning equal opportunity and non-discrimination. This Agreement is subject to the completion of the environmental review in accordance with 24 CFR Part 58 and HUD regulations set forth in 24 CFR Part 58, as amended. The Village shall receive approval of a "Request for Release of Funds" from HUD before the Subrecipient enters into any written contracts pursuant to this Agreement. If the environmental review requires conditions to mitigate any environmental impacts, the Village shall enter into an agreement with any applicable purchaser and ensure any conditions set forth in the environmental review shall be undertaken.

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 timesheets, 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 give 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 lieu of the last Progress Report.

The following schedule shall be applicable:

1 st Quarter: October-December, 2023	Progress report due by January 15, 2024
2 nd Quarter: January–March, 2024	Progress report due by April 15, 2024
3 rd Quarter: April–June, 2024	Progress report due by July 15, 2024
4 th Quarter: July–September, 2024	Progress report/Final report due by October 15, 2024

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 Agreement, 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 Agreement, 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
123 Madison Street
Oak Park, Illinois 60302

For Subrecipient:

Executive Director
Oak Park River Forest Infant Welfare Society
28 Madison Street
Oak Park, Illinois 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; FACSIMILE OR PDF SIGNATURES. This Agreement may be executed in counterparts, each of which shall be considered an original and together shall be one and the same Agreement. A facsimile or pdf copy of this Agreement and any signature(s) thereon will be considered for all purposes as an original.

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 dates set forth below.

VILLAGE OF OAK PARK

OAK PARK RIVER FOREST INFANT WELFARE SOCIETY

Name: Kevin J. Jackson
Title: Village Manager

Name:
Title:

Date: _____, 2023

Date: _____, 2023

ATTEST

ATTEST

Name: Christina M. Waters
Title: Village Clerk

Name:
Title:

Date: _____, 2023

Date: _____, 2023

EXHIBIT A
SUBRECIPIENT'S PROPOSAL

Narrative for OP CDBG On-Line Application for 2023

APPLICATION INFORMATION

Organization Name: Oak Park River Forest Infant Welfare Society

Organization Mailing Address: 28 Madison Street, Oak Park, IL 60302

Organization Phone: (708) 848-0528

Executive Director: Peggy LaFleur

Email address: plafleur@oprfiws.org

FEIN#: 36-9002074

UEI#: UG1UV4W1GRW1

Project Manager/Primary Contact: Peggy LaFleur, Executive Director

AGENCY OVERVIEW

1. Background and Need *

Please include information such as how long program/organization has been in operation, organization mission, ability to meet reporting requirements (financial, programmatic and management) and collaboration with others.

Our Mission: To advance the health and well-being of children in need

Our Vision: Healthy children growing into healthy and productive adults

Founded in 1916 as a milk station to distribute pasteurized milk, the OPRF Infant Welfare Society has over 100 years of experience prioritizing the health and well-being of vulnerable children. Today, the IWS Children's Clinic, sponsored by the OPRF Infant Welfare Society, has evolved into a full-service pediatric health clinic, providing the highest quality medical, dental and behavioral health and social services to children from families unable to afford the cost of private health care.

We have the means to record, monitor and report all programmatic, financial and management activities. We track reporting requirements through a variety of health indicators and proxies for good health, as well as by utilizing payroll and timecards of clinic staff and tracking patient demographical data. Success is measured by our ability to achieve the projected outputs and outcomes established at the beginning of each fiscal year. Measurable indicators for reporting purposes relate to the number of cases completed for each service, the number of hours spent to provide such services, and the use of funds awarded. Methods used to reach program goals include:

- Service reports summarizing both qualitative and quantitative data
- Staff meetings focused on the sharing of anecdotal case information
- Patient self-assessment surveys
- Follow-up support
- Accounting and financial systems to appropriately track monies

Partnerships enhance our programming by strengthening our roots in the community. Considering the susceptibility of the population we serve, it is critical that we embrace every opportunity to collaborate because there are often times a myriad of barriers that must be considered and addressed. By working together, we can better track concerning trends, swiftly connect families to resources they require, retrieve community-level insight from first-hand sources, collaborate with trusted partners, and maintain a reliable system that will ultimately help us make the greatest impact possible. Additionally, by maintaining a reliable system of communication with other organizations, we have built a seamless referral process, spanning communities. Our collaborators include:

