

## **SUBRECIPIENT GRANT AGREEMENT**

**THIS SUBRECIPIENT GRANT AGREEMENT** ("Agreement") is entered into as of the day of \_\_\_\_\_ October, 2020 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 2020 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 (collectively referred to as "the Project") are set forth in the Subrecipient's Program Year 2020 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 pay salary costs for dental services for children and youth. A total of 4,500 persons (700 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 dollars (\$21,000) (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 2020 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, 2020, 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, 2021. Any invoices submitted after October 31, 2021 shall not be paid by the Village.

**5. PROGRAM YEAR.**

A. The Subrecipient shall perform the Project beginning October 1, 2020 and ending on September 30, 2021 (hereinafter referred to as the "Program Year").

B. The Project shall be completed no later than September 30, 2021. 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 2 CFR 200 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 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 <sup>st</sup> Quarter: October–December, 2020	Progress report due by January 15, 2021
2 <sup>nd</sup> Quarter: January–March, 2021	Progress report due by April 15, 2021
3 <sup>rd</sup> Quarter: April–June, 2021	Progress report due by July 15, 2021
4 <sup>th</sup> Quarter: July–September, 2021	Progress report/Final report due by October 15, 2021

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  
320 Lake 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 AND RIVER FOREST INFANT WELFARE SOCIETY**

\_\_\_\_\_  
Name: Cara Pavlicek  
Title: Village Manager

\_\_\_\_\_  
Name:  
Title:

Date: \_\_\_\_\_, 2020

Date: \_\_\_\_\_, 2020

**ATTEST:**

**ATTEST:**

\_\_\_\_\_  
Name: Vicki Scaman  
Title: Village Clerk

\_\_\_\_\_  
Name:  
Title:

Date: \_\_\_\_\_, 2020

Date: \_\_\_\_\_, 2020

**EXHIBIT A**  
**SUBRECIPIENT'S PROPOSAL**



# Submission #78

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## Submission information

Form: [Village of Oak Park CDBG Public Services Grant Submission Form](#)

Submitted by oprfiws

Fri, 2020-02-21 12:36

96.68.13.17

### 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

708-848-0528

##### 4. Executive Director

Peggy LaFleur

##### 5. Email Address

plafleur@oprfiws.org

##### 6. FEIN #

36-9002074

##### 7. DUNS #

11-237-9904

#### B. Project Information

##### 1. Proposed Project Name

Dental Care for Children from Low Income Families

**2. Proposed Project Address**

320 Lake Street, Oak Park, IL 60302

**3. Project Manager/Primary Contact**

Peggy LaFleur, Executive Director

**4. Secondary Contact**

Lynda Murphy, Director of Grant Funding

**5. Proposed Project Phone Number**

708-848-0528

**6. Email Address**

lmurphy@oprfiws.org

**C. Type of Organization**

Private non-profit

**D. Project Overview**

**1. Total CDBG dollars requested**

\$ 25,000

**2. Total project budget**

\$ 887,699

**3. Total Low/Moderate Income Persons Served Annually**

4,500, approximately 700 who live 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 dental care for approximately 700 low-income Oak Park children.

**5. Population Served**

51% or more Low/Moderate Persons

**6. Did you return any CDBG funds in program year 2018? If yes, explain why.**

No

**Explanation**

**7. Do you have a written Oak Park CDBG Policies and Procedures Manual?**

Yes

**2. Project Narrative**

## **I. Background & Need**

Good oral health is an essential component to one's overall health and well-being. In fact, Healthy People 2020 established oral health as one of the nation's twelve highest priority health issues. 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 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, tooth decay is an epidemic even worse for children from families struggling with poverty. 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 more likely to have cavities compared to their Caucasian counterparts: Latino and African American third graders had a higher rate of cavities, 58% and 54%, respectively, compared to Caucasian children at 47%. These statistics ring true at the IWS Clinic where our dentists see patients on a daily basis who present with a mouthful of tooth decay, requiring extensive and expensive restorative care.

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 - 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."

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. As a result, only one in three practitioners in Cook County accepts Medicaid patients. And few low-income families can afford the cost of dental care out-of-pocket.

To further compound the problem, finding care for children who are difficult to treat – children with special health care needs -- is also troublesome. In fact, according to the American Academy of Pediatric Dentistry (AAPD), "dental care (for children with special needs) is the most prevalent unmet health care need, exceeding the need for either preventive or specialty medical care." According to the AAPD, special health care needs are defined as, "any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs."

