City of Burlington / 2015 CDBG Application Form

Project Name: Dental Care Services for Homeless Residents

Project Location / Address: 617 Riverside Avenue & 184 South Winooski Avenue, Burlington, VT 05401

Applicant Organization / Agency: Community Health Centers of Burlington (CHCB)

Mailing Address: 617 Riverside Avenue, Burlington, VT 05401

Physical Address: Same

Contact: Alison Calderara Title: Director, CR&D Phone #: 802-264-8190

Web Address: www.chcb.org Fax #: 802-860-4325 E-mail: acalderara@chcb.org

EIN #: 23-7182584-01 DUNS #: 020655023

CDBG Funding Request: $12,000

Check ONE: **___X__ 1 year** (Equal Access, Health, Development Projects) **_____ 2 years** (Childcare, Early Childhood, Youth)

1. Type of Organization

_____ Local Government
_____ For-Profit Organization
_____ Faith-Based Organization
___X_ Non-Profit Organization (please provide copy of your IRS 501(c)(3) tax exemption letter)
_____ Institution of Higher Education

2. Conflict of Interest: __X__ Please complete and sign attached form.

3. List of Board of Directors: __X__ Please attach.

Certification

To the best of my knowledge and belief, data in this proposal are true and correct.

I have been duly authorized to apply for this funding on behalf of this agency.

I understand that this grant funding is conditioned upon compliance with federal CDBG regulations.

I further certify that no contracts have been awarded, funds committed or construction begun on the proposed program, and that none will be prior to issuance of a Release of Funds by the Program Administrator. In addition, this project is ready to proceed as of July 1, 2015.

Alison L Calderara

Signature of Authorized Official

Alison Calderara, M. Ed.
Name of Authorized Official

Director, Community Relations and Development
Title

1/12/15
Date

(Refer to NOFA for required information for each question.)

I. Demonstrated Need

1. What is the need/opportunity being addressed by this program/project and how does that contribute to CDBG's national objectives?

Dental care is often overlooked as a clinical health care need, yet the lack of dental care significantly impacts many aspects of life and health. Poor oral health means constant pain, infection and bleeding that modern medicine now knows affects overall health. Poor or missing teeth impede good nutrition and eating healthy foods. The stigma of poor or missing teeth is also a significant barrier to improving life circumstance; it hampers employment and integration into the middle class, and lowers self-esteem. At the same time, dental care is one of the most difficult health services for low income residents to access and afford.

II. Program/Project Design

1. Describe the program/project activities. [UWCC]

The Community Health Centers of Burlington (CHCB) operates our region's only Homeless Healthcare Program. As such, we offer two health centers designed for access to a broad range of health care services, including primary and preventive care, dental care and mental health and substance abuse counseling. Our Safe Harbor Health Center, located on South Winooski Avenue in Burlington, provides care to homeless adults and families and offers walk-in services and appointments. Our Pearl Street Youth Health Center on Pearl Street also offers walk-in services and appointments for primary care especially for at-risk and/or homeless youth under the age of 26. Last year, CHCB cared for 1,610 homeless people at all of our sites combined. We also conduct outreach to the encampments and other locations where people are living on the streets. As our region's only Homeless Healthcare Program, our approach is uniquely clinical and based on a treatment model that offers access to care with the goal of establishing a long-term, trusted Health Care Home. Once connected, we offer the health and dental care services that are essential to lifting people out of poverty and homelessness and into housing with secure, productive lives.

Specifically, we are asking CDBG to help fund our dental services for the homeless. Our Dental Program offers homeless residents no-cost dental care up to $1,000 each calendar year and dentures and partial bridges, if needed. There is no other comparable service, serving so many people, in Burlington. In 2014, CHCB provided 540 unfunded dental visits to homeless residents, at a cost to CHCB of $84,931.

