

CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY (AUTHORITY)

Specialty Dental Clinic Grant Program

Resolution No. 2023-04

July 27, 2023

PURPOSE OF THE REQUEST:

Staff seeks Authority approval of the guidelines for the Specialty Dental Clinic Grant Program (Program).

SUMMARY:

California's specialty dental clinics provide significant levels of care to the special health care needs populations, which are defined as children and adults who have disabilities that prevent them from receiving routine or specialty care due to their physical, developmental, or cognitive conditions. A 2020 special needs dentistry summit highlighted the lack of resources within California's health care system to provide timely access to needed services for patients with special health care needs and demonstrated that providers were backlogged with a minimum year-long waitlist for treatment, with many extending up to two years. The expansion of dental settings through a variety of providers will significantly expand access to dental care for individuals who are unable to undergo dental procedures in traditional dental offices either due to special health care needs or the complexity of the care needed.

On June 30, 2022, the Program was chaptered into law through the annual Budget Act of 2022 (Section 47, Chapter 45, Statutes of 2022), authorizing the Authority, using an appropriation of \$25 million, to provide grants to eligible entities for the purpose of increasing access to oral health care for special health care needs populations through the development and expansion of specialty dental clinics in California. On June 27, 2023, the Program was allocated an additional \$25 million through the passing of the annual Budget Act of 2023 (Section 2.00, Chapter 12, Statutes of 2023), bringing the cumulative amount to \$50 million in total available funding for the Program.

The Authority consulted with its technical advisor, the California Dental Association Foundation (CDAF) in the development of the guidelines. Additionally, the Authority met with several stakeholder groups, including the California Department of Developmental Services, the California Association of Nurse Anesthetists, and the California Dental Hygienists' Association, to discuss each organization's specific expertise related to the implementation of the Program.

PROGRAM FEATURES:

Program Funding: Up to \$50 million in grant awards is available for encumbrance or expenditure until June 30, 2028, and all funds must be disbursed by June 30, 2030; therefore, all projects have to be open and operational by June 30, 2030. Of this amount, the Department of Finance may transfer up to \$2,500,000 (5%) to the Authority to administer the grants, which is available for encumbrance or expenditure until June 30, 2030.

Eligible Applicants: The Program statute defines eligible applicants, which include, but are not limited to, primary care clinics, specialty clinics, community clinics, free clinics, surgical clinics, chronic dialysis clinics, rehabilitation clinics, acute care hospitals, intermediate care facilities for the developmentally disabled, special hospitals, providers that are licensed with the medical or dental board of California, and dental colleges.

Regional Maximums: See Attachment A.

Evaluation Criteria: See Section 7 of the guidelines.

Eligible Costs: Grant proceeds may be used for the following purposes:

- 1) Construction of real property, including the following costs: project planning, project management, appraisals, inspections, or pre-construction costs such as permit fees, surveying, architectural, and engineering fees, as applicable.
- 2) Expansion, including the purchase of real property or mobile dental unit(s).
- 3) Modification of real property, such as renovation or remodeling.
- 4) Adaptation, such as the purchase of equipment and/or furnishings.

Application Deadline: Authority staff is expecting to open the first funding round early Fall 2023, with an application period of six to eight months to give applicants sufficient time to prepare and submit robust applications. The deadline of the first funding round will be posted on the Authority's website. If grant funds remain after the first funding round, the application deadline for the second funding round will be determined at a future date and will be posted on the Authority's website.

Scoring Process: At least two staff members will score applications on how completely, responsively, and clearly the applications address the evaluation criteria, in consultation with the Authority's technical advisor. The average scores will be calculated, and a final score will be assigned to the application. Staff will make funding recommendations (initial allocations) to the Authority for final approval (final allocations). Applications are expected to score a minimum of 60 to be considered for an initial allocation.

Appeals: Applicants may appeal the amount of their recommended initial allocation, including staff's determination not to recommend an award, to the Executive Director or Deputy Executive Director of the Authority. The decision of the Executive Director or Deputy Executive Director may be appealed to the Authority. The Authority will make the final decision on an appeal of the Executive Director's or Deputy Executive Director's decision at a public meeting. Lower scoring applications may be affected by appeals, including a reduction or elimination of initial allocations.

Final Awards: The Authority will make decisions on final allocations at a public meeting. Grant award letters will be sent to applicants approved for a final allocation shortly after the Authority meeting.

Grant Agreements: All grantees will be required to execute grant agreements that will speak to the grant amount, the project, appropriate uses of funds, the grant period, disbursement procedures, unused funds, indemnification requirements, prohibitions against discrimination, auditing, site visits, remedies for default, etc.

Reporting Requirements: For a ten-year period, grantees will be required to formally report an Annual Caseload Certification Form, which shall demonstrate that the special health care needs populations constitute at least 50 percent of the facility's caseload, with the requirement applicable only to the project financed with grant funds.

RECOMMENDATION:

Staff recommends the approval of Resolution No. 2023-04 approving the guidelines for the Specialty Dental Clinic Grant Program.

ATTACHMENTS:

Attachment A – Regional Distribution Method for the First Funding Round and Maximums

Attachment B – Authorizing Statutes

Attachment C – Specialty Dental Clinic Grant Program Guidelines

**REGIONAL DISTRIBUTION METHOD
FOR THE FIRST FUNDING ROUND AND MAXIMUMS**

The Authority received much feedback from Program stakeholders to ensure an equitable distribution of funds across California. With this in mind, the Authority analyzed data from the 2021 US Census, which breaks up ten regions based on common factors, such as the like-mindedness of counties in California and the capacity of community-based organizations within the counties. The Authority further consolidated the ten areas into five regions based on the Census’s break up, as well as the proximity of the areas to one another, with the five final regions being the following: the San Joaquin, Superior, Bay Area/Central Coast, Southern, and Los Angeles regions. The assignment of region that each county is associated with may be found within the Program guidelines.

To calculate maximum funding allocations for each region, each region’s data was analyzed for both its total number of population with a disability and its proportionate share of population with a disability when compared to all of California. These two variables were used to calculate a weighted average, which was used in calculating the maximum amount of funding that each region may receive in the first funding round.

In the first funding round, the Authority may award funding utilizing the following maximum amounts per region:

<u>Region</u>	<u>Total Maximum</u>
1) San Joaquin Region	\$7,300,000
2) Superior Region.....	\$7,650,000
3) Bay Area/Central Coast Region	\$9,350,000
4) Southern Region	\$12,410,000
5) Los Angeles Region	\$10,790,000

In all cases, no grant may exceed \$5 million per individual grantee. If funds remain available after the first funding round, a subsequent funding round will be opened without regard to previous regional maximum amounts.

AUTHORIZING STATUTES

SECTION 47, CHAPTER 45, STATUTES OF 2022

0977-101-0001—For local assistance, California Health Facilities Financing Authority 65,000,000⁽¹⁾

Schedule:

(1) 0885-Health Facilities Grants and Loans 65,000,000⁽¹⁾

Provisions:

- 2. (a) Of the amount appropriated in this item, \$25,000,000 is available for encumbrance or expenditure until June 30, 2028, for the California Health Facilities Financing Authority to implement the Specialty Dental Clinic Grant Program to support the construction, expansion, modification, or adaptation of specialty dental clinics in California to increase access to oral health care for the special health care needs populations.
(b) The Department of Finance may transfer up to \$1,250,000 to Item 0977-001-0001 to administer the grants. Any funds transferred shall be available for encumbrance or expenditure until June 30, 2030.
(c) The California Health Facilities Finance Authority shall determine, in consultation with the California Dental Association and other stakeholders representing patients with special health care needs, disability and consumer advocates, and specialty dental providers, the competitive grant program application process, eligibility criteria, and methodology for distribution of the grants, up to \$5,000,000 per eligible entity, pursuant to this provision.
(d) The California Health Facilities Financing Authority shall prioritize applications that do the following: support timely access, reduce geographic shortages, increase equity, and support quality of care, giving priority to applications that include plans to reduce the need for dental care using sedation or general anesthesia, including, but not limited to, prevention, early intervention, behavior support services and intervention, provider education, and community outreach activities that bring care to community sites.
(e) Entities shall meet the criteria established by the California Health Facilities Financing Authority, which, at a minimum, shall include:
(1) A commitment to provide services to special needs populations, regardless of payer or health insurance provider, for a minimum of ten years upon final completion of construction, expansion, modification, or adaption of specialty dental clinics. The special needs population shall constitute at least 50 percent of the facility’s total patient caseload. To the extent an eligible entity does not

1 Of the amount appropriated in this item, \$40,000,000 is available for encumbrance or expenditure until June 30, 2025, for the California Health Facilities Financing Authority to implement the Nondesignated Public Hospital Bridge Loan Program II.

maintain the minimum patient caseload above, the entity shall repay the amount of the grant back to the California Health Facilities Financing Authority within five years at an interest rate established by the California Health Facilities Financing Authority.