- Bernie's Book Bank
- Berwyn Community Mental Health Board
- Berwyn Health Department
- Beyond Hunger
- Children's Research Triangle
- Cicero Community Collaborative
- Cicero Youth Task Force Health Care Committee
- Cicero-Berwyn AOK Early Childhood Committee
- Collaboration for Early Childhood
- Communities in Schools
- Community Mental Health Board of Oak Park
- Easter Seals
- Encompassing Center (Catholic Charities)
- Hephzibah Children's Association
- Midwestern University of Dental Medicine
- New Moms
- Oak Park Youth Township Network Committee
- PCC Community Wellness Center
- Reach Out and Read
- River Forest Mental Health Committee
- RiverEdge Hospital
- Thrive Counseling Center Services
- University of Illinois College of Dentistry
- West 40
- Youth Outreach Service (YOS)

2. Type of Organization: Non-profit

3. Type of population served: 51% or more low/moderate income persons

4. Type of services offered

How will the funds requested be utilized for this program year?

The IWS Children's Clinic is a full-service pediatric health clinic, providing comprehensive medical, dental, behavioral health and social services support to over 3,000 low-income children a year from Chicago and western suburban communities. We see children from birth through the 18th year. The majority of children (95%) are enrolled in All Kids Medicaid or Medicaid Managed Care, while the rest pay for services on a modest sliding fee scale.

Dental services include:

- Full preventive oral care; examinations, cleanings, fluoride
- Restorative oral health care such as fillings, stainless steel crowns and extractions
- Pediatric Dentists offer accommodations for special needs
- Nitrous oxide (laughing gas) is available to help children feel more comfortable during procedures
- Oral health education is an important part of every visit
- Behavioral Health Screenings and access to social worker during preventative dental visits
- School-based Portable Dentistry is offered during the school year

Medical services include:

- Newborn through adolescent care
- Well care visits including school and sports physicals
- Treating acute illnesses and management of chronic illnesses
- Immunizations, preventative care and health education
- Screening for behavior and developmental issues
- Pediatric specialist referrals

Behavioral Health & Social Services include:

- Developmental & behavioral health screenings during preventative dental visits and well-child medical visits.
- Short-term intervention
- On-going case management
- Referrals for family support
- Referrals to mental health agency partners

In addition, we also offer an array of complementary programming, including Pet Therapy, Health Education, and the Giving Library. These programs are provided at no cost and further support the vulnerable population we serve.

The Oak Park River Forest Infant Welfare Society, owners of the IWS Childrens Clinic, is requesting a \$25,000 grant from Oak Park CDBG to support our Dental Program. If awarded, the funds will help subsidize the cost of providing preventive and restorative oral health care for approximately 600 low-income Oak Park patients during PY 2023.

5. How is Diversity, Equity, and Inclusion (DEI) incorporated in your request for CDBG funds?

Include the steps your organization has taken to implement DEI.

As a nonprofit, we understand how recruitment and onboarding efforts require swift action to acquire skilled staff, especially when facing today's workforce pressures. We have worked thoroughly to diversify our workforce, although admit that we rarely have the luxury of selecting candidates from a large pool of applicants, which has reduced our success. Even with this, we make a strong, conscious effort to recruit BIPOC candidates. This past year, we made significant strides in diversifying our management and staff.

With regards to management, our leadership team is composed of seven positions, with five individuals who identify as White (72%), one Southeast Asian (14%), and one Hispanic (14%). Our entire management team is female (100%).

With regards to staff, we have 25 employees who are not in management positions. The demographics of our staff are as follows: 7 White (28%), two African American (8%) and 15 Hispanic (60%). Based on gender, 22 staff members identify as female (88%), while three identify as male (12%).

While we are pleased with our efforts, we acknowledge there is still meaningful progress to be made. We plan to develop a formal DEI policy in the future that will help inform our strategies on how to appropriately navigate these topics. In order for us to do this, we hope to hire a professional consultant to guide us in establishing initiatives that exemplify fairness, respect, impartiality, and an unequivocally inclusive workforce.