2. Why is the program/project designed the way it is? Explain why the program activities are the right strategies to use to achieve the intended outcomes. [UWCC]

Our Dental Program offers standard, high quality dental services, provided by dentists and hygienists, adhering to national ADA Standard of Care Guidelines. We are also regulated by the federal government as a Federally Qualified Health Center (FQHC). This federal FQHC system reflects the strict management and demands with documented research confirming the quality and cost-effectiveness of the FQHC model of care. Specifically, the Homeless Healthcare Program is a national model that validates the effectiveness of outreach and education to help bring homeless residents into trusted relationships with their providers with the goal of receiving preventative care. We most certainly use this strategy; it is also important to note that CHCB cares for homeless people who are not ready to seek services from other local community partners, such as COTS or Spectrum, and actively seeks out these people in need of services. This is why we've designed our Outreach Program to include a physician who can assess acute oral complaints and refer directly to our Dental Center.

3. How will this program/project contribute to the City's anti-poverty strategy?

You cannot lift yourself out of poverty with no, poor or missing teeth, and cannot have overall good health and nutrition with pain, bleeding and infection. Access to dental care reduces the number of people living in poverty by removing a significant barrier to employment and the considerable stigma associated with poor or missing teeth. Improving self-appearance is priceless for people living in poverty. It also addresses a simply basic need of people to be free from pain, bleeding and infection. Next, medical research has now established important connections between the improved overall good health and nutrition that comes with a healthy mouth. Poor oral hygiene has been connected to heart disease and premature labor, plus dental pain and poor teeth do not support healthy eating habits. Dental care is imperative to good physical health.

CHCB doesn't stop at simply fixing someone's teeth. We have been clear from the program's inception that we did not simply want to be an urgent care site. Our goal is to increase the amount of dental preventive care that is provided to low-income community residents; this represents the best, most effective investment we can make in the long-term health of the community, especially starting with children.

4. How do you use community and/or participant input in planning the program design and activities? [UWCC]

By design, CHCB is a consumer-driven organization. CHCB is bound by federal regulation and organizational policy to have the majority of its Board of Directors be patients and represent the community. We consistently meet these standards to ensure that the leadership of CHCB genuinely represents those who use our health and human services. These directors steward our mission of care, approve our services and programs, and assess community needs in order to respond appropriately. The CHCB model of board participation is essential to our success. Patient and community data is an essential tool for CHCB Board and leadership, and we regularly survey patients for program satisfaction and needs assessments. In 2014, CHCB conducted a larger Needs Assessment in preparation for our competitive FQHC grant. This assessment included community leader interviews focused on needs and mail surveys sent to patients.

III. Proposed Outcomes

1. What are the intended outcomes for this project/program? How are people meant to be better off as a result of participating? [UWCC]

Our intended outcome is to ensure our patients are free from pain, infection and bleeding. With improved teeth, they have a hope of a better job and improved self-esteem. Because of CHCB, they do not need to go to the ER for care, and instead, find connection to not only dental care, but a lifetime Health Care Home that offers treatment for physical disability and chronic disease, including mental illness or substance abuse. Last year, we cared for the mouths of 250 unfunded homeless men, women and children – we can't imagine where they would have gone without CHCB.

2. List your goals/objectives, activities to implement and expected outcomes (# of units, # of individuals, etc.)

Goal #1: Bring homeless residents into a long-term Health Care Home.
Activity: Increase access to basic preventative and restorative dental services for homeless children and adults.
Outcome: 150 unfunded homeless patients will receive dental care that improves overall health and well-being needed to lift them out of poverty.
Goal #2: To relieve dental pain, infection and bleeding for homeless residents.
Activity: Screen every new homeless patient for oral health status, including accepting emergency homeless patients.
Outcome: 150 unfunded homeless patients will be given increased dental health status. This will amount to an estimated 300 dental visits.
Goal #3: Encourage the important connection to a Health Care Home, as well as education about oral hygiene.
Activity: CHCB Outreach staff will go out on the street and to homeless encampments with hygiene supplies and dental information. Our Pearl Street Youth Health Center staff will also provide these supplies to youth ages 13-26.
Outcome: Oral health hygiene supplies will be added to 350 Survival Kits.

IV. Impact / Evaluation

1. How do you assess whether/how program participants are better off? Describe how you assess project/program outcomes; your description should include: what type of data, the method/tool for collecting the data, from whom you collect data, and when it is collected. [UWCC]

Patients are better off and they are healthier because of our services. As a health center and Patient Centered Medical Home, our most typical program outcomes are health indicators. We assess outcomes through our Quality Program, which produces a Quality Dashboard for review at Quality Meetings. These are basic health indicators that we track for our federal funding. The example, specifically for our Dental Program, is the number of preventative visits compared to emergency visits. We collect data from each and every dental patient through our Electronic Dental Record. Health indicators are reported quarterly to our Board of Directors.