Furthermore, according to the AAPD, there is a serious deficit of pediatric dentists, dentists who are specially trained to treat children. An integral part of the specialty of pediatric dentistry is



providing comprehensive oral health care to children with special health care needs. This pattern holds true in Cook County; there are only approximately 40 pediatric dentists practicing within a 10 miles radius of the IWS Children's Clinic, most of who work in the Chicago hospital district. And, not all of them accept Medicaid. There were less than 50 pediatric dentists in the entire state of Illinois participating in the Medicaid program in 2012.

## 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, specifically children, the project is in perfect alignment with CDBG national objectives. In fact, the vast majority (98%) of Oak Park children who came to the clinic for dental services in PY 2018 were either Extremely Low Income or Low/Moderate 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 special health care needs, 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 and the majority of children are enrolled in All Kids Medicaid or Medicaid Managed Care. The rest pay for services on a modest sliding fee scale, 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 17% of our dental patients reside in Oak Park. In terms of race and ethnicity, about 50% of our Oak Park dental patients are African American, 30% are Caucasian, and 15% are Hispanic.

The Clinic's cultural competency is evidenced in several ways. The Clinic has 30 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. Our dental staff includes dentists and assistants from a variety of cultural and ethnic backgrounds, reflecting the diversity of our patient population. Further, as more than half of all of our dental patients from all communities 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 in English and Spanish. In addition, we offer a language line service that enables our patients to connect to a translator via the phone. Finally, all of our forms and written materials are available in both English and Spanish and are written with the appropriate literacy levels.

### **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, including oral exams, cleanings, fluoride treatments, sealants, extractions, cavity repair, and space maintainers in a

6-chair office. 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. 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. 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. In addition, since we also provide medical services, our dental clinic has the benefit of an onsite pediatrician or nurse practitioner and social worker in the event that medical and/or behavioral problems are discovered. The Clinic is a major referral source for area dentists who are unable or unwilling to provide care for Medicaid patients. The primary reasons why patients leave the dental clinic are 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 two years of training in pediatric behavioral management skills not taught to general dentists, the Clinic is able to provide care for patients with special health care needs such as children with special needs, such as Down’s Syndrome or autism, children who have complex or extensive oral health problems, and children with behavioral health issues. In addition, starting in 2016, residents from the pediatric dentistry program at University of Illinois at Chicago College of Dentistry 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. 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).

In addition, in 2017 we completed a major facility renovation, funded by in part by Illinois Children’s Health Care Foundation and Westlake Health Foundation, to support our growing pediatric dentistry program. We constructed two new enclosed dental operatories designed to meet the unique challenges of our patients with special health care needs. The new operatories are private, sound-proofed, and wheelchair accessible with a calming décor.

As a result of the program expansion over the past year, there has been a slow but steady increase in the number of high need and special needs patients in our patient census. In FY 2019, our pediatric dentists treated 611 patients in 1,029 visits including 38 patients who received care from our pediatric dentists under general anesthesia at Illinois Masonic Medical Center. Included in those numbers are many unique and medically complex cases that our pediatric dentists were able to treat in our Clinic.

#### BEHAVIORAL HEALTH CHECKS IN PREVENTATIVE DENTAL VISITS

As mentioned above, our dental patients have always had access to clinic social workers. However, in December 2018, we hired an additional full-time social worker and expanded our dental program to include 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 service support. Although this is not a typical component of a dental appointment, we believe it is an important avenue toward complete integration of care for the underserved children that visit our clinic.

#### CLINIC APPOINTMENTS



Appointments at the IWS Children's Clinic are generally made by phone. Patients can also request appointments via our online patient portal. Currently, patients can secure an appointment with a general dentist within one to two weeks. Due to high demand, there is approximately a three to four week wait for an appointment with our specialized pediatric dentists.

The hours of operation for the dental clinic are Mondays 9 am-7 pm, Tuesdays 12:30 pm – 7 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 legal guardians are asked to complete an intake form and a medical history. The form 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 six 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 goodie 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.