- (2) The eligible entity shall be enrolled and certified as a provider with the Medi-Cal program and, if applicable, provide copies of valid contracts with local Medi-Cal managed care plans.
- (3) Submission of plans to the California Health Facilities Financing Authority that demonstrate the proposed entity's ability to serve patients with physical, cognitive, or developmental disabilities.
- (4) Proof of appropriate licensure of the facility or providers, including, but not limited to, professional licensure and applicable permits for general anesthesia, medical general anesthesia, conscious sedation, and oral conscious sedation.
- (h) "Special health care needs populations" include children and adults who have disabilities that prevent them from receiving routine or specialty care due to their physical, developmental, or cognitive condition.
- (i) Notwithstanding subdivision (e) of Section 15432 of the Government Code, "eligible entities" may include the following:
 - (1) Facilities licensed under Chapter 1 (commencing with Section 1200) of Division 2 of the Health and Safety Code that provide, or intend to provide, dental services.
 - (2) Facilities licensed under Section 1250 of the Health and Safety Code that provide, or intend to provide, dental services.
 - (3) Licensed providers with the Medical or Dental Board of California that provide, or intend to provide, dental services.
 - (4) A dental college located in the state approved by the California Dental Board or the Commission on Dental Accreditation of the American Dental Association.
- (j) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the California Health Facilities Financing Authority may implement, interpret, or make specific this provision, in whole or in part, by means of information notices or other similar instructions, without taking any further regulatory action.
- (k) For purposes of implementing this provision, the California Health Facilities Financing Authority may enter into exclusive or nonexclusive contracts, or amend existing contracts, on a bid or negotiated basis. Contracts entered into or amended pursuant to this provision shall be exempt from Chapter 6 (commencing with Section 14825) of Part 5.5 of Division 3 of Title 2 of the Government Code, Section 19130 of the Government Code, and Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code.

SECTION 2.00, CHAPTER 12, STATUTES OF 2023

0977-101-0001—For local assistance, California
Health Facilities Financing Authority
..... 25,000,000

Schedule:

(1) 0885-Health Facilities Grants
and Loans 25,000,000

Provisions:

1. (a) Of the amount appropriated in this item, \$25,000,000 is available for encumbrance or expenditure until June 30, 2028, for the California Health Facilities Financing Authority to implement the Specialty Dental Clinic Grant Program to support the construction, expansion, modification, or adaptation of specialty dental clinics in California to increase access to oral health care for the special health care needs populations.
- (b) The Department of Finance may transfer up to \$1,250,000 to Item 0977-001-0001 to administer the grants. Any funds transferred shall be available for encumbrance or expenditure until June 30, 2030.
- (c) The California Health Facilities Financing Authority shall determine, in consultation with the California Dental Association and other stakeholders representing patients with special health care needs, disability and consumer advocates, and specialty dental providers, the competitive grant program application process, eligibility criteria, and methodology for distribution of the grants, up to \$5,000,000 per eligible entity, pursuant to this provision.
- (d) The California Health Facilities Financing Authority shall prioritize applications that do the following: support timely access, reduce geographic shortages, increase equity, and support quality of care, giving priority to applications that include plans to reduce the need for dental care using sedation or general anesthesia, including, but not limited to, prevention, early intervention, behavior support services and intervention, provider education, and community outreach activities that bring care to community sites.
- (e) Entities shall meet the criteria established by the California Health Facilities Financing Authority, which, at a minimum, shall include:
 - (1) A commitment to provide services to special needs populations, regardless of payer or health insurance provider, for a minimum of 10 years upon final completion of construction, expansion, modification, or adaption of specialty dental clinics. The special needs population shall constitute at least 50 percent of the facility’s total patient caseload. To the extent an eligible entity does not maintain the minimum patient caseload above, the entity shall repay the amount of the grant back to the California Health Facilities Financing Authority within five years at an interest rate established by the California Health Facilities Financing Authority.

- (2) The eligible entity shall be enrolled and certified as a provider with the Medi-Cal program and, if applicable, provide copies of valid contracts with local Medi-Cal managed care plans.
- (3) Submission of plans to the California Health Facilities Financing Authority that demonstrate the proposed entity's ability to serve patients with physical, cognitive, or developmental disabilities.
- (4) Proof of appropriate licensure of the facility or providers, including, but not limited to, professional licensure and applicable permits for general anesthesia, medical general anesthesia, conscious sedation, and oral conscious sedation.
- (h) "Special health care needs populations" include children and adults who have disabilities that prevent them from receiving routine or specialty care due to their physical, developmental, or cognitive condition.
- (i) Notwithstanding subdivision (e) of Section 15432 of the Government Code, "eligible entities" may include the following:
 - (1) Facilities licensed under Chapter 1 (commencing with Section 1200) of Division 2 of the Health and Safety Code that provide, or intend to provide, dental services.
 - (2) Facilities licensed under Section 1250 of the Health and Safety Code that provide, or intend to provide, dental services.
 - (3) Licensed providers with the Medical or Dental Board of California that provide, or intend to provide, dental services.
 - (4) A dental college located in the state approved by the California Dental Board or the Commission on Dental Accreditation of the American Dental Association.
- (j) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the California Health Facilities Financing Authority may implement, interpret, or make specific this provision, in whole or in part, by means of information notices or other similar instructions, without taking any further regulatory action.
- (k) For purposes of implementing this provision, the California Health Facilities Financing Authority may enter into exclusive or nonexclusive contracts, or amend existing contracts, on a bid or negotiated basis. Contracts entered into or amended pursuant to this provision shall be exempt from Chapter 6 (commencing with Section 14825) of Part 5.5 of Division 3 of Title 2 of the Government Code, Section 19130 of the Government Code, and Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code.

SPECIALTY DENTAL CLINIC GRANT PROGRAM GUIDELINES

(Authority and Reference: Items of Appropriation 0977-101-0001, Section 47, Chapter 45, Statutes of 2022 and Section 2.00, Chapter 12, Statutes of 2023)

Section 1. Definitions

The following definitions shall apply wherever the terms are used throughout this Chapter.

- (a) “Applicant” means an entity that meets the eligibility requirements as further described in Section 2 and submits an Application.
- (b) “Application” means an emailed request for a Grant using the Specialty Dental Clinic Grant Program Application Form No. CHFFA 14 SDCGP-01 (08/2023), which is hereby incorporated by reference and all other supporting documents, as further described in Section 6.
- (c) “Authority” means the California Health Facilities Financing Authority.
- (d) “Authority Staff” means employees of the Authority.
- (e) “Bay Area/Central Coast Region” means the counties of Alameda, Contra Costa, Marin, Monterey, San Benito, San Francisco, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Solano, and Ventura.
- (f) “Caseload” means the entity’s total number of patient visits in a calendar year.
- (g) “Deputy Executive Director” means the deputy executive director of the Authority.
- (h) “Equipment and/or Furnishings” means a capitalized asset used for the benefit of Special Health Care Needs Populations patients.
- (i) “Executive Director” means the executive director of the Authority.
- (j) “Facility” means a place, amenity, or piece of Equipment and/or Furnishings that is specifically funded in part or in full by a Grant from the Specialty Dental Clinic Grant Program.
- (k) “Feasible” means the Project has secured all the necessary funding and developed a detailed plan with the steps necessary to complete the Project and begin providing services.
- (l) “Final Allocation” means the Grant amount approved by the Authority as further described in Section 10.
- (m) “Funding Round” means the time period during which Applications may be submitted for consideration of funding by the Authority.

- (n) “Grant” means an award of funds to an Applicant.
- (o) “Grant Agreement” means a written agreement between the Authority and a Grantee that specifies the terms and conditions of the Grant.
- (p) “Grant Award Letter” means the official notification that a Grant has been approved by the Authority.
- (q) “Grant Period” means the time period from the date of Final Allocation to the date set by the Authority for the Grant to end.
- (r) “Grantee” means an Applicant that has been awarded a Grant.
- (s) “Initial Allocation” means the Grant amount the Authority Staff recommends the Authority approve for Final Allocation as further described in Section 8.
- (t) “Los Angeles Region” means the county of Los Angeles.
- (u) “Mobile Dental Unit” means a self-contained unit, which may include, but is not limited to, a trailer or van, in which dentistry is practiced that may be moved, towed, or transported from one location to another.
- (v) “Project” means the construction, expansion, modification, or adaptation of Specialty Dental Clinics in California.
- (w) “Ready” means the Project has all applicable approvals and/or documents for the Project to begin.
- (x) “San Joaquin Region” means the counties of Alpine, Amador, Calaveras, Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, San Joaquin, Stanislaus, Tulare, and Tuolumne.
- (y) “Special Health Care Needs Populations” includes children and adults who have disabilities that prevent them from receiving routine or specialty care due to their physical, developmental, or cognitive condition.
- (z) “Specialty Dental Clinic” means an entity, as described in Section 2, that provides services to the Special Health Care Needs Populations patients.
- (aa) “Specialty Dental Clinic Grant Program” means the program defined in Section 47, Chapter 45, Statutes of 2022, and Section 2.00, Chapter 12, Statutes of 2023.
- (bb) “Southern Region” means the counties of Imperial, Orange, Riverside, San Bernardino, and San Diego.
- (cc) “Superior Region” means the counties of Butte, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Siskiyou, Sonoma, Sutter, Tehama, Trinity, Yolo, and Yuba.

(dd) "Sustainable" means the Project has projected revenues that are sufficient to operate on a continuous basis for a minimum of ten years.

Section 2. Eligibility

(a) The following Applicants are eligible to apply for a Grant under the Specialty Dental Clinic Grant Program:

(1) Entities licensed under Chapter 1 (commencing with Section 1200) of Division 2 of the Health and Safety Code that provide, or intend to provide, dental services.