6. Did you return any CDBG funds in program year 2020? If yes, explain why: No.

PROJECT NARRATIVE

Project Title: Dental Care for Low-Income Oak Park Children

Project Description *

Provide a summary of activities that will be performed under your project title and how CDBG funds would be used accordingly.

Our Dental Practice provides year-round preventive and restorative care, including oral exams, cleanings, fluoride treatments, sealants, extractions, cavity repair, and space maintainers in a brand new 7-chair office. Our dental team consists of four general dentists, five pediatric dentists, two dental hygienists, and six dental assistants. The Clinic is a "dental home," which means our patients come to the Clinic for all of their oral health needs, including their regular semi-annual preventive visits and restorative care. To lay the foundation for better outcomes for our patients, oral health education is an integral part of the care provided in the dental clinic. With the purpose of educating the next generation, we also host residents from the pediatric dentistry program at University of Illinois at Chicago College of Dentistry. Residents are now in rotation at the Clinic once a week in one-month rotations during the school year, further increasing our capacity to serve children with special health care needs.

With five pediatric dentists on staff who have had an additional two years of training in pediatric behavioral management skills, the Clinic is able to provide care for children with special health care needs, including:

- Physical or intellectual disability
- Behavioral health issues
- Complex or extensive oral health problems

Our dental program also includes standard behavioral health screenings in preventative dental visits. By developing the dental visit as a possible point of access to behavioral health care for children, our goal is to identify more children that need behavioral health services and reduce the overwhelming number of barriers to mental/behavioral health and social services. In addition, since we also provide medical services, our dental clinic has the benefit of an onsite pediatrician and nurse practitioner in the event that a medical concern is discovered.

From a monthly perspective, the sum of activities related to the performance and operations of the Dental Program are as follows:

- Schedule patient appointments
- Provide preventative and restorative dental care to Oak Park children
- Monitor and supervise the dental team including staff scheduling
- Bill Medicaid, collect and aggregate service data
- Oversee dental clinic expenditures, order equipment and supplies

As in years past, if awarded, funds from the Oak Park CDBG will be used to help cover a portion of the salary costs of our dentists who treat low-income Oak Park children. Funds awarded for specific projects are monitored closely by our accounting staff and Executive Director to ensure funds are used accordingly.

Project Location (if different from above): 28 Maison Street, Oak Park, IL 60302

D. Approach *

Provide a summary how the project and activities serve our community and why the service is needed. Explain why your services may differ from other similar services offered to our community.

By offering free and low-cost preventive and restorative dental care, the IWS Children's Clinic addresses the epidemic of cavities and the barriers to dental care for Chicago-area publicly-insured and uninsured children. The Clinic offers a rare respite from the interminable search for affordable pediatric dental care for low-income Oak Park families.

Good oral health is an essential component to one's overall health and well-being. In fact, Healthy People 2030 established oral health as one of the nation's twelve highest priority health issues, setting a goal to improve oral health by increasing access to oral health care,

including preventative care. However, dental disease is still the most prevalent chronic childhood illness, and untreated cavities are highly prevalent among the children living in Illinois.

According to Healthy Smiles, Healthy Growth 2013-2014, the state of oral health for suburban Cook County children is abysmal: 3rd graders in suburban Cook County are significantly more likely to have cavities and tooth decay, both treated and untreated, and significantly less likely to have protective dental sealants than their counterparts in any other region in the State of Illinois.

And, not surprisingly, low-income children in Illinois are at a considerably higher risk for oral health problems. In fact, Illinois children living in poverty are five times more likely to have fair or poor oral health compared to other children. There is a racial component to the inequity of oral health disease as well. Minority children are much more likely to have cavities compared to their Caucasian counterparts. These statistics ring true at the IWS Clinic where our dentists see patients regularly who present with extensive tooth decay.

Childhood dental disease is largely preventable. However, despite the immense need, 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, discouraging private providers from taking public-paying patients. And few low-income families can afford the cost of dental care out-of-pocket. There is a severe shortage of dental providers in the near west Cook County suburbs and access to dental care for those without private health insurance is extremely limited.