2. How successful has the project/program been during the most recent reporting year for your CDBG project? Report the number of beneficiaries you intended to serve with which activities (as noted in your last Attachment A) and your final outcomes (as noted on your Attachment C) from June 2014 (or June 2013). For non-CDBG participants – just report on your achievements from the previous year.

We consider last years' service to homeless residents very successful. In 2014, we provided dental care to 538 total homeless patients; 250 had absolutely no other insurance resources, such as Medicaid, to assist with the dental costs. Although our predicted number for unfunded homeless patients was 350, we believe our important goal of relieving pain, bleeding and infection for the most vulnerable population in Burlington was absolutely met. Our dentists worked with these patients to provide the best and most cost-effective personalized plans to better their overall health.

The Outreach Program distributed every one of the 350 CDBG funded dental kits out to the street and homeless encampments with hygiene supplies and dental information. The kits served as a great introduction to the services we provide at Safe Harbor; our Outreach staff commented that homeless adults were seeking them out at places like the Food Shelf and the Salvation Army to request the supplies and learn more about availability of care.

It was an unstable year with our denture suppliers. Our supplier, Affordable Dentures, abruptly closed. We thought we could fulfill the outstanding denture referrals with Aspen Dental, but that proved to be more expensive than originally promised. Fortuitously, Affordable Dentures re-opened under new ownership and we are back to referring our homeless patients. We supplied three of the 15 pairs of estimated dentures in the 2013-2014 reporting year; however, within the last six months, we have provided dentures to 12 patients and are back to fulfilling the need.

3. How does this data reflect beneficial outcomes of this project/program? Has this impacted your program planning at all? [UWCC]

With the historical instability of our denture supplier, we have decided not to include the number of dentures as a specific goal this year. The denture cost exists in our Sliding-Fee Scale total so our Goal #1 of providing preventative and restorative dental services will include dentures. We want to ensure our goals reflect the significant and positive outcomes of this program.

After a recent monitoring visit with CDBG staff, it was found that the HRSA definition of homelessness we are required to use as a federally funded FQHC and Healthcare for the Homeless Program grantee differs from the HUD definition. As a result, moving forward, we will use the HUD definition which excludes patients who are doubling-up or "couch surfing," resulting in a lower goal number than in previous years.

V. Experience / Organizational Capacity

1. What is your agency's mission, and how do the proposed activities fit with your mission?

Since 1971, it has been the mission of CHCB to provide quality, confidential, affordable health care and human services to all people regardless of ability to pay. Services are offered in an environment that conveys respect, offers support, and encourages people to be actively involved in their own health care. Health prevention, using Survival Kits and outreach education, is a major part of our mission, no matter the patient's life circumstance. As Vermont's only federal Healthcare for the Homeless Grantee, CHCB is a leader in care for men, women and children struggling with homelessness. We operate two no-cost health centers in Burlington designed to provide complete care under one roof consisting of medical care, dental care, mental health counseling and case management. In 2014, CHCB cared for 1,610 homeless people.

2. Please describe any indications of program quality, such as staff qualifications and/or training, adherence to best practices or standards, feedback from other programs or organizations you partner with, etc.

For over 40 years, CHCB has been the premier safety net provider in care for vulnerable populations. The breadth and scope of our health care and support services not only makes us one of the largest primary care facilities in the area, but an expert in care for homeless, low-income and refugee populations. In 2012, CHCB earned Patient Centered Medical Home (PCMH) National Accreditation. Achievement of PCMH indicated the highest quality chronic disease

management for our patients and our ranking as a comprehensive primary care home. As a direct result of this accreditation, CHCB joined the Vermont's Blueprint for Health, our state's largest quality initiative with the goal of redesigning primary care for best outcomes. CHCB now has a Blueprint consultant, working on systems and clinical goals, and a Community Health Team, which provides expanded services such as nutrition and case management to improve long-term health outcomes. We work together with all of the Blueprint members, including the hospital, to exchange ideas and best practices. In addition, as Chittenden County's only Federally Qualified Health Center, we must meet rigorous clinical and administrative systems benchmarks set by the federal Agency of Health and Human Services. We receive data routinely which compares us to other Vermont FQHCs and national standards and are required to submit yearly progress reports on clinical and administrative goals.