#### PORTABLE DENTISTRY IN THE SCHOOLS

Our commitment to meeting the oral health care needs of our community goes beyond the walls of our Clinic. 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 our FY 2019, Portable Dentistry provided preventive dental care for 378 Oak Park students at five D97 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 Dentrrix, 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 Supervisor. The Office Manager produces all Dentrrix-based service usage reports. The Portable Dental & Health Outreach Manager 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 PY 2020**

Objective #1: Provide affordable dental care for low-income Oak Park children  
Projected Outcome: 700 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 350 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

**2. Documenting Income**

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. In addition, all staff members are required to complete HIPAA training.

### **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 outputs and outcomes 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, the Clinic Director and the Executive Director on a monthly basis.

#### **ORAL HEALTH SURVEYS AND PLAQUE MEASUREMENT**

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.

We measure the impact of our oral health education programming in two ways. First, 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 at subsequent visits if they score below 70%. The goal is to make sure parents are educated on the best practices for optimal oral health in order to produce better outcomes for our patients.

Our dentists also measure and record plaque levels at every visit. One of the most effective tools for educating our young dental patients on the importance of good oral hygiene is the measurement of plaque using 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 and recorded in Dentrix at each preventive visit and compared to previous visits for signs of improvement.

#### **PATIENT SATISFACTION SURVEYS**

Patient satisfaction surveys, to collect important feedback from our patients, are currently administered on an annual basis to the parents of our medical and dental patients. This process is overseen by the Clinic Director and results are aggregated by the Director of Grant Funding. The most recent survey was administered from September 3, 2019 to September 13, 2019. We collected 30 surveys. Our numbers were low during this survey. This has prompted us to improve our practices. We are currently in the process of

developing a more robust survey that would reach more patients at several points over the year.

100% percent of respondents reported that they considered the Clinic their usual source of dental care. And, 93% of respondents report that the likelihood of referring their friends and relatives to us is good or great. The ratings for our dental staff were excellent: 100% of respondents indicated that our staff was friendly, respectful and knowledgeable.

What do you like best about the Children's Clinic?

- It is very clean
- Books, assistants
- Love the front desk girls and nurses have great relationship
- My daughter likes the doctor and the clinic very much
- Environment and the books
- The staff and doctors are so nice
- Everything
- Friendly staff
- They are fast
- Always helpful
- Good attention to time and solution of dental problems
- The dentists are nice and friendly
- The staff's attitude
- The dentist is very gentle with my child
- The staff works well with children. Very great place to bring your children.
- Nice & convenient staff
- It's for children

#### EXAMPLE OF HOW PROCESS RESULTED IN IMPROVING PROGRAM IMPLEMENTATION:

The IWS Children's Clinic serves as a medical home for children, integrating dental, medical and mental and behavioral health services under one roof. Often, one of our dentists will notice a potential behavioral, mental health or social service need for a dental patient. Because we have a social worker just steps from the dental rooms, the dentist can easily arrange for a behavioral health consultation on the spot. In evaluating these referrals from dentistry to behavioral health, we determined that there was a need to more routinely screen our dental patients for social work interventions. In fact, in every medical wellness visit at the IWS Children's Clinic, a social worker screens the child for potential issues, and immediately either conducts a short-term intervention, or refers the family to the appropriate resources. We created a complementary program in our dental practice in December 2018 to incorporate behavioral health screenings into dental visits. This program, born out of closely monitoring our practice, will allow us to service to our vulnerable dental patients in an innovative, comprehensive and holistic manner.

#### IV. Organization Capacity

##### a. Mission & Experience



## MISSION STATEMENT

Our Vision: Healthy children growing into healthy and productive adults

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

The Oak Park River Forest Infant Welfare Society is a diverse member-driven organization with an abiding commitment to ensuring the health and well-being of children. Through our Children's Clinic, the IWS provides the highest quality medical, dental and behavioral health services to children from families 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 of "health justice" with a belief 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 Children's Clinic is run by a team of experienced and committed professionals. Our Executive Director, Peggy LaFleur, MBA, MHA, came to the IWS in 2016 with a long career in management, fundraising, marketing, strategic planning and business development. Ms. LaFleur is a graduate of the MBA program at Boston College and the MHA program at UIC. Ms. LaFleur brings extensive healthcare fundraising, marketing and strategic planning experience to the Clinic.

Our Oral Health Director, Dr. Wanda Laszcz, DDS, MPH, came to the IWS Children's Clinic in 2014. 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, Dr. Laszcz received her Master's degree in Public Health from the University of Illinois. In February 2018, Dr. Laszcz was named as the recipient of the 2018 Chicago Dental Society Foundation Vision Award.

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.