The IWS Children's Clinic is one of the few resources available in the near western Cook County suburbs for affordable dental care for low-income Oak Park children; In fact, we are the only low-income clinic in Illinois exclusively dedicated to serving children. For this reason, there is little risk of duplication of services. And even for those organizations that are offering low-cost pediatric dental care, few have specialized Pediatric Dentists on staff, and none are applying integrated care, where medical, behavioral health and social services are also available. The IWS Children's Clinic is truly unique among community health clinics for this exact reason: we offer the full range of pediatric health care services using a holistic approach for one-stop access to care.

Total Low/Moderate Income Persons Served Annually *: 98%

BUDGET NARRATIVE

1. **Total CDBG dollars requested:** \$25,000
2. **Total project budget *:** \$1,308,139

3. Budget description *

Please provide a detailed description of costs listed in the budget, including a breakdown of the project expense and the proportion detailing your application request.

The total cost of the dental program for PY 2023 is projected at \$1,308,139. As Oak Park patients constitute 13% of our dental patient census, the portion of the dental budget allocated to our Oak Park patients is \$170,058 (0.13 Oak Park patients x \$1,308,139 total dental budget). Likewise, the portion of the salary line item allocated to our Oak Park patients is \$117,870 (0.13 Oak Park patients x \$906,696 total salary costs). We are asking Oak Park CDBG to cover 21% (\$25,000) of the cost of the dental staff who will be providing care for Oak Park patients in PY 2023.

We have four general dentists and five pediatric dentists working at the Clinic, all on a part-time basis. The dental clinic is open an average of 42 hours per week, including one Saturday a month for 7.5 hours which is approximately 1.0 FTE. Since our Oak Park dental patients are scheduled throughout the week and not on a specific day, we allocate a portion of one general dentist's time to this grant at \$78.54 per hour which is 15% of 1.0 FTE.

Our request is more than in years past due to recent workforce pressures that forced us to increase salaries in our dental department. From 2020 to 2022, we faced turnover in our assistant positions and struggled to hire dental providers, resulting in a daunting staff shortage that nearly impeded operations. As a non-profit, we cannot always be competitive with our pay but made it a priority to raise wages in dental to help stabilize and recruit staff. Today, our decision has proven worthwhile as we are now working with a fully staffed dental department, a feat we haven't experienced since pre-pandemic times. While we are thrilled with the growth and stability of our Dental Program, the 23% increase in dental salaries has put considerable strain on our budget.

Funding from Oak Park CDBG will ensure the continued access of dental care services for low-income Oak Park children in PY 2023. If we are not successful in securing a grant from Oak Park CDBG and cannot replace those funds with foundation and corporate grants, we may be forced to reduce the size of our dental staff or the hours of availability.

PROGRAM ELIGIBILITY

1. Meeting Outcomes *

Based on your logic model form, describe how your organization will ensure all proposed beneficiaries will be served, including the specific individuals responsible for each step.

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 service reports based on billings are compiled by our off-site Accounting Specialist. The Office Manager produces all Dentrix-based service usage reports. The

Community Health Outreach Coordinator tracks Portable Dentistry visits on an excel spreadsheet. All reports are reviewed by the Oral Health Director and Executive Director on a monthly basis. Outcomes are presented to the Board of Directors each month through the Executive Director's report. The Director of Grants and Outreach is responsible for meeting all grant reporting requirements.

2. Successes and challenges *

Describe successes and challenges with meeting outcomes in the past and how your agency proposes to address the challenges moving forward (enter N/A for 1st time applicants).

In FY 2022 (July 1, 2021 - June 30, 2022), the Clinic provided health care to 2,820 unduplicated children in 8,126 visits. Of those patients, 2,148 received dental care in 5,313 visits. In FY 2023 to date, we have completed 3,571 visits in our dental department.