(2) Entities licensed under Section 1250 of the Health and Safety Code that provide, or intend to provide, dental services.

(3) Providers licensed with the Medical or Dental Board of California that provide, or intend to provide, dental services.

(4) A dental college located in the state, approved by the Dental Board of California or the Commission on Dental Accreditation of the American Dental Association.

(b) The Applicant shall be enrolled and certified as a provider with the Medi-Cal program.

Section 3. Eligible Project Costs

(a) The use of Grant funds shall be limited to:

(1) Construction of real property, including the following costs: Project planning, Project management, appraisals, inspections, or pre-construction costs such as permit fees, surveying, architectural, and engineering fees, as applicable.

(2) Expansion, to increase capacity to serve the Special Health Care Needs Populations patients, including:

(A) Purchase of real property.

(B) Purchase of Mobile Dental Unit(s).

(3) Modification of real property, such as renovation or remodeling to improve or increase the provision of dental care to the Special Health Care Needs Populations patients.

(4) Adaptation, such as the purchase of Equipment and/or Furnishings to provide services to Special Health Care Needs Populations patients.

(b) Grant funds shall only be used for reasonable costs directly related to and essential for the completion of the Project.

(c) Eligible costs include only those incurred during the Grant Period.

Section 4. Funding Rounds

(a) The deadline for the first Funding Round shall be posted on the Authority’s website at www.treasurer.ca.gov/chffa and sent to the Authority’s Listserv, to which anyone may subscribe to at www.treasurer.ca.gov/chffa..

(b) If funds are available after the first Funding Round, the deadline for any subsequent Funding Round(s) shall be posted on the Authority’s website at www.treasurer.ca.gov/chffa and sent to the Authority’s Listserv, to which anyone may subscribe to at www.treasurer.ca.gov/chffa.

Section 5. Maximum Grant Amounts and Regional Distribution

(a) In the first Funding Round, the Authority shall award funding totaling no more than the following maximum amounts per region:

	<u>Region</u>	<u>Total Maximum</u>
(1)	San Joaquin Region.....	\$7,300,000
(2)	Superior Region	\$7,650,000
(3)	Bay Area/Central Coast Region	\$9,350,000
(4)	Southern Region	\$12,410,000
(5)	Los Angeles Region.....	\$10,790,000

(b) If the total eligible Application funding requests for any region is less than the total maximum allocated in subdivision (a) above, the Authority, without regard to regional maximum amounts, may award those funds to eligible Applicants meeting the minimum scoring requirements, as described in Section 8, subdivision (f), beginning with the highest scoring Applicant(s) that did not receive an Initial Allocation of their entire eligible funding request.

(c) No Grant may exceed five million dollars (\$5,000,000) per individual Grantee.

(d) If funds remain available after the first Funding Round, a subsequent Funding Round shall be opened without regard to previous regional maximum amounts.

Section 6. Grant Application

(a) The Application shall be available on the Authority’s website at www.treasurer.ca.gov/chffa and shall be referred to as the Specialty Dental Clinic Grant Program Application Form No. CHFFA 14 SDCGP-01 (08/2023), which is hereby incorporated by reference.

(b) The Application shall include the following:

(1) Certification of the Applicant's commitment to provide services to Special Health Care Needs Populations patients, regardless of payer or health insurance provider, for a minimum of ten years upon final completion of the Project. Special Health Care Needs Populations patients shall constitute at least 50 percent of the Caseload, with the requirement applicable only to Facilities financed with Grant funds.

(2) Copies of documentation, verifying the Applicant's enrollment in the Medi-Cal program. If applicable, copies of valid credentialing with local Medi-Cal managed care plans.

(3) Certification that the Applicant's licenses, permits, and professional status are all current and operable with all applicable boards, commissions, or governing bodies.

(4) Copies of all permits, as applicable, for general anesthesia, medical general anesthesia, moderate sedation, conscious sedation and/or oral conscious sedation for adults, or pediatric minimal sedation.

(5) Copies of appropriate licensure(s), as applicable, of the dental clinic and/or provider(s).

(A) All Applicants must provide proof of a valid California dentist or physician license.

(B) Applicants owning multiple dental clinic locations, shall provide a Dental Board of California additional office permit for each location.

(C) Applicants operating a Mobile Dental Unit, shall provide the appropriate permit(s) and/or licensure.

(D) Applicants practicing in outpatient surgery settings or ambulatory surgery centers, including a dental school or hospital, shall provide facility licensing or accreditation, as applicable:

(i) Certification by the Center for Medicare and Medicaid Services that states participation in the Medicare program (include certification number).

(ii) Accreditation by an accreditation agency approved by the Medical Board of California. Include disclosure of accreditation agency and number, if applicable.

(iii) License as issued by the California Department of Public Health. Include license type and number, if applicable.

(E) Applicants that are a California dental college: Approval by the Dental Board of California or the Commission on Dental Accreditation.

(c) The Application shall be submitted to the Authority by email to chffa@treasurer.ca.gov no later than 5:00 p.m. (Pacific Time) on the deadline date posted on the Authority's website at www.treasurer.ca.gov/chffa.

(1) Incomplete Applications and Applications received by the Authority after the deadline date and time of the Funding Round shall not be accepted for review.

(2) Applications shall be considered final as of the deadline date and time. No additional information or documents shall be accepted by the Authority after that date, except as specifically requested by the Authority.

(3) The Authority is not responsible for transmittal delays or failures of any kind.

Section 7. Evaluation Criteria

(a) Applications shall be scored on the following criteria:

(1) Project supports or improves timely access to patient care and reduces geographic shortages of specialty dental care. (Maximum 20 points)

(A) Define your Project's geographic service area.

(B) Describe the current Special Health Care Needs Populations' patients' wait times for a **routine** dental appointment in your Project's geographic service area.

(C) Describe the current Special Health Care Needs Populations' patients' wait times for an appointment for **specialty dental care** in your Project's geographic service area.

(D) Describe how the Project will decrease these wait times for the Special Health Care Needs Populations patients, including examples.

(E) Describe how the Project is addressing the shortage of services in the geographic service area, including but not limited to, differences in obtaining care for pediatric versus adult populations with special health care needs.

(F) Describe the need for a Specialty Dental Clinic in the Project's geographic service area and any current collaborations with regional centers, government entities, community organizations, or other local dental providers, as applicable. Include any letters of support from these entities.

(2) Project increases equity. (Maximum 20 points)

(A) Describe the Special Health Care Needs Populations that the Project will serve, including type of disability and payer source.

(i) Provide the current and a projection of the number and percentage of patients with Medi-Cal, commercial plans, or out of pocket payments, and provide the methodology of how these estimates were projected.

(ii) Provide the current and a projection of the number and percentage of pediatric patients, adult patients, and senior patients to be served by the Project and provide the methodology of how these estimates were projected.

(B) Describe how the service provider will provide culturally and linguistically inclusive care to Special Health Care Needs Populations and access to transportation services. Examples include: the Applicant's access to or the use of trained interpreters or material translation services. Additionally, list any languages, other than English, that are spoken by the dental provider and/or staff.

(3) Project supports quality of care for the Special Health Care Needs Populations. (Maximum 20 points)

(A) Describe experience working with Special Health Care Needs Populations and explain the commitment and interest in serving these populations.

(B) List each part of the Project (construction, renovation, remodeling, or purchase of real property, and Equipment and/or Furnishings to be installed) and describe how each part assists in increasing the quality of patient care or expands access to care.

(C) Provide the percentage and number of annual patient visits that the Special Health Care Needs Populations makes up of your current Caseload, and the projected percentage and number of annual patient visits one year after Project completion.

(4) Project includes plans to reduce the need for dental care using sedation or general anesthesia, including, but not limited to, prevention, early intervention, behavior support services and intervention, provider education, and community outreach activities that bring care to community sites. (Maximum 5 points)

(A) Describe the percentage of patients with special health care needs that are provided dental treatment under general anesthesia/deep sedation, moderate, conscious, or oral conscious sedation, minimal sedation, nitrous oxide, and no anesthesia. Describe how the level of sedation required is determined for patients with special health care needs.

(B) Describe any techniques or treatment methods used to reduce the need for anesthesia or sedation. For example, describe the use of behavior modification or desensitization techniques.

(5) Project is, or will be, Ready, Feasible, and Sustainable. (Maximum 35 points)

(A) Provide a detailed plan and a timeline with steps needed to complete the Project and demonstrate the ability to meet the timeframes as set forth in subdivision (D). Provide supporting documentation, if available. (Maximum 10 points)

(i) Provide physical address, renderings, and/or floor plans of Project site, if available. If a Project site has not been identified, provide a description of the process, criteria, and timeline for identification and selection of Project site that will be utilized.

(ii) Describe and provide the necessary approvals and processes to complete the Project, and the names and roles of all responsible entities. This may include, but is not limited to, request for proposals, architectural and construction contracts, California Environmental Quality Act (CEQA) compliance, building permits, and conditional use permits, as applicable.

(iii) Provide the key milestones, in both the future and those completed to date, including projected or actual Project start date (i.e., date of purchase, construction, or lease), Project end date, and projected start date of providing services to the Special Health Care Needs Populations.