As of the summer of 2019, we have a new Portable Dental & Health Outreach Manager running our Health Outreach programs. Victoria Novotny, our previous HEOC, was promoted to Clinic Director in September 2019. While Ms. Novotny will be overseeing the program in her new role, Audrey Greffin is now running the program. Ms. Greffin is a recent graduate of DePaul University, where she earned a BA in Health Sciences. In addition, Ms. Greffin was an active volunteer in our Portable Dentistry program for the last five years. She is a natural fit to continue the success and growth of this important Clinic program.

## FY 2019 ACHIEVEMENTS

- 2,816 low-income children received dental care in 6,389 visits; 78% of visits were preventative and 22% were restorative
- 77% 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
- 2,151 students received preventive dental care in the schools through the Portable

## Dentistry Program

### **b. Ability to Meet Reporting Requirements**

The IWS Children's Clinic, as a non-profit agency, has been and is currently supported by many public agencies and private foundations. Various reporting obligations are built into our staff duties. We have the means to record, monitor and report all programmatic, financial and management activities.

In addition, we have received CDBG funding from the Village of Oak Park for pediatric dental care since 1999. Thus, the Clinic has had two decades 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 2020.

### **c. Collaboration with Others**

The IWS Children's Clinic believes strongly in the value and efficacy of partnerships. We collaborate with a myriad of school districts, health boards, social service agencies, hospitals and clinics. The Clinic is a major referral site for Berwyn and Oak Park schools; Rush Oak Park Hospital; and area Head Start programs. We provide all of the medical and dental services for the children who reside at Hephzibah's 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. We also partner with Pillars, a local behavioral, mental health and social services agency, RiverEdge Hospital for behavioral health therapy and PCC Community Wellness Center for psychiatric evaluations and medication management. We continue to explore relationships with additional organizations to ensure our patients have timely access to the services they need.

Our two community outreach programs -- Portable Dentistry and Oral Health and Nutrition 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. A partnership with the UIC College of Dentistry provides the Clinic with 20 fourth-year dental students and 9 pediatric dentistry residents each year.

## V. Budget Narrative

### **a. Budget Description**

The total cost of the dental program for PY 2020 is projected at \$887,699. As Oak Park patients constitute 17% of our dental patient census, the portion of the dental budget allocated to our Oak Park patients is \$150,909 (.17 Oak Park patients x 887,699 total dental budget). Likewise, the portion of the dentist line item allocated to our Oak Park patients is \$60,323 (.17 Oak Park patients x \$354,844 total salary cost of dentists). We are asking Oak Park CDBG to pay for 41.44% of the cost of the dentists who will provide care for Oak Park patients in PY 2020, or \$25,000.



We have 7 dentists working at the Clinic, all on a part-time basis. The dental clinic is open on average 42 hours per week, including one Saturday a month for 6.5 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 dentist's time to this grant at \$65 per hour which is 15% of 1.0 FTE.

#### **b. Alternate Revenue Sources**

With over 100 years of history supporting us, we are firmly committed to providing medical, dental and behavioral health care and social services to the children in our community through the Children's Clinic for years to come. OPRF IWS has made significant inroads to ensuring the organization's long-term fiscal sustainability. As conscientious stewards, we operate a very lean organization; we have made a multitude of changes to move to a more sustainable model of operation. We have ramped up our fundraising efforts by strengthening our appeals and major gifts process, have an Executive Director with extensive medical fundraising experience and refined operational efficiencies. We have made major gains in developing and implementing procedures intended to reduce the no-show rate as well as schedule patients more efficiently.

Currently, 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 although the perilous state of the State of Illinois has put pressure on many non-profits creating heightened competition for grants. In addition, we have many grant applications pending 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 events sponsored by the Oak Park River Forest Infant Welfare Society, including an annual "Holiday Housewalk" in December and the "Tee It Up For Kids" golf outing each June.

However, we want to evolve further. FY20 promises to be an exciting year of change for the Oak Park River Forest Infant Welfare Society. Over the past few years we have crafted and intentionally moved toward an aspirational vision: one that blends a sustainability strategy with developing an exemplary standard of care and community resource for vulnerable children from low income families.

Relocating the IWS Children's Clinic into the new IWS owned building, 28 West Madison Street in Oak Park, is the first strategic move of our sustainability strategy. This building is an important asset that will position IWS for success in an increasingly competitive and costly healthcare industry. As we face increasing rent costs at our current location, moving into the new building will, first and foremost, allow us to control our costs.