On March 2, 2022, the IWS Children's Clinic officially moved all operations to a new building – fulfilling a multi-year sustainability strategy that was necessary to ensure the future of our organization. Our new facility has three times the space of our previous location and offers two-floors for operational, programmatic, and administrative use. With space optimized for clinic workflow, we can better serve our patients and their families, and have room to grow our repertoire of programming to reach and help more children. We see our new building as an important asset that will position IWS for success in an increasingly competitive and costly healthcare industry.

With regards to our Dental Program, we have yet to resume our UIC dental student rotations. Although we hoped to have welcomed students back at this point, we simply can't accommodate. Now that we are working with a fully staffed dental department (the first time this has been the case in over two years!), we hope to resume this program within the year.

While persevering through challenges, we have continued to support our dental program by prioritizing its success. Our Board of Directors approved plans to install a seventh dental operatory, that was successfully installed in November 2022. With this new addition to our dental suite, we expect our annual capacity to increase by about 1,800 visits, while decreasing wait times and supporting a broader professional staff. This improvement reflects our increase in total persons served for this year's request.

We have also resumed our Portable Dental Program after a 2.5-year hiatus. We already have 27 schools scheduled for the school year and are projecting to be able to see 1,300 students by the end of the year, which is lower than pre-covid numbers. This is the case largely because of staff. We are working with a new portable team (we were not able to retain our portable staff during the program's hiatus) and their availability is limited, only being available for school visits Tuesday through Thursday, as opposed to Monday through Friday.

Specific to our most recent Oak Park CDBG grant, we finished the grant cycle serving fewer Oak Park patients than we previously projected in the original application. This can be attributed to

a number of factors, including moving to a new facility and a staff shortage in our dental department. By only having four dentists available (compared to our usual seven) for majority of the grant cycle, we simply didn't have enough providers to accommodate the demand. Fortunately, we have since hired four part-time pediatric dentists and a part-time general dentist.

Although there is always more progress to be made, we are proud of our accomplishments. We hope to continue to get closer to our pre-covid numbers next year and are confident that with our recent successes we'll be able to meet and exceed our previous deliverables.

3. Intended accomplishments *

Describe your intended accomplishments, short-term and long-term projections.

Intended Accomplishments for PY 2023:

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

Projected Outcome: 600 moderate-, low-, and very-low-income Oak Park children will receive preventive and restorative dental care at the Clinic

Objective #2: Reduce the incidence of plaque in Oak Park dental patients

Projected Outcome: 70% of high plaque Oak Park dental patients will experience an improvement in their plaque index at their 6 month recall visit

4. Project management process *

Explain how your agency intends to gain the participants to meet your intended short-term and long-term goals. Include marketing process and any applicable community outreach through partner agencies.

Our Clinic works to retain our patient base by regularly providing exceptional care and patient service. By putting priority on building a trusted patient-provider relationship, we hope to maintain patients and attract new ones through structured marketing strategies.

When available, we attend local outreach events to promote our services, although have found fewer opportunities in the last two years due to COVID-19. As a necessary pivot brought on by the pandemic, we have put extra time and resources into our virtual presence. We regularly update our Clinic website and actively post on our social media platforms, hoping to further engage our target communities and draw interest to our services.

Another important avenue we rely on for gaining new patients is through referrals from partners. Specifically, the Clinic is a major referral site for:

- Berwyn and Oak Park schools
- Rush Oak Park Hospital
- New Moms
- Head Start programs
- Shriners Children's Hospital

5. Income Documentation *

Describe how your agency will document the household income of participants in the program. If serving presumed beneficiaries, include a description of the process of determining eligibility for the program. Describe the process of ensuring accuracy and completeness of all participant files as well as the systems in place to ensure confidentiality.

The IWS Children's Clinic intake form requests information on household size and income, which we record in our electronic medical records system. Income and family size are self-reported. If a patient is uninsured and pays for services on a sliding scale fee, we require an affidavit stating that the family does not have private health insurance and proof of income. Uninsured patients are required to submit pay stubs as proof of income. Their income level is documented and their fee for service is determined.

