

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision	* If Revision, select appropriate letter(s): E: Other (specify) * Other (Specify): Supplemental
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: H80CS00590	
5a. Federal Entity Identifier:	5b. Federal Award Identifier: H80CS00590	
State Use Only:		
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: Mission Area Health Associates		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 942284365	* c. Organizational DUNS: 0309673920000	
d. Address:		
* Street1:	240 Shotwell Street	
Street2:		
* City:	San Francisco	
County/Parish:		
* State:	CA: California	
Province:		
* Country:	USA: UNITED STATES	
* Zip / Postal Code:	94110-1323	
e. Organizational Unit:		
Department Name:	Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Ms.	* First Name: Brenda	
Middle Name: Y		
* Last Name: Storey		
Suffix:		
Title: CEO		
Organizational Affiliation: Mission Neighborhood Health Center		
* Telephone Number: 415-552-3870	Fax Number: 415-431-3178	
* Email: brendastorey@mnhc.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:**

Dental Equipment Acquisition and Installation

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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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:

Project Title: Mission Oral Health Infrastructure Improvements
Applicant Name: Mission Area Health Associates dba Mission Neighborhood Health Center
Address: 240 Shotwell Street, San Francisco, CA 94110
Project Director: Brenda Storey, Chief Executive Officer
Contact Number: Phone: (415) 552-1013 x2201, Fax: (415) 431-3178
Email Address: brendastorey@mnhc.org
Website Address: www.mnhc.org
Grant Program Funds Requested: \$300,000
Health Center Grant Number: H80CS00590

Since 1967, Mission Neighborhood Health Center has provided comprehensive, culturally competent primary health care to predominantly low-income Latino families in the Mission District of San Francisco. The clinic opened with the initial goal of serving the healthcare needs of low-income families and providing jobs to individuals in the community. Over time, MNHC grew and expanded with the Excelsior Clinic, located in the Excelsior District of San Francisco, as well as the Mission Neighborhood Resource Center, our site dedicated to serving the growing homeless population in the city. Through these expansions, MNHC has been able to serve a greater portion of the medically underserved community. In 2018, MNHC provided services to nearly 12,000 patients.

Originally a jukebox factory, MNHC owns its main site, Shotwell Clinic; located in a building that is over 50 years old. The Shotwell Clinic serves the highest volume of patients, with 8,011 patients coming for appointments in 2018. Shotwell is home to the greatest range of services we offer, which include Adult and Pediatric primary care services, OB/GYN, teen clinic, an HIV Clinic, behavioral health, an in-house pharmacy, and lab services. Recognizing the important role of oral health in overall health status, MNHC has a contractual relationship with the onsite private dental office for patient referrals. According to the 2000 U.S. Surgeon General's Report "Oral Health in America", oral health problems are linked to health issues such as diabetes, heart disease, and adverse pregnancy outcomes¹. Though preventable, untreated tooth decay among young children in California has also increased over the past two decades, and in San Francisco children of color are disproportionately affected even before they enter Kindergarten². In 2018, 735 of our Adult and Pediatric patients had a dental appointment with the dental office. We expect these numbers to grow in 2019 with the recent expansion of services to include children aged 0-5. Because many of our patients utilize the dental office located within our building, we are requesting funding for minor A/R (plumbing, electrical work) and to purchase updated dental equipment. Although the dental office has undergone renovations over the years, the dental chairs are over 30 years old and the dental stools, delivery system equipment and dental chair LED lights also need to be replaced. In addition, we are currently in the process of replacing the dental compressor and request funding to purchase a secondary backup compressor.

Referrals to the dental office result from oral health screenings and education delivered by MNHC providers, health educators, and other clinical support staff. It is our expectation that patients will be more attracted to receiving care in a dental office with more modern and comfortable equipment.

1. U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General* (Rockville, MD: National Institutes of Health, 2000)
2. San Francisco Children's Oral Health Collaborative. *San Francisco Children's Oral Health Strategic Plan, 2014-2020* (2014)