

Application for Federal Assistance SF-424

* 1. Type of Submission:

- ☒ Preapplication
☐ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

H80CS06671

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

El Dorado County Community Health Center

* b. Employer/Taxpayer Identification Number (EIN/TIN):

421533531

* c. Organizational DUNS:

1265445970000

d. Address:

* Street1:

4327 Golden Center Drive

Street2:

* City:

Placerville

County/Parish:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

95667-6260

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Judy

Middle Name:

* Last Name:

Stein

Suffix:

Title:

Finance Director

Organizational Affiliation:

* Telephone Number:

530 350-8201

Fax Number:

* Email:

jstein@edcchc.org

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Health Resources and Services Administration

11. Catalog of Federal Domestic Assistance Number:

93.527

CFDA Title:

Grants for New and Expanded Services under the Health Center Program

* 12. Funding Opportunity Number:

HRSA-19-079

* Title:

Oral Health Infrastructure (OHI)

13. Competition Identification Number:

HRSA-19-079

Title:

Oral Health Infrastructure (OHI)

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Expansion of Integrated Oral Health Care

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:*** a. Applicant * b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:* a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="300,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="300,000.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title: * Telephone Number: Fax Number: * Email: * Signature of Authorized Representative: * Date Signed:

ABSTRACT

Project Title: Expansion of Integrated Oral Health Care
Applicant Name: El Dorado Community Health Center (EDCHC)
Address: 4327 Golden Center Dr., Placerville, CA 95667
Health Center Program Grant #: H80CS06671
Project Director Name: Terri Stratton
Phone Numbers: (530) 748-3105 (voice); (888) 491-9601 (fax)
E-mail Address: tstratton@edcchc.org
Website Address: www.edcchc.org
Type of Funding Requested: Oral Health Infrastructure, HRSA-19-079

El Dorado Community Health Center (EDCHC) is a non-profit FQHC primary care center that has served El Dorado County, California since 2003. The geographic area served includes a HRSA designated Medically Underserved Area and two Dental Health Professional Shortage Areas (scores of 11 and 18). EDCHC has four primary care sites with two in Placerville and two 9.5 miles away in Cameron Park. EDCHC's UDS records identify that 10,444 patients are being served, with 2,247 (2018 data) of these patients receiving dental. Thus, only 21.5% of current patients are receiving dental care.

Integrated oral health care is provided in Cameron Park where there is a dental facility with four chairs, two dentists and a hygienist. Due to insufficient facility capacity in Placerville, the only dental services provided at the two EDCHC Placerville sites are dental screenings and fluoride treatments provided by primary care providers. Patients must be referred for further dental services at the Cameron Park facility. Due to limited dental facility capacity, dental services are only available for established primary care patients. Funding would expand access to dental services across the service area.

EDCHC operates a mobile dental van with community partners to bring dental services to children aged 0-18 at school sites. Services offered include cleanings, fluoride treatments, sealants, x-rays and complete oral exams. Increased dental capacity is needed for children identified as needing fillings and other dental services that are beyond what can be provided by the dental van. IOH funds would provide this.

EDCHC is securing funding from other sources to construct a new facility in Placerville which will provide the needed square footage to provide full integrated oral health services. The project is to provide the necessary equipment and supplies for eight dental operatories (e.g., dental chairs, dental lights, water purification, nitrous cart, x-ray machine and oral cameras) to open and operate a full integrated oral health care program in Placerville for a large underserved population.

Oral Health Infrastructure (OHI) funding will increase access to integrated oral health care. Access will increase by adding seven dental chairs, two dentists and two dental hygienists. This funding will support the Patient Centered Medical Home (PCMH) model by providing all services in one location with increased patient access to these services. Access will be increased because the Placerville facility is adjacent to the public transportation hub, services will be available closer to the zip codes with the most patients needing dental services, wait times for appointments will be decreased, more of the underserved population can access services, and the Placerville dental program will be open 3-4 Saturdays per month.