We do not require proof of income for our Medicaid patients. Medicaid, as a healthcare program that assists low-income families in paying for medical costs, is administered through the state of Illinois. To qualify for Medicaid, the state has verified patient's eligibility based on household size and income level. Therefore, all patients with Medicaid are placed into the appropriate Medicaid program based on these factors by the state. Our staff does, however, verify every patient's Medicaid status through the state's MEDI (Medical Electronic Data Interchange) system at every visit.

Patient confidentiality is protected in a number of ways:

- Electronic patient records are only accessible by authorized personnel and are password protected
- Backup files are encrypted on-site, during transit and off-site
- All staff are required to complete HIPAA training

6. Procurement and Management Process *

Describe your agency's process for project management, including how the agency ensures compliance and federal regulations, local regulations, quality management, and participant feedback.

The Children's Clinic is run by a team of experienced and committed professionals who closely monitor operations and ensure compliance with federal and local regulations. Our Executive Director, Peggy LaFleur, MBA, MHA, oversees all department heads:

- Dr. Wanda Laszcz, DDS, MPH, Oral Health Director
- Dr. Diane Butterfield, MD, Medical Director
- Sana Rahman, MHA, Clinic Director

In order to regulate quality management, we administer hard-copy patient satisfaction surveys on a regular basis to collect important feedback from our patients. This process is supervised by the Clinic Director and results are aggregated by the Director of Grants & Outreach. In addition,

we've recently started asking for patient feedback via email communications after every visit. With this, we have also started to encourage our patient families to share their experiences by leaving online reviews. We believe this transparency not only helps us better our programs and reinforces the quality and delivery of our services, but also provides valuable insight for potential patients when choosing their medical and/or dental provider.

PROPOSAL AGENCY INFORMATION AND VERIFICATION

Name of Authorized Official of Applicant Organization *: Audrey Greffin

Title of Authorized Official of Applicant Organization *: Director of Grants & Outreach

Date of Submittal: 3/16/2023

Do you have a CDBG application Guide?: YES.

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 2 CFR 200.
- 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 2 CFR 200.
- 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 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 ensure 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



PY 2023 CDBG Public Services

As with all application components, please carefully read the Instructions

Organization	Oak Park River Forest Infant Welfare Society, dba IWS Children’s Clinic
Project Name	Dental Care for Low-Income Oak Park Children

Goal Statement:

Inputs	Outputs		Outcomes		Measurement/Indicator for Short Term Outcomes
	Activities	Participation	Short Term	Intermediate/Long Term	
<u>Professional staff:</u> Oral Health Director, dentists, dental assistants, dental hygienists, dental students <u>Administrative staff:</u> Executive Director, Director of Grants & Outreach, Off-Site Accounting Specialist* <i>*This is a hired service and not an OPRFIWS employee</i> Dental supplies and equipment Dental Clinic Space Informational brochures	Provide preventive and restorative dental care for low-income Oak Park children Provide oral health education to patients and parents at every dental visit Oral Health Survey Patient Satisfaction Survey	Total # Unduplicated persons served (without regard to income or residency): 5,000 # Extremely Low, Low and Mod-Income Persons served: 4,500 # Oak Park persons served: 650 # Extremely Low, Low and Mod-Income Oak Park Persons Served: 600	Completion of dental treatment plans Reduction in cavities and gum disease Increase in knowledge about oral health Reduction in school days lost to pain from oral health disease Reduction in emergency room visits due to infections from deferred care	Improvement in oral and overall health Reduction in painful, invasive and costly emergency procedures Increase in academic success Increase in employability	# of Oak Park children who receive preventive and/or restorative dental care at the Clinic # of dental parents who improve their score on the Oral Health Survey % of high plaque dental patients who experience an improvement in their plaque index at their 6-month recall visit



PY 2023 Timeline, CDBG Public Services

As with all application components, please carefully read the Instructions

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

Timeframe	Activity	Person Responsible
Month 1 - October 2023	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	Off-Site Accounting Specialist
	Oversee dental clinic expenditures, order equipment and supplies	Off-Site Accounting Specialist and Head Dental Assistant
Month 2 - November 2023	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	Off-Site Accounting Specialist
	Oversee dental clinic expenditures, order equipment and supplies	Off-Site Accounting Specialist and Head Dental Assistant
Month 3 - December 2023	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	Off-Site Accounting Specialist