This future site of the Children's Clinic has three times the space of our current location. With more space that can be optimized for clinic workflow, we can better serve our patients and their families, and have space to expand our programs. The building formerly housed bank offices, and our vision will transform entire first floor into expanded medical and dental spaces. The second floor will house behavioral health, administrative spaces, requiring less renovation. Additionally, space for special supplemental programming run or contracted by the Infant Welfare Society, community lectures and IWS meetings would be held on the second floor. We have hired Legat Architects to design our clinic buildout and

Walsh Construction to complete the renovation. We hope to enter the construction phase in late Spring 2020.

Moving into our new, larger building also brings about the opportunity to develop an affiliation with a local FQHC, which is our second strategic sustainability initiative. More space equals more possibilities. In order to survive the shifts in Medicaid, we believe affiliating with a local FQHC (Federally Qualified Health Center) is a necessary step to ensure our future. In our current tight quarters, this would not be a possibility. We have no space available for additional growth in volume or services, nor do we have the room to adhere to key JCHAO (Joint Commission on Accreditation of Healthcare Organizations) primary health care center standards. The new building is paramount to pursuing a partnership, thus ensuring our sustainability.

Last year, the OPRF Infant Welfare Society Board established a Partnership Evaluation Committee to search for an FQHC partner. The committee identified four FQHC's that could make appropriate partners. After conducting two meetings to determine interest and fit with each, we narrowed the selection to two options. At the end of March 2019, we sent a Request for Information to both. The results of the RFI's were used to decide to enter exclusive negotiations with one local FQHC, Alivio Medical Center. We are currently in a due diligence period to determine fit and alignment. We are working as quickly as possible in order to integrate our future partner's interests in the design of the new facility.

### 3. Attachments

#### **Timeline**

[oprfr iws project timeline py 2020.docx](#)

#### **Logic Model**

[oprfr infant welfare society logic model chart py 2020.docx](#)

#### **Articles of Incorporation and By-Laws**

[oprfr iws articles of incorporation and by laws py 2020.pdf](#)

#### **Non-Profit Determination (IRS Letter)**

[oprfr iws irs non-profit determination letter may 2009.pdf](#)

#### **List of Board of Directors**

[board of directors list fy20.pdf](#)

#### **Organizational Chart**

[iws childrens clinic org chart feb 2020.pdf](#)

#### **Resumes**

[oprfr infant welfare society resumes py 2020.pdf](#)

**Financial Statement and Audit**

[2019 oprf iws 6.30.19 audit.pdf](#)

**Conflict of Interest Statement**

[conflict\\_of\\_interest\\_statement\\_5feb2020.pdf](#)

**Anti-Lobbying Statement**

[lobbying\\_statement\\_5feb2020.pdf](#)

**EEO Form**

[oprfiws\\_eeo\\_report\\_chart\\_py2020.docx](#)

**Statement of ADA Compliance**

[opr infant welfare society compliance with ada py 2020.pdf](#)

**Intake Documentation**

[opr iws intake form py 2020.pdf](#)

**Support Statements****Budget Worksheet**

[oprfiws py 2020 cdbg public svcs project budget-other revenue summary.xlsx](#)

**Project Client-Evaluation Tool**

[dental english and spanish patient satisfaction survey py 2020.pdf](#)

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

Lynda Murphy

**2. Title of Authorized Official of Applicant Organization**

Director of Grant Funding

**3. Date of Submittal**

Fri, 2020-02-21

**4. Affirmation**

I agree

[Previous submission](#)

[Next submission](#)





## PY 2020 CDBG Public Services-Logic Model

As with all application components, please carefully read the Instructions

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

**Goal Statement:** Increase access to dental care and improve the oral health status of low-income Oak Park children

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, Accounting & Billing Supervisor, Director of Grant Funding  Dental supplies and equipment  Dental Clinic Space  Informational brochures	Provide preventive and restorative dental care for low-income Oak Park children	Total # Unduplicated persons served (without regard to income or residency): 4,500	Completion of dental treatment plans	Improvement in oral and overall health	# of Oak Park children who receive preventive and/or restorative dental care at the Clinic
	Provide oral health education to patients and parents at every dental visit	# Extremely Low, Low and Mod-Income Persons served: 4,000	Reduction in cavities and gum disease	Reduction in painful, invasive and costly emergency procedures	# of dental parents who improve their score on the Oral Health Survey
	Oral Health Survey	# Oak Park persons served: 700	Increase in knowledge about oral health	Increase in academic success	% of high plaque dental patients who experience an improvement in their plaque index at their 6-month recall visit
	Patient Satisfaction Survey	# Extremely Low, Low and Mod-Income Oak Park Persons Served: 650	Reduction in school days lost to pain from oral health disease	Increase in employability	
			Reduction in emergency room visits due to infections from deferred care		