(iv) Provide the plan for staffing the Project(s), if applicable.

(v) Describe the potential challenges that may affect the timeline for providing services and how those challenges will be mitigated, including but not limited to, site identification and acquisition, contracting, local use permit process, CEQA process, building code compliance, licensure, certification, possible loss of a site, delays in approvals, community opposition issues, loss or reduction in leveraged funding, and increased Project costs, as applicable.

(B) Identify the total cost of the Project and provide the detail of sufficient Project funding sources or a plan for acquiring them. (Maximum 13 points)

(i) A line item of all costs, totaling the cost of the Project, including for what the Grant funds will be used.

(ii) Describe if Project leverages public and/or private funding sources sufficient to complete the Project. Include the amounts and current status of funding.

(iii) Total uses of funds shall equal the total sources of funds.

(iv) A description of the Applicant's internal processes to ensure that the Grant funds shall only be used for eligible costs, as described in Section 3.

(C) Application demonstrates that the Project is Sustainable and includes the following: (Maximum 12 points)

(i) A budget that details annual projected operating costs.

(ii) A description of new Project funding sources with amounts and cash flow projections and/or how existing funding will be directed to provide ongoing support for a minimum of ten years from the date of Project completion.

(iii) Appropriate documentation indicating the Applicant's satisfactory financial capacity, as applicable, including, but not limited to: audited financial statements, IRS Form 990, and/or other financial documentation to show financial status.

(iv) Proof of additional operating funding sources, if applicable.

(D) Application shall demonstrate that the Project will be Ready, Feasible, and Sustainable as follows:

(i) Projects that include construction or expansion within 18 months of the approval of the Final Allocation.

(ii) Projects that include acquisition of a building and/or renovation within 12 months of the approval of the Final Allocation.

(iii) Projects that include only the purchase of Equipment and/or Furnishings, within nine months of the approval of the Final Allocation.

Section 8. Initial Allocation

(a) Authority Staff shall evaluate the Application's completeness, responsiveness, and clarity in addressing the criteria described in Section 7.

(b) The score from each reviewer of the Authority Staff shall be added, and the average of the score shall be calculated. The average score shall be the final score assigned to the Application.

(c) Authority Staff shall make Initial Allocations based on the final score assigned to each Application, from the highest to the lowest, and present the Initial Allocations to the Authority board for Final Allocations.

(d) In the event that two or more Applicants score the same points, ranking shall be based on higher points scored in the following order: timely access and geographic shortages of care (Section 7, subdivision (a)(1)), reductions in sedation or anesthesia (Section 7, subdivision (a)(4)), and Project Readiness, Feasibility, and Sustainability (Section 7, subdivision (a)(5)).

(e) Notification of Initial Allocations shall be sent to the Applicant before the public meeting at which the Authority will determine Final Allocations.

(f) During any funding round, Initial Allocations shall be limited to Applications that receive a minimum of 60 points under Section 7.

(1) Applications shall score a minimum of 28 points under Section 7, subdivision (a)(5).

(2) Applications receiving a score of zero points in any criteria in Section 7, subdivisions (a)(1), (a)(2), or (a)(3), shall not be considered for an Initial Allocation.

(g) Initial Allocations may be considered for Applications scoring fewer than 60 points to achieve the statewide objective of increasing access to dental care for the Special Health Care Needs Populations.

(h) Initial Allocations may be less than the amount requested in the Application to control Project costs or fund more Grants to achieve the statewide objective of increasing access to dental care for Special Health Care Needs Populations.

Section 9. Appeals

(a) An Applicant may appeal the amount of the Initial Allocation recommended by Authority Staff for its Application, including an Authority Staff determination not to recommend a Grant.

(b) No Applicant may appeal an Initial Allocation made to another Applicant.

(c) The appeal shall be submitted in writing and shall be received by the Authority no later than five (5) calendar days following the date of the notification of Initial Allocation.

(d) Appeals may be submitted to the Executive Director or the Deputy Executive Director by email to:

chffa@treasurer.ca.gov

(e) Review of appeals.

(1) The Executive Director or Deputy Executive Director shall review the appeal based on the Application as originally submitted. Any new or revised Application or additional documentation or information that was not submitted in the original Application shall not be considered.

(2) The Executive Director or Deputy Executive Director shall make a decision on the merit of the appeal and notify the Applicant of the decision no later than 20 calendar days after receipt of the appeal.

(3) The decision of the Executive Director or Deputy Executive Director may be appealed to the Authority by written notification via email to the Executive Director

or Deputy Executive Director within five calendar days of the date of the Executive Director's or Deputy Executive Director's decision.

(4) The Authority shall make a final decision on an appeal of the Executive Director's or Deputy Executive Director's decision at a public meeting.

(f) Successful appeals.

(1) An Initial Allocation to an Applicant based on an appeal may result in the change or elimination of Initial Allocations to other Applicants that would have otherwise received an Initial Allocation.

(2) Adjustments to any Initial Allocations following any appeals may not be appealed.

Section 10. Final Allocation

(a) Final Allocations shall be determined by the Authority at a public meeting.

(b) A Grant Award Letter that includes the following shall be sent to all Applicants approved for a Final Allocation:

(1) Name of the Grantee.

(2) Grant amount.

(3) Grant Period.

(4) A description of the costs to be funded by the Grant.

(5) Notification that funding of a Grant is contingent upon the availability of funds under the Specialty Dental Clinic Grant Program.

(6) A statement that the Authority reserves the right to modify or cancel the commitment upon failure of the Applicant to execute a Grant Agreement or otherwise fail to comply with the conditions outlined in the Grant Agreement or if the Authority becomes aware of any matter which, if known at the time of Application review and approval, would have resulted in the rejection of the Application or the Grant not being approved.

Section 11. Use of the Grant

(a) Grant funds shall only be used for the purposes described in the Grant Agreement.

(b) Grantee may request a change in the use of Grant funds or request an extension of the Grant Period by submitting a written request to the Authority that documents the reason(s) the change is needed and demonstrates that it is consistent with the Specialty Dental Clinic Grant Program guidelines.

(c) Grantee shall not make changes to the uses of Grant funds until receipt of written approval from the Authority.

(d) Grantee shall not dispose of any capital assets acquired by Grant funds before the end of the ten-year requirement, as set forth by Section 6, subdivision (b)(1). If a capital asset is inoperable at any time during the ten-year requirement, the Grantee shall continue to provide services to the Special Health Care Needs Populations at the same capacity for the duration of the ten-year requirement.

Section 12. Grant Agreement

(a) The terms and conditions of a Grant shall be set forth in a Grant Agreement, which shall include the following:

(1) The Grant amount.

(2) A description of the Project.

(3) Release of Grant Funds in accordance with Section 13, as applicable.

(4) Agreement that the Grantee shall comply with the Specialty Dental Clinic Grant Program requirements and these guidelines.

(5) The Grantee shall defend, indemnify, and hold harmless the Authority and the State of California, and all officers, trustees, agents, and employees of the same, from and against any and all claims, losses, costs, damages or liabilities of any kind or nature, whether direct or indirect, arising from or relating to the Grant or Project.

(6) A commitment to provide services to Special Health Care Needs Populations, regardless of payer or health insurance, for a minimum of ten years upon final completion of the Project.

(7) The Grantee shall comply with state and federal laws prohibiting discrimination, including those prohibiting discrimination because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status.

(8) Grantee shall comply with California's prevailing wage law under Labor Code Section 1720 et seq. for public works projects, as applicable.

(9) Grantee shall cooperate in inspections and audits.

(10) Notification that subject to the availability of funds, the Grant may be rescinded or reduced.

(11) Provisions relating to lease agreements, if applicable, pursuant to Section 14.

(12) Resolution of the Authority authorizing the Grant.

(13) Resolution of the Grantee's governing board accepting the Grant and delegating authority to an officer to act on its behalf, if applicable.

(14) Provision regarding default and its remedies, including forfeiture and return of the Grant funds to the Authority.

(15) Provision requiring Grantee to provide updated information upon request from Authority Staff to determine the Project's Readiness, Feasibility, and Sustainability.

(16) Other terms and conditions that may be required by the Authority related to the Grant or Project.

Section 13. Release of Grant Funds

(a) Grant funds shall not be released until the following requirements have been met:

(1) A Grant Agreement has been executed by the Authority and Grantee.

(2) The Grantee has submitted to the Authority the following documentation, if available. If not available, Grantee has submitted a detailed statement concerning the status of obtaining any or all documentation to enable Authority Staff to determine Readiness, Feasibility and Sustainability.

(A) For construction or renovation.

(i) Detail of building plans, costs, and timelines.

(ii) Executed construction contract.

(iii) Architect, design, and engineering contracts, if applicable.

(iv) Building permits and conditional use permits, if applicable.

(v) Evidence of compliance with the California Environmental Quality Act.

(vi) Evidence of compliance with prevailing wage law under Labor Code Section 1720 et. seq., as applicable.

(vii) Evidence of property ownership, such as a grant deed or lease agreement and title report as required under Section 14.

(B) For real property purchases:

(i) An appraisal completed within the previous six months by a state certified appraiser that substantiates the purchase price.

- (ii) An executed purchase contract.
- (iii) If funding sources other than Grant funds are being utilized to purchase real property, verification of Grantee funds to close escrow will be required.