	Oversee dental clinic expenditures, order equipment and supplies	Off-Site Accounting Specialist and Head Dental Assistant
Month 4 – January 2024	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	Off-Site Accounting Specialist
	Oversee dental clinic expenditures, order equipment and supplies	Off-Site Accounting Specialist and Head Dental Assistant
	Send Quarterly Invoice to CDBG	Off-Site Accounting Specialist
	Update and send 1 st Quarter Report to CDBG	Director of Grants & Outreach
Month 5 – February 2024	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	Off-Site Accounting Specialist
	Oversee dental clinic expenditures, order equipment and supplies	Off-Site Accounting Specialist and Head Dental Assistant
Month 6 – March 2024	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	Off-Site Accounting Specialist
	Oversee dental clinic expenditures, order equipment and supplies	Off-Site Accounting Specialist and Head Dental Assistant
Month 7 – April 2024	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	Off-Site Accounting Specialist
	Oversee dental clinic expenditures, order equipment and supplies	Off-Site Accounting Specialist and Head Dental Assistant
	Send Quarterly Invoice to CDBG	Off-Site Accounting Specialist
	Update and send 2 nd Quarter Report to CDBG	Director of Grants & Outreach
Month 8 - May 2024	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	Off-Site Accounting Specialist
	Oversee dental clinic expenditures, order equipment and supplies	Off-Site Accounting Specialist and Head Dental Assistant
Month 9 - June 2024	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	Off-Site Accounting Specialist
	Oversee dental clinic expenditures, order equipment and supplies	Off-Site Accounting Specialist and Head Dental Assistant
Month 10 - July 2024	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	Off-Site Accounting Specialist
	Oversee dental clinic expenditures, order equipment and supplies	Off-Site Accounting Specialist and Head Dental Assistant

	Send Quarterly Invoice to CDBG	Off-Site Accounting Specialist
	Update and send 3 rd Quarter Report to CDBG	Director of Grants & Outreach
Month 11 - August 2024	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	Off-Site Accounting Specialist
	Oversee dental clinic expenditures, order equipment and supplies	Off-Site Accounting Specialist and Head Dental Assistant
Month 12 - September 2024	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	Off-Site Accounting Specialist
	Oversee dental clinic expenditures, order equipment and supplies	Off-Site Accounting Specialist and Head Dental Assistant
	Send Quarterly Invoice to CDBG	Off-Site Accounting Specialist
End of PY23 - October 2024	Update and send 4 th Quarter and Final Report to CDBG	Director of Grants & Outreach

WORKBOOK CONTAINS BOTH THE PROJECT BUDGET & THE OTHER REVENUE SUMMARY .

COMPLETE BOTH SECTIONS AND ATTACH THIS DOCUMENT TO YOUR PROPOSAL

PY 2023 PROPOSED 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.

	1	2	3		4	5	6	7	8
Project Expenses	Total Project Costs	CDBG Request Amount	CDBG % of Total Cost		Other Revenue - Medicaid/MCO	Other Revenue - Grants	Other Revenue - Fundraising	Total Other Revenues	Other Revenues % of Costs
				Funding Source:					
Personnel Costs									
Salaries	\$906,696	\$25,000	3%		\$700,000	\$118,674	\$63,022	\$881,696	97%
Benefits	\$167,252	\$0	0%			\$167,252		\$167,252	100%
Taxes	\$0	\$0	#DIV/0!					\$0	0%
Other (Identify)	\$0	\$0	#DIV/0!					\$0	0%
Other (Identify)	\$0	\$0	#DIV/0!					\$0	0%
Subtotal: Personnel Costs	\$1,073,948	\$25,000	2%		\$700,000	\$285,926	\$63,022	\$1,048,948	98%
Operating Costs:									
Rent/Lease	\$34,658	\$0	0%				\$34,658	\$34,658	100%
Utilities	\$27,275	\$0	0%				\$27,275	\$27,275	100%
Prof. Expenses	\$140,300	\$0	0%				\$140,300	\$140,300	100%
Office Expense	\$13,975	\$0	0%				\$13,975	\$13,975	100%
Insurance	\$0	\$0	#DIV/0!					\$0	0%
Mileage	\$0	\$0	#DIV/0!					\$0	0%
Other (Identify)	\$0	\$0	#DIV/0!					\$0	0%
Other (Identify)	\$0	\$0	#DIV/0!					\$0	0%
Subtotal: Operations	\$216,208	\$0	0%		\$0	\$0	\$216,208	\$216,208	100%
Professional/Services									
Consultant	\$17,983	\$0	0%				\$17,983	\$17,983	100%
Engineering	\$0	\$0	#DIV/0!					\$0	0%
Other (Identify)	\$0	\$0	#DIV/0!					\$0	0%
Subtotal: Professional Services	\$17,983	\$0	0%		\$0	\$0	\$17,983	\$17,983	100%
TOTAL (all categories)	\$1,308,139	\$25,000	2%		\$700,000	\$285,926	\$297,213	\$1,283,139	98%