3. What steps has your organization/board taken in the past year to become more culturally competent?

1.) Our LEP (Limited English Proficiency) Specialist includes Cultural Competency awareness and trainings for CHCB. New staff attend a 30-minute presentation about Cultural Competency as part of their New Staff Orientation as a reminder that CHCB is federally funded and mandated to provide culturally and linguistically appropriate health care services (CLAS standards). This training provides instruction on communications, typical refugee populations and information about background and customs, and basic instruction on how to determine ability to speak and understand English. Our specialist also presented to our Board of Directors about her work and the particular barriers and challenges of our refugee population.

2.) This year, CHCB has found it increasingly difficult to keep up with new patient appointments for the new refugees. Our primary care physicians were booking out weeks and months for new patient appointments, and our Urgent Care Center filled quickly. With the frailty of the new Refugee groups, CHCB added an additional block of appointments just for incoming refugees.

3.) This year, we translated dental brochures and dental patient education materials into our top spoken languages and are currently working on a project to have all CHCB communications reflect community diversity.

4. Have you received Federal or State grant funds in the past three years? __X_Yes ___No

5. Were the activities funded by these sources successfully completed? _X__Yes ___No ___N/A
If No, please explain:

CHCB receives a federal HRSA grant for operating support and this requires successful site visits and progress reporting yearly to continue funding and follow detailed regulations.

VI. Proposed Low & Moderate Income Beneficiaries / Commitment to Diversity

1. Will the program target a specific (solely) group of people? If so, check ONE below:

____ Abused Children	____ Elderly (62 years +)	____ People with AIDS
____ Battered Spouses	__X__ Homeless Persons	____ Illiterate Adults
____ People with Severe Disabilities		

2. For your proposed project, please estimate how the Burlington residents will break out into the following income categories during the total grant period. Use the Income Table at http://www.burlingtonvt.gov/CEDO/2014-HUD-Income-Limits

Service / Activity	Unduplicated Total # of Burlington HH / Persons to be Served	# Extremely Low-Income	# Low-Income	# Moderate-Income	# Above Moderate-Income
Unfunded Dental Care Services for Homeless Residents	**150**	**150**			

3. a. Who is the project/program designed to benefit? Describe the project/program's target population, citing (if relevant) specific age, gender, income, community/location or other characteristic of the people this program is intended to serve. [UWCC]

Our Dental Program is designed to serve community residents who face barriers to access to comprehensive dental care services. Overwhelmingly, our target population lives in poverty and suffers adversely from the effects of: no or inadequate health or dental insurance; enrollment in public health insurance programs that can curtail access to services; no telephones; inadequate transportation; lack of literacy; and mental illness or other chronic diseases. For both medical and dental services, we cared for 1,610 men, women, children and teens experiencing homelessness last year. Overall, our target safety net population includes people who are living in poverty; low-income and uninsured/underinsured residents; low-income adults and families enrolled in public health insurance; residents experiencing homelessness or who are in marginal housing or shelters; at-risk youth; or non-English speaking and/or refugee status.

b. How do you select and reach your target population?

Community residents walk in, are referred by the ER, are current homeless patients, or are referred by other nonprofits. Most homeless people enter care at Safe Harbor Health Center; if they want to stay at a shelter, we administer and read a TB test or they may walk in from the street for care. Once connected to our system, they are screened for eligibility to the homeless program. Once established as a patient, our homeless patients are eligible for dental services. If a homeless patient comes in on an emergency basis, such as for an abscess or broken tooth, we triage and will schedule or treat accordingly. Patients will work with their dentist to develop a treatment plan and how best to implement that plan; for example, staggering work over two calendar years to receive full benefit. If a homeless patient has public health insurance, once they exceed their dental cap of $510, they can then access our financial assistance program and dental benefit up to $1,000. Monitoring of the cap is done through the dental department in an effort to duplicate the same system a commercial-based insured patient would have at any dental practice locally.