(C) For purchase of Equipment and/or Furnishings, and/or a Mobile Dental Unit(s): A list of items to be purchased and a copy of related purchase orders.

(D) For other eligible costs: contracts and/or purchase orders.

(3) The Authority Staff has determined the Project is Ready, Feasible, and Sustainable. This determination shall be made by evaluating the Grantee's documentation addressing the evaluation criteria listed in Section 7, subdivision (a)(5).

(A) The determination that the Project is Ready, Feasible, and Sustainable may occur at the time of Initial Allocation or within the timeframes specified in Section 7, subdivision (a)(5)(D).

(B) If the determination is made after Final Allocation, the determination shall be based on updated information provided to the Authority by Grantee in accordance with Section 12, subdivision (a)(15).

(C) Limited extensions beyond the timeframes specified in Section 7, subdivision (a)(5)(D) shall be made on a case-by-case basis at the discretion of the Executive Director or Deputy Executive Director for good cause, including but not limited to reasonable delays associated with obtaining building and conditional use permits, or obtaining CEQA compliance documentation.

(D) Failure to demonstrate Readiness, Feasibility, and Sustainability within the timeframes dictated by the Authority shall cancel the Grant, and the Grant funds shall be made available to other Applicants.

(4) The Grantee has submitted to the Authority a completed Request for Disbursement Form No. CHFFA 14 SDCGP-02 (08/2023), which is hereby incorporated by reference. Except for the initial submission of the Request for Disbursement Form No. CHFFA 14 SDCGP-02 (08/2023), an Actual Expenditures Report Form No. CHFFA 14 SDCGP-03 (08/2023), which is hereby incorporated by reference, as required by Section 16, subdivision (a), shall accompany all Requests for Disbursement Forms No. CHFFA 14 SDCGP-02 (08/2023).

(b) Documentation provided for the release of Grant funds shall clearly show that the Grant award does not exceed the cost of the Project.

(c) For disbursements to be made on an advance basis, the Authority may make an initial disbursement of up to 90% of the Final Allocation, subject to the following conditions:

(1) The Grantee has submitted all requested Project documents, as set forth in Section 13.

(2) Funds may only be advanced up to the total contracted or invoiced amount of costs associated with the Project.

(3) The Grantee shall be eligible for no more than one disbursement every 90 days until the total amount of the awarded Grant is disbursed.

(4) Subsequent disbursements shall be made once a Grantee provides proof of expenses covering the total amount of the previously advanced funds.

(A) For each submission of expenses, the Authority shall require copies of bank statements showing the account in which Grant funds were deposited.

(d) The Authority shall retain ten (10) percent of the Final Allocation amount for each Applicant until all actual expenditures report for the advanced grant funds have been verified by Authority Staff.

Section 14. Requirements for Construction Projects on Leased Property

(a) A Grantee may use Grant funds for construction or renovation on property that is leased to the Grantee. The following requirements shall be satisfied prior to release of Grant funds:

(1) The lease agreement shall provide the Grantee, as lessee, full access to the site to carry out the Project.

(2) The term of the lease agreement shall be ten years to comply with the requirement set forth in Section 6, subdivision (b)(1). If the term of the lease agreement is less than ten years, an option shall be included for the Grantee to renew or extend the agreement for the amount of time in order to meet the ten-year requirement.

(3) The lease agreement shall provide that any existing or subsequent encumbrance on the property (e.g., deed of trust) or sale of the property shall be subject to the lease agreement.

(4) The lease agreement shall provide that the only remedy for any default by Grantee, including failure to pay rent, is suit for rent or specific performance to remedy specific breach. The landlord's remedies for any default by Grantee may not include cancellation of lease agreement, retaking of property, or eviction of Grantee.

(5) A current title report on the site, brought up to date as of the effective date of the lease agreement shall be provided to the Authority. The title report shall show all of the following:

(A) No delinquent taxes or assessments or, if there are delinquent taxes or assessments, these are being contested in good faith.

(B) No easements, exceptions, or restrictions on the use of the site that shall interfere with or impair the operation of the Project.

(C) A restrictive covenant recorded in the chain of title that the property shall be used only for a Specialty Dental Clinic during the ten-year requirement of the leasehold improvements funded by the Grant.

(D) Fee title is subject to the lease agreement and recorded in the chain of title.

(b) If the lease agreement terminates prior to the end of the ten-year requirement, as set forth in Section 6, subdivision (b)(1), and the property that was subject to the lease agreement is not simultaneously released under a new lease agreement that complies with the requirements of this Section or fee title to the property that was subject to the lease agreement is not simultaneously transferred to the Grantee, the Authority is entitled to recover the Grant funds.

(c) When a Project on leased property includes improvements to any common areas that are shared with other tenants or areas that are not leased by the Grantee, the Grant funds shall be limited only to the proportionate costs of the Project, which exclude the costs related to such areas.

Section 15. Recovery of Funds for Non-Performance and Unused Grant Funds; Remedies

(a) If the Authority determines that Grant funds were not used consistent with the Specialty Dental Clinic Grant Program requirements, these guidelines, or the terms of the Grant Agreement, the Authority may require remedies, including the forfeiture and return of the Grant funds to the Authority.

(b) Grantees who fail to maintain a minimum of 50 percent Caseload of Special Health Care Needs Populations for the Facilities financed with grant funds for a minimum of ten years shall repay the amount of the grant back to the Authority within five years at an interest rate of one percent (1%).

(1) The Authority shall determine the amount of the Grant that shall be repaid, which shall be prorated based on the amount of time that the Grantee was in compliance.

(2) The Authority shall structure and amortize the repayment amount as a loan, requiring interest and principal payments on a monthly basis for up to five years, or until the amount as determined by the Authority, has been paid off. There shall be no prepayment penalty.

Section 16. Reporting Requirements

(a) The Grantee shall submit a completed Actual Expenditures Report Form No. CHFFA 14 SDCGP-03 (08/2023), which is hereby incorporated by reference, before subsequent disbursements are made during the Grant Period and upon the Authority's request.

(1) The Actual Expenditures Report Form No. CHFFA 14 SDCGP-03 (08/2023) shall be accompanied by evidence of payment and documentation acceptable to the Authority sufficient to establish eligibility of costs incurred and expenditure of Grant funds, such as an executed purchase and sale agreement, proof of title, cancelled checks, proof of wire transfers, and receipts.

(b) Grantee shall submit a completed Certificate of Completion & Final Report Form No. CHFFA 14 SDCGP-04 (08/2023), which is hereby incorporated by reference, and the following documentation, as applicable, within 60 days of Project completion:

(1) For all Projects: Licenses, permits, and/or certifications of the Project(s), as applicable.

(2) For Projects that include real property acquisition: Final closing statement from the title company.

(3) For Projects that include construction or renovation: Certificate of occupancy, if applicable.

(4) For Projects that include purchase of one or more Mobile Dental Units: Executed Sales Agreement or title.

(c) For a ten-year period, beginning with the date that services started being provided within the Grantee's Certificate of Completion & Final Report, the Grantee shall annually submit to the Authority, an Annual Caseload Certification Form No. CHFFA 14 SDCGP-05 (08/2023), which is hereby incorporated by reference, which shall demonstrate that Special Health Care Needs Populations patients constitutes at least 50 percent of the Facility's Caseload, with the requirement applicable only to Facilities financed with Grant funds. (EXAMPLE: If only a single operatory room was constructed with a Grant Award, then only the operatory room is considered the Facility. Special Health Care Needs Populations patients must make up at least 50 percent of the operatory room's Caseload, and not the entire clinic or hospital.)

(1) To calculate the Facility's Caseload, a Grantee shall use one of the two following formulas:

(A) Divide total annual number of patient visits of the Special Health Care Needs Populations patients by the total annual number of all patient visits; or

(B) Divide total annual number of hours spent with Special Health Care Needs Populations patients by the total annual number of hours spent with all patients.

(2) The Grantee shall have one full year from the date that services start being provided on the Certificate of Completion & Final Report to meet the 50 percent requirement, as set forth in Section 6, subdivision (b)(1).

(3) The Grantee's method of calculating its Caseload shall remain consistent over the ten-year period.

(4) Authority Staff reserves the right to audit any records deemed necessary to verify the accuracy of the Annual Caseload Certification Form during the Grant Period.

Section 17. Record Retention, Inspections and Audits

(a) Grantees shall retain all Project and financial records necessary to substantiate the purposes for which the Grant funds were spent for a period of ten years after the certification of Project completion has been submitted.

(b) Authority Staff may perform site visits to inspect the Project during the Grant Period and may inspect and/or audit Project records during the Grant Period and for ten years after the certification of Project completion has been submitted.

CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY



Specialty Dental Clinic Grant Program Application

901 P Street, Suite 313
Sacramento, California 95814
Phone: (916) 653-2799
chffa@treasurer.ca.gov
<http://www.treasurer.ca.gov/chffa/>

Specialty Dental Clinic Grant Program Application

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General Instructions

Please refer closely to the Specialty Dental Clinic Grant Program (Dental Program) guidelines as you are completing this Application. The guidelines, which can be found at <https://www.treasurer.ca.gov/chffa/dental/sdcgp.asp>, contain information that is not repeated here including eligibility requirements, instructions for submission of an Application, and maximum Grant amounts. All terms that are capitalized in this Application are defined in Section 1 of the Dental Program guidelines.