## PY 2020 Timeline, CDBG Public Services

As with all application components, please carefully read the Instructions

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 2020	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 & Billing Supervisor
	Oversee dental clinic expenditures, order equipment and supplies	Accounting & Billing Supervisor and Head Dental Assistant
Month 2 – November 2020	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 & Billing Supervisor
	Oversee dental clinic expenditures, order equipment and supplies	Accounting & Billing Supervisor and Head Dental Assistant
Month 3 – December 2020	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 & Billing Supervisor
	Oversee dental clinic expenditures, order equipment	Accounting & Billing Supervisor and Head Dental Assistant

	and supplies	
Month 4 – January 2021	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 & Billing Supervisor
	Oversee dental clinic expenditures, order equipment and supplies	Accounting & Billing Supervisor and Head Dental Assistant
	Send Quarterly Invoice to CDBG	Accounting & Billing Supervisor
	Update and send 1 <sup>st</sup> Quarter Report to CDBG	Director of Grant Funding
Month 5 – February 2021	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 & Billing Supervisor
	Oversee dental clinic expenditures, order equipment and supplies	Accounting & Billing Supervisor and Head Dental Assistant
Month 6 – March 2021	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 & Billing Supervisor
	Oversee dental clinic expenditures, order equipment and supplies	Accounting & Billing Supervisor and Head Dental Assistant
Month 7 – April 2021	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	Oral Health Director

	scheduling	
	Bill Medicaid, collect and aggregate service data	Accounting & Billing Supervisor
	Oversee dental clinic expenditures, order equipment and supplies	Accounting & Billing Supervisor and Head Dental Assistant
	Send Quarterly Invoice to CDBG	Accounting & Billing Supervisor
	Update and send 2 <sup>nd</sup> Quarter Report to CDBG	Director of Grant Funding
Month 8 – May 2021	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 & Billing Supervisor
	Oversee dental clinic expenditures, order equipment and supplies	Accounting & Billing Supervisor and Head Dental Assistant
Month 9 – June 2021	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 & Billing Supervisor
	Oversee dental clinic expenditures, order equipment and supplies	Accounting & Billing Supervisor and Head Dental Assistant
Month 10 – July 2021	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 & Billing Supervisor
	Oversee dental clinic expenditures, order equipment and supplies	Accounting & Billing Supervisor and Head Dental Assistant
	Send Quarterly Invoice to CDBG	Accounting & Billing Supervisor

	Update and send 3 <sup>rd</sup> Quarter Report to CDBG	Director of Grant Funding
Month 11 – August 2021	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 & Billing Supervisor
	Oversee dental clinic expenditures, order equipment and supplies	Accounting & Billing Supervisor and Head Dental Assistant
Month 12 – September 2021	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 & Billing Supervisor
	Oversee dental clinic expenditures, order equipment and supplies	Accounting & Billing Supervisor and Head Dental Assistant
	Send Quarterly Invoice to CDBG	Accounting & Billing Supervisor
End of PY20 – October 2021	Update and send 4 <sup>th</sup> Quarter and Final Report to CDBG	Director of Grant Funding