4. Describe the steps you take to make the project/program accessible, inclusive and culturally appropriate for the target population. [UWCC]

We ensure our programs are accessible to all and culturally appropriate through our mission, HRSA regulation, and supported by a modern facility that is fully handicapped accessible with international symbols and Braille signage. For health and dental services, we offer confidential and quality interpreter services through a national phone service. CHCB also teaches Cultural Competency through in-services for staff. CHCB also provides enrichment programs for newly-arrived refugees; a "Passports to Health" medical system orientation and internal orientation to CHCB systems. We employ a full-time specialist to support these New Americans. Finally, CHCB is an equal opportunity employer and states so in all advertising and our Board-approved personnel policies. We have recruitment practices that emphasize a diverse staff with the ability to speak other languages and have staff fluent in 16 different languages; French, Spanish, German, Nepali, Dinka, Vietnamese and Bosnian to name a few.

VII. Budget / Financial Feasibility

1. Budget Narrative: Provide a clear description of what you will do with CDBG's investment in the program. How will you spend the money? Give specific details. [UWCC]

CDBG funding will go toward those unfunded dental costs for homeless residents without other insurance resources. Funding will also go to pay for dental supplies (toothbrush, toothpaste, floss, and outreach literature) added to our Survival Kits for outreach services. We usually include small hygiene items like bandaids, shampoo, etc. that are distributed to adults and youth living on the street and in homeless encampments. These kits build a trusting connection to our comprehensive health care home; an investment in future treatment.

2. If you plan to pay for staff with CDBG funding, describe what they do in relation to the specific service(s) / activity(ies) in your Project/Program Design.

Specific Service / Activity	Position/Title	Work Related to CDBG-Funded Activity	# of Hours per Week spent on this Specific Service / Activity	% of Hours per Week spent on this Specific Service / Activity to be paid with CDBG

3. Program/Project Budget

Line Item	CDBG Funds	Other	Total
Unfunded Dental Care Services for Homeless Residents	$12,000	$44,179	$56,179

4. Funding Sources

	Project		Agency	
	Current	Projected	Current	Projected
CDBG	$7,000	$12,000	$7,000	$12,000
State (specify)			547,083	547,083
Federal (specify)	34,379	34,379	1,948,566	1,948,566
United Way	9,800	9,800	98,000	98,000
Private (specify)			591,811	591,811
Program Income			11,144,632	11,144,632
Other (specify)			1,328,203	1,328,203
Total	$51,179	$56,179	$15,665,296	$15,670,296

5. Of the total project cost, what percentage will be financed with CDBG?

$ 12,000 (CDBG Funding) ÷ $ 56,179 (Total Program/Project Costs) = 21.0 % (Percentage)

6. Of the total project cost, what would be the total cost per person?

$ 12,000 (Total Program/Project Cost) ÷ 150 (# Proposed Beneficiaries) = $ 80.00 (Cost Per Person)

7. Why should CDBG resources, as opposed to other sources of funding, be used for this project?

CDBG resources are designed to support exactly what we do; lift community residents out of poverty with access to basic services. We are a local leader in the treatment of our city's most fragile and vulnerable populations. Our specialized services are central to the City's success in ending homelessness.

8. Describe your use of community resources, including volunteers. Include any resources not listed in your budget. Will CDBG be used to leverage other resources?

While we can't promise CDBG will leverage other resources, we work hard to create other partnerships that support our dental program. Volunteers from the UVM College of Medicine help organize orientations that include dental health education for newly arrived refugees. Donors are also an important resource; every year we receive private support for dental equipment and donated toothpaste and brushes to better serve our patients.

9. If your organization has experienced any significant changes in funding levels during the past year, please explain.

On a positive note, this year CHCB started to feel the effects of the Affordable Care Act. Especially in our practice, with many very low-income patients, the Medicaid expansion was a very significant change. Our Sliding-Fee Scale expense is lower and we have had a welcome break from the million-dollar-plus yearly subsidy, the largest of all Vermont FQHCs.

We are also proud to have been selected as one of the five recipients of a $1 million gift from the Hoehl Family Foundation. While CHCB will not use the funding for ongoing operations, we are working on some new initiatives made possible use this visionary gift.