We expect Applicants to adhere to the organization and sequencing of questions contained herein when completing an Application. The narrative portion of the Application is limited to 25 pages in 12-point font, such as Arial or Times New Roman, with 1-inch margins. Required forms and attachments are not included in the page limit. Maximum font size does not apply to forms, graphs, or footnotes.

Submit your completed application to the Authority by email as a Portable Document Format (PDF) attachment to chffa@treasurer.ca.gov.

Please Note:

- *The Authority is not responsible for email transmittal delays or failures of any kind.*
- *In the event of the Authority determines that Grant funds were not used consistent with Dental Program requirements, these guidelines, or the terms of the Grant Agreement, the Authority may require remedies, including the forfeiture and return of the Grant funds to the Authority.*

SPECIALTY DENTAL CLINIC GRANT PROGRAM

SECTION ONE: SUMMARY INFORMATION *Please type all responses.*

Total Requested Grant Amount: \$ _____

1. APPLICANT AND CONTACT INFORMATION	
NAME OF APPLICANT:	ENTITY TYPE:
APPLICANT ADDRESS:	CITY, STATE AND ZIP:
CONTACT FIRST AND LAST NAME:	CONTACT TITLE:
CONTACT PHONE NUMBER:	CONTACT EMAIL:
2. PROJECT INFORMATION	
PROJECT SITE ADDRESS (IF KNOWN):	PROJECT CITY, STATE, AND ZIP:
County of Project location:	
Brief Summary of Project <i>(Limited to 20 words):</i>	

Purpose of Grant: *Check all applicable boxes.*

- | | | |
|---|--|--|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Purchase of real property | <input type="checkbox"/> Renovation or remodeling of real property |
| <input type="checkbox"/> Purchase of Equipment and/or Furnishings | <input type="checkbox"/> Purchase of mobile dental unit(s) | |

How many additional operatories would your Project create for special health care needs populations?

Eligibility: Please check the box that appropriately indicates the Applicant's eligibility:

- Applicant is licensed under Chapter 1 (commencing with Section 1200) of Division 2 of the Health and Safety Code that provide, or intend to provide, dental services.
- Applicant is licensed under Section 1250 of the Health and Safety Code that provide, or intend to provide, dental services.
- Applicant is a provider licensed with the Medical or Dental Board of California that provide, or intend to provide, dental services.
- Applicant is a dental college located in the state, approved by the Dental Board of California or the Commission on Dental Accreditation of the American Dental Association.

SECTION TWO: SOURCES AND USES

Please include sources and uses to complete the entire Project.

Sources of Funds:		
Total Grant amount requested	\$	0.00
Applicant funds	\$	0.00
Other sources (i.e., bank loan* or other grants)	\$	0.00
Breakdown of other sources (if applicable):		
_____	\$	_____
_____	\$	_____
_____	\$	_____
Total Sources	\$	0.00

*If obtaining a bank loan, please name the bank.

Uses of Funds:		
Purchase of real property	\$	0.00
Construction or renovation/remodeling**	\$	0.00
Purchase of mobile dental unit(s)	\$	0.00
Equipment and/or Furnishings	\$	0.00
Other costs		
_____	\$	0.00
_____	\$	0.00
_____	\$	0.00
Total Uses (must equal Total Sources)	\$	0.00

****Grantees must comply with California’s prevailing wage law under Labor Code section 1720, et seq. for public works projects. The Authority recommends Applicants consult with their legal counsel.**

SECTION THREE: LICENSURE AND PERMIT REQUIREMENTS

Include the following as supplemental attachments:

All Applicants:

- Proof of valid California dentist or physician license
- Proof of enrollment as a provider with the Medi-Cal program
- Copies of valid credentialing with local Medi-Cal managed care plans (if applicable)
- Permits for general anesthesia, including pediatric endorsement, if treating patients under age 7, medical general anesthesia including pediatric endorsement, if treating patients under age 7, moderate sedation including pediatric endorsement, if treating patients under age 7, conscious sedation and/or oral conscious sedation for adults, or pediatric minimal sedation (if applicable)

For Applicants owning multiple dental clinic locations:

- A Dental Board of California “Additional Office” permit for each location

For Applicants operating a Mobile Dental Unit:

- Appropriate permit(s) and/or licensure

For Applicants owning/ operating an outpatient surgery settings or ambulatory surgery centers, including a dental school or hospital:

- Certification by the Center for Medicare and Medicaid Services that states participation in the Medicare program (include certification number)
- Accreditation by an accreditation agency approved by the Medical Board of California. Include disclosure of accreditation agency and number, if applicable
- License as issued by the California Department of Public Health. Include license type and number, if applicable

For Applicants who are a California dental college:

- Approval by the Dental Board of California or the Commission on Dental Accreditation

SECTION FOUR: EVALUATION CRITERIA

Applications shall be scored on the criteria set forth in Section 7 of the guidelines. Please address each of the criteria for each question as follows:

1. Project supports or improves timely access to patient care and reduces geographic shortages of specialty dental care. (Maximum 20 points)

- a. Define your Project's geographic service area.
- b. Describe the current Special Health Care Needs Populations' patients' wait times for a **routine** dental appointment in your Project's geographic service area.
- c. Describe the current Special Health Care Needs Populations' patients' wait times for an appointment for **specialty dental care** in your Project's geographic service area.
- d. Describe how Project will decrease these wait times for the Special Health Care Needs Populations patients, including examples.
- e. Describe how the Project is addressing the shortage of services in the geographic service area, including but not limited to, differences in obtaining care for pediatric versus adult populations with special health care needs.
- f. Describe the need for a Specialty Dental Clinic in the Project's geographic service area and any current collaborations with regional centers, government entities, community organizations, or other local dental providers, as applicable. Include any letters of support from these entities.

2. Project increases equity. (Maximum 20 points)

- a. Describe the Special Health Care Needs Populations that the Project will serve, including type of disability and payer source.
 - i. Provide the current and a projection of the number and percentage of patients with Medi-Cal, commercial plans, or out of pocket payments, and provide the methodology of how these estimates were projected.

<u>Payor Source</u>	NUMBER OF PATIENTS	
	<u>Current Year</u>	<u>Projected</u>
Medi-Cal (including Managed Medi-Cal)	_____	_____
Commercial plan	_____	_____
Self-pay (out-of-pocket)	_____	_____
Total:	_____	_____

<u>Payor Source</u>	AS A PERCENTAGE	
	<u>Current Year</u>	<u>Projected</u>
Medi-Cal (including Managed Medi-Cal)	_____	_____
Commercial plan	_____	_____
Self-pay (out-of-pocket)	_____	_____
Total:	100%	100%

- ii. Provide the current and a projection of the number and percentage of pediatric patients, adult patients, and senior patients to be served by the Project and provide the methodology of how these estimates were projected.

<u>Patient Type</u>	NUMBER OF PATIENTS	
	<u>Current Year</u>	<u>Projected</u>
Pediatric (0-18)	_____	_____
Adult (18-65)	_____	_____
Senior (65+)	_____	_____
Total:	_____	_____

<u>Patient Type</u>	AS A PERCENTAGE	
	<u>Current Year</u>	<u>Projected</u>
Pediatric (0-18)	_____	_____
Adult (18-65)	_____	_____
Senior (65+)	_____	_____
Total:	100%	100%

- b. Describe how the service provider will provide culturally and linguistically inclusive care to Special Health Care Needs Populations and access to transportation services. Examples include: the Applicant’s access to or the use of trained interpreters or material translation services. Additionally, list any languages, other than English, that are spoken by the dental provider and/or staff.

3. Project supports quality of care for the Special Health Care Needs Populations.
(Maximum 20 points)

- a. Describe experience working with Special Health Care Needs Populations and explain the commitment and interest in serving these populations.
- b. List each part of the Project (construction, renovation, remodeling, or purchase of real property, and Equipment and/or Furnishings to be installed) and describe how each part assists in increasing the quality of patient care or expands access to care.
- c. Provide the percentage and number of annual patient visits that the Special Health Care Needs Populations makes up of your current Caseload, and the projected percentage and number of annual patient visits one year after Project completion.

4. Project includes plans to reduce the need for dental care using sedation or general anesthesia, including, but not limited to, prevention, early intervention, behavior support services and intervention, provider education, and community outreach activities that bring care to community sites. (Maximum 5 points)

- a. Describe the percentage of patients with special health care needs that are provided dental treatment under general anesthesia/deep sedation, moderate, conscious, or oral

conscious sedation, minimal sedation, nitrous oxide, and no anesthesia. Describe how the level of sedation required is determined for patients with special health care needs.

- b. Describe any techniques or treatment methods used to reduce the need for anesthesia or sedation. For example, describe the use of behavior modification or desensitization techniques.