Please ensure that percentages, subtotals & totals are listed & accurate. Ensure formulas are active.

PY 2023 CDBG OTHER REVENUE SUMMARY

This chart provides more information about "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?
Medicaid MCOs		\$700,000				
Berwyn CDBG	Grant	\$21,895	Awarded	Paid	For Berwyn Residents	Local
Children's Care Foundation	Grant	\$75,000	Awarded	Paid	For Pediatric Dentistry	Private
State of Illinois	Grant	\$65,000	Pending	June 2023	Dental Program	State
Delta Dental of Illinois	Grant	\$20,000	Awarded	Paid	Dental Program	Private
IDPH	Grant	\$11,000	Awarded	Paid	Dental Program	State
American Pediatric Dental Association	Grant	\$20,000	Pending	March 2023	Dental Program	Private
General Operating Grants	Grant	\$73,031	Various	Various	None	Private
IWS Fundraising	Donations	\$297,213	Various	Various	Compensation	Private
TOTAL, where applicable		\$1,283,139				

Exhibit D: PY 2023 Quarterly Report Form, Oak Park CDBG Program

Subrecipient:	
Project Name:	
Prepared by:	Email:

Accomplishment Narrative: Describe your successes and challenges meeting your project goals this quarter, or for entire year if at the Final stage.

Beneficiaries by Race and Ethnicity	Q1		Q2		Q3		Q4		TOTAL	
	RACE	ETHNICITY	RACE	ETHNICITY	RACE	ETHNICITY	RACE	ETHNICITY	RACE	ETHNICITY
	<i>(Including Hispanic)</i>	Hispanic	<i>(Including Hispanic)</i>	Hispanic	<i>(Including Hispanic)</i>	Hispanic	<i>(Including Hispanic)</i>	Hispanic	<i>(Including Hispanic)</i>	Hispanic
White									0	0
Black/African American									0	0
Asian									0	0
American Indian or Alaska Native									0	0
Native Hawaiian or Other Pacific Islander									0	0
American Indian or Alaska Native AND White									0	0
Asian AND White									0	0
Black/African American AND White									0	0
American Indian /Alaska Native AND Black/African American									0	0
Other Multi-Racial									0	0
0	0	0	0	0	0	0	0	0	0	0

Income Levels					
The total should equal the number from the Race and Ethnicity count above.	Q1	Q2	Q3	Q4	Total
Extremely low (0-30% of median income)					0
Low (31-50%)					0
Moderate (51-80%)					0
Non-Low/Moderate (81%+)					0
Total	0	0	0	0	0
Percent Low/Moderate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

	Total Oak Park Resident Beneficiaries	Total Oak Park Extremely Low/Low/Moderate Income Beneficiaries (0-80% median income)
Q1		
Q2		
Q3		
Q4		
Total	0	0

Project Goals	
Total of all persons benefitting (without regard to income or residency)	0
Number of all Extremely Low, Low and Moderate Income persons to be served	0
Percentage of LMI benefit	#DIV/0!
Number of all Oak Park persons benefitting	
Percentage of Oak Park persons benefitting	#DIV/0!
Number of Extremely Low, Low and Moderate Income Oak Park persons to be served	0