The depth of need in our region for access to primary care and behavioral health services was demonstrated again this year with highly-competitive HRSA grants award to CHCB. We received capital support to improve our Patient Centered Medical Home facility in Keeler Bay and a behavioral health grant to expand therapy focusing on children and families, case management support for refugees and the persistently mentally ill and psychiatric services.

In terms of operating funding changes, changes in the funding structure of the UVMMC have affected CHCB. Over the past two years, UVMMC has moved to a grants model instead of ongoing funding of $200,000 for CHCB. This year, CHCB received $100,000 of support for our Medical Sliding-Fee Scale, but any further funding will have to be new initiatives that meet their guidelines.

10. What cost-cutting measures has your organization implemented?

For the fiscal integrity of CHCB, we instituted three years ago, and are still committed to, a $1,000 cap on dental services for our homeless patients. We ensure patients are relieved of pain, bleeding and infection, but carefully manage their restorative care. Our dentists work very hard to provide smart, cost-effective treatment plans.

VIII. Collaboration/Efficiency

1. Share specific examples of how your agency collaborates with other programs or agencies to address the needs of the people you serve. Do not just list organizations with whom you collaborate. [UWCC]

CHCB is a critical community health partner with state, local and federal organizations. CHCB shares health initiatives with Vermont state agencies, such as the Department of Health, Vermont Integrated Services Initiative and Ladies First Program. CHCB receives grant funding to support projects such as non-English speaking refugee medical orientation, collaborating with UVM medical school volunteers, for increased independence and health outcomes. The University of Vermont Medical Center (UVMMC) is also an essential supporter and partner, with volunteer doctors in dermatology and surgery to provide free clinics to our patients on site for easy access to care. This year, UVMMC and CHCB created a successful strategy for communication and collaboration around homeless patients to ensure best efforts to place them in housing and stability while suffering from illness or hospitalization. We partner with the Burlington School District to ensure that all low-income children without a dental home have access to CHCB's dental services right at school. A collaborative project in the works is with Champlain Housing Trust and the Burlington Housing Authority. This potential project will provide housing and services for 19 homeless, vulnerable individuals at a newly-renovated affordable housing site. It speaks to the skill and reputation of our Homeless Healthcare Program staff that CHT and BHA chose us as their service provider. CHCB is also working closely with Champlain Housing Trust and community leaders to develop our region's first low-barrier shelter. Finally, CHCB works with other local non-profit caregivers through shared clientele; we partner closely with VRRP to ensure that all new incoming refugees are connected to a long-term medical home. Through our Homeless Healthcare Program, we

are part of the local continuum of care team and have an outreach team which connects with other agencies, such as COTS, Spectrum and LUND, to ensure people are referred to our health care home. All in all, CHCB is a well-known, active and engaged community partner in all areas of advocacy for our patients.

2. Describe your agency's efforts at becoming more efficient in achieving your outcomes or managing your project/program.

We define success as quality care and meeting the need. As a Federally Qualified Health Center, CHCB is required to select and reach quality benchmarks in every program. Our quality markers for our Dental Program are to continue to increase the number of preventive care visits we provide to the community, and move residents from an urgent-care-only model. CHCB tracks and measures these program outcomes through our Electronic Medical Record System and billing department that records and codes each payer so we can precisely count the number served and the amount of care subsidized through the Dental Program. As an FQHC, we are required to report yearly progress on our selected goals, including the measure of preventive dental visits. These reports are run quarterly by the Dental Department and reviewed for progress. CHCB is also required to host periodic site visits from federal officials to ensure quality and compliance in all of our services.

3. What other agencies provide similar services or programs? [UWCC]

CHCB may not be the most visible local homeless service provider, but we quietly served over 1,600 community residents last year in our Healthcare for the Homeless Program. There is no one in the area who offers dental care to this most fragile population. Our program is different as we approach homelessness as clinicians; with treatment for pain, bleeding and infection, reducing the barriers of the stigma for poor or missing teeth, and providing the proactive treatment and education and access to ongoing preventive services, especially for homeless children. Even among other community health centers, our Dental Program is unique in the breadth and scope of services we provide.

IX. Sustainability

1. How will this project have a long-term benefit to the City of Burlington? If this project ends, will that benefit continue?