5. Project is, or will be, Ready, Feasible, and Sustainable. (Maximum 35 points)

- a. Provide a detailed plan and a timeline with steps needed to complete the Project and demonstrate the ability to meet the timeframes as set forth in subdivision (d). Provide supporting documentation, if available. (Maximum 10 points)
 - i. Provide physical address, renderings, and/or floor plans of Project site, if available. If a Project site has not been identified, provide a description of the process, criteria, and timeline for identification and selection of Project site that will be utilized.
 - ii. Describe and provide the necessary approvals and processes to complete the Project, and the names and roles of all responsible entities. This may include, but is not limited to, request for proposals, architectural and construction contracts, California Environmental Quality Act (CEQA) compliance, building permits, and conditional use permits, as applicable.
 - iii. Provide the key milestones, in both the future and those completed to date, including projected or actual Project start date (i.e., date of purchase, construction, or lease), Project end date, and projected start date of providing services to the Special Health Care Needs Populations.
 - iv. Provide the plan for staffing the Project(s), if applicable.
 - v. Describe the potential challenges that may affect the timeline for providing services and how those challenges will be mitigated, including but not limited to, site identification and acquisition, contracting, local use permit process, CEQA process, building code compliance, licensure, certification, possible loss of a site, delays in approvals, community opposition issues, loss or reduction in leveraged funding, and increased Project costs, as applicable.
- b. Identify the total cost of the Project and provide the detail of sufficient Project funding sources or a plan for acquiring them. (Maximum 13 points)
 - i. A line item of all costs, totaling the cost of the Project, including for what the Grant funds will be used.
 - ii. Describe if Project leverages public and/or private funding sources sufficient to complete the Project. Include the amounts and current status of funding.
 - iii. Total uses of funds shall equal the total sources of funds.

- iv. A description of the Applicant's internal process to ensure that the Grant funds shall only be used for eligible costs, as described in Section 3 of the guidelines.
- c. Application demonstrates that the Project is Sustainable and includes the following: (Maximum 12 points)
 - i. A budget that details annual projected operating costs.
 - ii. A description of new Project funding sources with amounts and cash flow projections and/or how existing funding will be directed to provide ongoing support for a minimum of ten years from the date of Project completion.
 - iii. Appropriate documentation indicating the Applicant's satisfactory financial capacity, as applicable, including, but not limited to: audited financial statements, IRS Form 990, and/or other financial documentation to show financial status.
 - iv. Proof of additional operating funding sources, if applicable.
- d. Application shall demonstrate that the Project will be Ready, Feasible, and Sustainable as follows :
 - i. Projects that include construction or expansion within 18 months of the approval of the Final Allocation.
 - ii. Projects that include acquisition of a building and/or renovation within 12 months of the approval of the Final Allocation.
 - iii. Projects that include only the purchase of equipment, within nine months of the approval of the Final Allocation.

ATTACHMENT A

APPLICATION CERTIFICATION

Please have an authorized officer of the applying institution complete the following certification:

1. I certify that to the best of my knowledge, the information contained in this application and the accompanying supplemental materials are true and accurate. I further understand that misrepresentation may result in the cancellation of the Grant and that CHFFA is authorized to take additional actions, if needed.
2. I certify that all legal disclosure information requested has been disclosed to the best of my knowledge.
3. I certify that the Applicant is enrolled and certified as a provider with the Medi-Cal Program.
4. I certify that the Applicant’s licenses, permits, and professional status are all current and operable with all applicable board, commissions, or governing bodies.
5. I commit to provide services to Special Health Care Needs Populations, regardless of payer or health insurance provider, for a minimum of ten years upon final completion of the Project. I agree that the Special Health Care Needs Populations shall constitute at least 50 percent of my Facility’s Caseload, and covenant to complete CHFFA’s Annual Caseload Certification Form No. CHFFA 14 SDCGP-05 (08/2023) on an annual basis until the requirement has been fully satisfied.
6. I have read and agree to comply with all requirements in accordance with the Dental Program guidelines.

By (Print Name)

Signature

Title

Date

ATTACHMENT B

LEGAL STATUS QUESTIONNAIRE

Note: You may respond directly on this form or attach additional pages as needed.

1. Financial Viability

Disclose material information relating to any legal or regulatory proceeding or investigation in which the applicant/borrower/project sponsor is or has been a party and which might have a material impact on the financial viability of the project or the applicant/borrower/project sponsor. Such disclosures should include any parent, subsidiary, or affiliate of the applicant/borrower/project sponsor that is involved in the management, operation, or development of the project.

Response:

2. Fraud, Corruption, or Serious Harm

Disclose any civil, criminal, or regulatory action in which the applicant/borrower/project sponsor, or any current board members (not including volunteer board members of non-profit entities), partners, limited liability corporation members, senior officers, or senior management personnel has been named a defendant in such action in the past ten years involving fraud or corruption, matters related to employment conditions (including, but not limited to wage claims, discrimination, or harassment), or matters involving health and safety where there are allegations of serious harm to employees, the public or the environment.

Response:

Disclosures should include civil or criminal cases filed in state or federal court; civil or criminal investigations by local, state, or federal law enforcement authorities; and enforcement proceedings or investigations by local, state or federal regulatory agencies. The information provided must include relevant dates, the nature of the allegation(s), charges, complaint or filing, and the outcome.

ATTACHMENT C

CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) REVIEW

Instructions: Please provide the following exhibit for each Project site. This can be completed within the timeframes set forth in Section 7, subdivision (a)(5)(D) of the guidelines, if not available at time of Application.

Grantees must submit documentation demonstrating compliance with Division 13 commencing with Section 21000 of the Public Resources Code (CEQA Requirements) for construction Projects.

- CEQA is not applicable to the Project
- If Project is not subject to CEQA Requirements, provide a written justification using one of the following categories:
 - Is not a Project as defined by CEQA Requirements (see Title 14 California Code of Regulations, Section 15378)
 - Project is Statutorily Exempt (see Title 14 California Code of Regulations, Sections 15260-15285)
 - Project is Categorically Exempt (see Title 14 California Code of Regulations, Sections 15300-15333)
- If the Project is subject to CEQA Requirements, provide the appropriate documentation or justification for each Project:
 - Notice of Determination Received (Attach Copy)
 - Notice of Exemption Received (Attach Copy)
 - Other documents evidencing compliance (e.g., permits, local authority approval documents, printed authorizations, HCAI Plan Review status, etc.)
 - Project is considered a Special Situation (see Title 14 California Code of Regulations, Sections 15180-15190) (Provide written justification of compliance with applicable section.)

Name of approving Agency: _____

Date approval given: _____

APPLICATION CHECKLIST

Make sure you have completed the following tasks:

- Used 12-point font in narrative sections.
- Have 1-inch margins for narrative sections.
- Remained within 25 pages for the answers to the Evaluation Criteria Narrative portion.

Make sure you have submitted as part of the Application each of the following:

- Completed Section One: Summary Information
- Completed Section Two: Sources and Uses
- Included Section Three: Licensure and Permit Requirements (as separate attachments)
- Section Four: Completed Narrative and Supporting Documentation for Evaluation Criteria #1-4
- Completed Narrative and Supporting Documentation for Evaluation Criteria #5 (all boxes are checked below)

5(a):

- i.** Provided physical address, renderings, and/or floor plans of Project site, if available. If project site has not been identified, provided a description of the process, criteria, and timeline for identification and selection of Project site.
- ii.** Described and provided the necessary approvals and processes to complete the Project, and the names and roles of all responsible entities.
- iii.** Provided key milestones.
- iv.** Provided the plan for staffing the Project(s), if applicable.
- v.** Described potential challenges that may affect the timeline for providing services and how those challenges will be mitigated.

5(b):

- i.** Provided a line item of all costs, including what Grant funds will be used for.
- ii.** Described if Project leverages public and/or private funding sources sufficient to complete the Project. Included the amounts and current statuses of funding.
- iii.** Demonstrated that total uses of funds equal the total sources of funds.
- iv.** Included a description of the internal processes to ensure that the Grant funds are only used for eligible costs.

5(c):

- i.** Included a budget that details annual projected operating costs.
 - ii.** Included a description of new Project funding sources with amounts and cash flow projections, as well as described how existing funding will be directed to provide ongoing support for a minimum of ten years upon Project completion.
 - iii.** Included appropriate financial documentation indicating the satisfactory financial capacity.
 - iv.** Included proof of additional operating funding sources, if applicable.
- Completed Attachment A - Application Certification
 - Completed Attachment B - Legal Status Questionnaire
 - Completed Attachment C - California Environmental Quality Act (CEQA) Review for each Project site (as applicable)

**California Health Facilities Financing Authority (CHFFA)
Specialty Dental Clinic Grant Program**

Request for Disbursement Form

Request #: _____

Grant #: _____

Award Amount: _____

Project Description:

CHFFA Project Officer

Phone: _____

E-Mail: _____

Grantee Name: _____

Project Cost Categories	Total of Previous Disbursements	Current Disbursement Request	FOR CHFFA USE ONLY Approved Disbursement
Purchase of real property:	\$ _____	\$ _____	\$ _____
Construction or renovation/remodeling:	\$ _____	\$ _____	\$ _____
Purchase of mobile dental unit(s):	\$ _____	\$ _____	\$ _____
Furnishings and/or Equipment:	\$ _____	\$ _____	\$ _____
Total:	\$ _____	_____	\$ _____

Documentation to Accompany Form:

Please attach and email a spreadsheet that summarizes all the included supporting documentation used to establish disbursement amount requested. Please follow the formatting in Attachment 1.