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

**COMPLETE BOTH SECTIONS AND ATTACH THIS DOCUMENT TO YOUR PROPOSAL**

**PY 2020 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/ MCOs	Other Revenue - Sliding Fee	Other Revenue - List Source	Total Other Revenues	Other Revenues % of Costs
Please ensure that percentages, subtotals & totals are listed.				Funding Source:					
<b>Personnel Costs</b>									
Salaries	\$605,625	\$25,000	4%		\$513,396	\$15,834	\$51,395	\$580,625	96%
Benefits	\$38,856	\$0	0%		\$35,406	\$1,092	\$2,358	\$38,856	100%
Taxes	\$49,002	\$0	0%		\$41,308	\$1,274	\$6,420	\$49,002	100%
Professional Liability	\$3,250	\$0	0%		\$0		\$3,250	\$3,250	100%
Meeting/Training/Travel	\$1,833	\$0	0%		\$0		\$1,833	\$1,833	100%
<b>Subtotal: Personnel Costs</b>	<b>\$698,566</b>	<b>\$25,000</b>	<b>4%</b>		<b>\$590,110</b>	<b>\$18,200</b>	<b>\$65,256</b>	<b>\$673,566</b>	<b>96%</b>
<b>Operating Costs:</b>									
Rent/Lease	\$49,081	\$0	0%				\$49,081	\$49,081	100%
Utilities	\$6,806	\$0	0%				\$6,806	\$6,806	100%
Telephone	\$6,895	\$0	0%				\$6,895	\$6,895	100%
Security	\$1,801	\$0	0%				\$1,801	\$1,801	100%
Maintenance	\$15,460	\$0	0%				\$15,460	\$15,460	100%
Dental Supplies	\$82,840	\$0	0%				\$82,840	\$82,840	100%
Office Supplies	\$10,541	\$0	0%				\$10,541	\$10,541	100%
Computer Support/Equipment	\$15,709	\$0	0%				\$15,709	\$15,709	100%
<b>Subtotal: Operations</b>	<b>\$189,133</b>	<b>\$0</b>	<b>0%</b>		<b>\$0</b>	<b>\$0</b>	<b>\$189,133</b>	<b>\$189,133</b>	<b>100%</b>
<b>Professional/Services</b>									
Consultant	\$0	\$0	0%					\$0	0%
Engineering	\$0	\$0	0%					\$0	0%
Other (Identify)	\$0	\$0	0%					\$0	0%
<b>Subtotal: Professional Services</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>TOTAL (all categories)</b>	<b>\$887,699</b>	<b>\$25,000</b>	<b>3%</b>		<b>\$590,110</b>	<b>\$18,200</b>	<b>\$254,389</b>	<b>\$862,699</b>	<b>97%</b>

**PY 2020 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?
Berwyn CDBG	Grant	\$19,000	Pending	March 2020	For Berwyn residents	Local
Children's Care Foundation	Grant	\$75,000	Awarded	Paid	For Pediatric Dentistry	Private
CDS Foundation	Grant	\$2,500	Awarded	Paid	Dental Equipment	Private
Washington Square Health Foundation	Grant	\$13,815	Awarded	Paid	For Pediatric Dentistry	Private
CBOT	Grant	\$2,500	Awarded	Paid	Portable Dentistry	Private
General Operating Grants	Grant	\$67,275	Various	Various	None	Private
IWS Fundraising	Donations	\$74,299	Various	Various	Compensation	Private

**Agency Name:**

**PY 2020 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 Village of Oak Park 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 2020 is projected at \$887,699. As Oak Park patients constitute 17% of our dental patient census, the portion of the dental budget allocated to our Oak Park patients is \$150,909 (.17 Oak Park patients x 887,699 total dental budget). Likewise, the portion of the dentist line item allocated to our Oak Park patients is \$60,323 (.17 Oak Park patients x \$354,844 total salary cost of dentists). We are asking Oak Park CDBG to pay for 34.81% of the cost of the dentists who will provide care for Oak Park patients in PY 2020, or \$21,000.

We have 7 dentists working at the Clinic, all on a part-time basis. The dental clinic is open on average 42 hours per week, including one Saturday a month for 6.5 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 dentist's time to this grant at \$65 per hour which is 15% of 1.0 FTE.



## 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**

*Village of Oak Park  
Personnel Manual*

*Adopted 2/3/97*



Subrecipient:	
Project Name:	
Prepared by:	
Email:	

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			Total Oak Park Extremely
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Income Levels	Total Oak Park Resident	Low/Low/Moderate Income Residences (%)
High	10	10
Upper Middle	20	20
Lower Middle	30	30
Low	40	40
Very Low	0	0

Total	0	0	0	0
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Project Goals	
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Total of all persons benefitting (without regard to	

[illegible]

Exhibit E: PY 2020 Final Report Form, Oak Park CDBG Program

FINAL REPORT COMPONENT (Please explain even if you exceeded goals)

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	
Other funds expended and their source:	
Other Federal	
HUD Funding (non-CDBG)	
State	
Local government	
Private	
Other (specify source) in-kind food donations	
Total	0
Total All funds	0

Signature of Authorized Official	Typed or Printed Name	Date