Access to a long-term dental home coordinated with a medical home is absolutely necessary to lead a productive life. At the same time, it is important to note our work supports every Burlington resident who pays a health care bill; we keep people out of the ER and connect to them cost-effective preventive care and education. This benefit will continue as long as our doors are open.

2. If CDBG funding ends, will the project be able to continue?

Yes, but we can't promise the same scope and depth of program services should our funding continue to be whittled away. Demand for the Dental Program Sliding-Fee Scale Program is inexhaustible. In 2004, our initial federal grant for dental Sliding-Fee Scale services was $250,000. Last year, we subsidized $516,264 in dental care with no corresponding increase in our federal grant funding for this purpose. It is important to note the demand for our care is significant. CHCB cannot stand still when we have completely maximized our resources to serve and we hope CDBG will help us grow to meet the need despite the stagnation in federal funding for our Dental Sliding-Fee Scale.

Internal Revenue Service — Department of the Treasury

District
Director

10 MetroTech Center
625 Fulton Street
Brooklyn, NY 11201

Date: JUL 29 1994

Community Health Center
of Burlington, Inc.
617 Riverside Avenue
Suite 200
Burlington, VT 05401

Person to Contact:
Patricia Holub
Contact Telephone Number:
(718) 488-2333
EIN: 23-7182584

Dear Sir or Madam:

Reference is made to your request for verification of the tax exempt status of Community Health Center of Burlington, Inc.

A determination or ruling letter issued to an organization granting exemption under the Internal Revenue Code remains in effect until the tax exempt status has been terminated, revoked or modified.

Our records indicate that exemption was granted as shown below.

Sincerely yours,

(Patricia Holub)

Patricia Holub
Manager, Customer
Service Unit

Name of Organization: Community Health Center
of Burlington, Inc.

Date of Exemption Letter: June 1972

Exemption granted pursuant to section 501(c)(3) of the Internal Revenue Code.

Foundation Classification (if applicable): Not a private foundation as you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(iii) of the Internal Revenue Code.

Community Health Centers of Burlington
Board of Directors – 1/12/15

Eileen Elliott, Esq. – *President*

Steve Yurasits – *Vice-President*

Kelley Newell – *Secretary*

Meg O'Donnell, Esq. – *Treasurer*

Gary Bergeron, M.B.A., C.P.A.

Sonam Chophel

Thomas Dettre, C.P.A.

Paul Fontaine

Michael George

Peter Gunther, M.D.

Chris Perrera, M.B.A.

Richard Taylor

2015 CDBG Application
Conflict of Interest Statement

1. Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who is or has been, within one year of the date of this questionnaire, (a) a CEDO employee or consultant, (b) a part of the Mayor's Office, (c) a City Councilor, or (d) a member of the CDBG Advisory Board?

____ Yes ___X___ No
If yes, please list the name(s) and information requested below:
Name of person:
Job Title of person:
Indicate: CEDO employee or consultant; Mayor's Office; City Councilor; Advisory Board member

2. Will the CDBG funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who is currently or has been, within one year of the date of this questionnaire, (a) a CEDO employee or consultant, (b) part of the Mayor's Office, (c) a City Councilor, or (d) a member of the CDBG Advisory Board?

____ Yes ___X___ No
If yes, please list the name(s) and information requested below:
Name of person:
Job Title of person:
Indicate: CEDO employee or consultant; Mayor's Office; City Councilor; Advisory Board member

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of: (a) a CEDO employee or consultant, (b) part of the Mayor's Office, (c) a City Councilor person, or (d) a member of the CDBG Advisory Board?

___X___ Yes ____ No
If yes, please list the names(s) and information requested below:
Name of member:
Indicate: CEDO employee or consultant, Mayor's Office, City Councilor; Advisory Board member
Indicate type of tie: Family or Business
If family, indicate relationship:

(1) Eileen Elliott, Esq. of Dunkiel Saunders ...; NOT directly, but her law firm has contracts + works with the City of Burlington.
(2) Alison Calderara, M. Ed, Parallel Justice Commissioner works with CEDO staff.
(3) Erin Ahearn, LICSW works with CEDO office, Continuum of Care.

Authorized Signature:

Alison K Calderara
Signature of Applicant's Representative

1/12/15
Date

Director, CR+D
Title

CHCB
Agency