I certify that to the best of my knowledge, the information contained in this form and the accompanying material are true and accurate. I understand that misrepresentation may result in the cancellation of the Grant and other actions, which the Authority is authorized to take.

_____	_____
By (Print Name of Authorized Officer)	Signature
_____	_____
Title	Date
_____	_____
Phone:	Email:

SPREADSHEET TEMPLATE

**California Health Facilities Financing Authority (CHFFA)
Specialty Dental Clinic Grant Program**

Grant #: _____
Date: _____

Grantee Name: _____

	Project Cost Category	Payee	Description	Required for Disbursements		
				Invoice/Contract*		
				Number	Date	Amount
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
Total Disbursement:						

*If you are requesting an advance, please indicate the contract/agreement number and the disbursement amount requested.

**California Health Facilities Financing Authority (CHFFA)
Specialty Dental Clinic Grant Program
Actual Expenditures Report**

Report #: _____
Grant #: _____
Award Amount: _____

Project Description:

CHFFA Project Officer

Phone: _____

E-Mail: _____

Grantee Name: _____

Project Cost Category

Actual Expenditures

Purchase of real property:	\$ _____
Construction or renovation/remodeling:	\$ _____
Purchase of mobile dental unit(s):	\$ _____
Furnishings and/or Equipment:	\$ _____
TOTAL:	\$ _____

FOR CHFFA USE ONLY

Amount Verified as Eligible

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Documentation to Accompany Form:

Please attach and email a spreadsheet that summarizes all the included supporting documentation provided.
Please follow the formatting in Attachment 1.

I certify that to the best of my knowledge, the information contained in this report form and the accompanying material are true and accurate. I understand that misrepresentation may result in the cancellation of the Grant and other actions, which the Authority is authorized to take.

By (Print Name of Authorized Officer)

Title

Phone

Signature

Date

Email

SPREADSHEET TEMPLATE

**California Health Facilities Financing Authority (CHFFA)
Specialty Dental Clinic Grant Program**

Grant #: _____

Grantee Name: _____

Date: _____

Project Cost Category	Payee	Description	<i>Required for Disbursements</i>			<i>Required for Actual Verification</i>	
			Invoice/Contract*			Canceled Check/ACH	
			Number	Date	Amount	Number	Amount
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
Total Actuals					\$0.00	\$0.00	

*If you are requesting an advance, please indicate the contract/agreement number and the disbursement amount requested.

**California Health Facilities Financing Authority (CHFFA)
Specialty Dental Clinic Grant Program**

CERTIFICATE OF COMPLETION & FINAL REPORT

Grantee:	
Grant Award #:	Grant Amount:
CHFFA Approval Date:	Grant Period End Date:
Project Address:	
Project Description:	

PART I: PROJECT IMPLEMENTATION

Please provide answers to the following questions:

- a) When did the Project start? _____
- b) When was the Project completed? _____
- c) When did services start being provided? _____

(Note: the date when services started being provided will be the date from which the Grantee will need to, for a ten-year period, demonstrate that that the Special Health Care Needs Populations constitutes at least 50 percent of the Facility's Caseload, with the requirement applicable only to Facilities financed with Grant funds.)

PART II: DOCUMENTATION

Please provide the following documents as applicable to your Project, if they have not already been provided:

- 1) For all projects: Licenses, Permits, and/or certifications of the Project(s), as applicable.
- 2) For projects that include real property acquisition: Final closing statement from the title company.
- 3) For projects that include construction or renovation: certificate of occupancy, if applicable.
- 4) For projects that include the purchase of one or more mobile dental unit(s): Executed Sales Agreement or title.

PART III: CERTIFICATION

I hereby certify that, to the best of my knowledge, all Grant funds were expended on the above-named Project, the Project is complete, the Grant did not exceed the total Project costs, and this report and all accompanying documents are true and correct. I understand that the Grant Agreement includes valid and binding obligations that extend beyond the term of the Grant.

Signature

Date

Name: _____

Title: _____

**California Health Facilities Financing Authority (CHFFA)
Specialty Dental Clinic Grant Program**

ANNUAL CASELOAD CERTIFICATION FORM

Instructions

PLEASE NOTE: Authority Staff reserves the right to audit any records deemed necessary to verify the accuracy of the Annual Caseload Certification Form.

Please refer closely to the Specialty Dental Clinic Grant Program (Dental Program) guidelines as you are completing this Annual Certification. The guidelines, which can be found at <https://www.treasurer.ca.gov/chffa/dental/sdcgp.asp>, contain essential information that is not repeated here. All terms that are capitalized in this Annual Caseload Certification are defined in Section 1 of the Dental Program guidelines.

For a ten-year period, beginning with the date of when services started being provided within the Grantee's Certificate of Completion & Final Report, the Grantee shall annually submit to the Authority, an Annual Caseload Certification Form (attached), which shall demonstrate that the Special Health Care Needs Populations patients constitutes at least 50 percent of the Facility's Caseload, with the requirement applicable only to Facilities financed with Grant funds. (EXAMPLE: If only a single operatory room was constructed with a Grant Award, then only the operatory room is considered the Facility. The Special Health Care Needs Populations patients needs to make up at least 50 percent of the operatory room's Caseload, and not the entire clinic or hospital.)

- 1) Regardless of how the Caseload is calculated, the Grantee shall list the total number of Special Health Care Needs Populations patients served and the total number of non-special health care needs patients served during that year.
- 2) The Grantee's method of calculating its Caseload shall remain consistent over the ten-year period.
- 3) To calculate the Caseload, a Grantee must use one of the two following formulas:
 - (a) Divide total annual number of patient visits of the Special Health Care Needs Populations patients by the total annual number of all patient visits; or
 - (b) Divide total annual number of hours spent working on Special Health Care Needs Populations patients by the total annual number of hours worked on all patients.

ANNUAL CASELOAD CERTIFICATION FORM

Name of Grantee: _____

Grant Agreement Number: _____

Year of Certification: **From:** _____ **To:** _____

Payor Source

NUMBER OF PATIENTS
Year of Certification

Medi-Cal (including Managed Medi-Cal) _____

Commercial plan _____

Self-pay (out-of-pocket) _____

Total: _____

Has the Grantee been successful in achieving the number of Medi-Cal patients served, as reported in the Application? If not, please explain what the Grantee is doing to reach the estimate provided in the Application. _____

Only for the Facility financed with Grant funds:

Total Number of Patients (Special Health Care Needs Populations patients only): _____

Total Number of Patients (all patients): _____

Grantee has calculated the Caseload requirement, as set forth in the previous page, using (must use the same metric for ten years):

Patient visits

Hours spent

- If you selected patient visits, please respond to the following questions:

Only for the Facility financed with Grant funds:

Total Number of Patient Visits of the Special Health Care Needs Populations patients: _____

Total Number of Patient Visits (all patients): _____

OR

- If you selected number of hours served, please respond to the following questions:

Only for the Facility financed with Grant funds:

Total Number of Hours Spent with Special Health Care Needs Populations patients: _____

Total Number of Hours Spent (all patients): _____

Calculated Caseload (%): _____

Please Note: this must be 50% or more to remain in compliance with Dental Program requirements.

I certify that to the best of my knowledge the information contained in this form is true and accurate. I understand that misrepresentation may result in the cancellation of the Grant and other actions, which the Authority is authorized to take.

By (Print Name of Authorized Officer)

Signature

Title

Date

RESOLUTION NO. 2023-04

**RESOLUTION OF THE CALIFORNIA HEALTH FACILITIES FINANCING
AUTHORITY AUTHORIZING THE APPROVAL OF THE GUIDELINES FOR THE
SPECIALTY DENTAL CLINIC GRANT PROGRAM**

WHEREAS, the California Health Facilities Financing Authority (the “Authority”), a public instrumentality of the State of California, is authorized by the provisions of the Specialty Dental Clinic Grant Program (Section 47, Chapter 45, Statutes of 2022 and Section 2.00, Chapter 12, Statutes of 2023) to, among other things, develop specified selection criteria and maximum grant amounts for awarding grants to eligible applicants, and to provide grants to eligible entities in a in a total amount not to exceed \$50,000,000; and

WHEREAS, eligible entities shall use grant proceeds to support the construction, expansion, modification, or adaptation of specialty dental clinics in California to increase access to oral health care for the special health care needs populations; and

WHEREAS, the Authority is exempt from the Administrative Procedure Act, as allowed by Section 47, Chapter 45, Provision 2(j), Statutes of 2022, and is authorized to implement the Specialty Dental Clinic Grant Program without taking further regulatory action; and

WHEREAS, approval of the guidelines for the Specialty Dental Clinic Grant Program, is now sought.

NOW, THEREFORE, BE IT RESOLVED by the California Health Facilities Financing Authority as follows:

Section 1. The proposed guidelines for the grant program are hereby approved in substantially the form submitted to the Authority by Authority staff.

Section 2. The Executive Director and Deputy Executive Director of the Authority are hereby authorized to approve any minor, non-substantive changes to the guidelines and the guidelines’ forms.

Section 3. The Executive Director and Deputy Executive Director of the Authority are each hereby authorized and directed to take such actions, including to execute and deliver any and all documents that the Executive Director and Deputy Executive Director may deem necessary or advisable in order to effectuate the purposes of this resolution.

Section 4. This resolution shall take effect immediately upon its approval.

Date Approved: _____