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ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION
ORAL HEALTH INITIATIVE

Funding Opportunity
Guidelines

Capacity Building
Establishing/Expanding Access to Oral Health Services

Release Date: September 22, 2015

Proposals Due: November 13, 2015

ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION
ORAL HEALTH APPLICATION

Capacity Building – Establishing/Expanding Access to Oral Health Services

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ABOUT ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION

Illinois Children's Healthcare Foundation (ILCHF) is a statewide private foundation focused on serving all children in the State of Illinois.

The Foundation's Mission

We cultivate, support, and promote initiatives that improve the health and wellness of children in Illinois.

The Foundation's Vision

Every child in Illinois grows up healthy.

The Foundation's History

ILCHF was created in December 2002 through an action of then Attorney General Jim Ryan and an Illinois insurance carrier. This action and a settlement of approximately $125 million established the only private foundation focused solely on the health needs of children in Illinois.

In 2007, ILCHF announced its first grantmaking initiative to more directly target oral health improvement. Since 2004 more than $27 million has been committed to efforts related to building the capacity of the safety net system, increasing the number of oral health professionals caring for underserved children, and creating a greater awareness of the role oral health plays in the overall health of a child.

In 2009, ILCHF launched its Children's Mental Health Initiative, *Building Systems of Care, Community by Community*. Four communities throughout the state of Illinois were selected to implement their children's mental health systems of care. In 2014 ILCHF created the *Healthy Minds, Healthy Children, Healthy Chicago (H3)* initiative designed to uniquely blend primary health care services with mental health services on the South and West Sides of Chicago. H3 is designed to help children and their families through a team-based approach to early intervention.

Since the Foundation's inception through July 1, 2015, a total of more than $64 million in grants has been invested in programs aimed at improving overall children's health in Illinois.

For additional information about ILCHF, please see www.ilchf.org.

ILCHF ORAL HEALTH INITIATIVE/GUIDING PRINCIPLES

Tooth decay remains one of the most common chronic infectious diseases among U.S. children – five times as common as asthma and seven times as common as hay fever. According to the recently released *Healthy Smiles, Healthy Growth 2013-2014* report co-funded by ILCHF, Illinois data shows approximately 52% of third graders have some tooth decay; and 22% with untreated decay. Among low income children, tooth decay is more prevalent: 59% of third graders in the free/reduced-price lunch program have tooth decay, compared with 42% of those not in the program. Though comparable data from 2008-2009 indicate that progress has been made over the last 5 years, there is still much to be done.

In 2007, The Foundation began investing in targeted efforts designed to increase children's access to oral health services. These efforts are grouped into three key strategies:

- Building and Strengthening the Capacity of the Oral Health Safety Net System
- Increasing the Oral Health Workforce/Workforce Development
- Oral Health Public Education/Awareness

ILCHF has outlined the following guiding principles for the Oral Health Initiative. To be funded through this application, organizations should be committed to these principles:

- All children in Illinois should have access to quality oral health services in their communities.
- A culture of awareness exists throughout the state about the connection between oral health and overall health.
- Services provided within a "Dental Home" where services are ongoing and not simply episodic in nature, as well as ideally begin no later than age one. Services should include preventive, restorative, and emergency care. In addition, services should include information and education about proper care in accordance with accepted guidelines and referrals to specialists when needed.
- The collective improvement of oral health for children in Illinois – learning from others in the field.
- The collection of data and to the achievement of successful outcomes (e.g. Increased number of children treated and completed treatment plans)
- Oral health services are operated under a sustainable business model.

FUNDING OPPORTUNITY

Illinois Children's Healthcare Foundation (ILCHF) has available funding for projects designed to increase access to oral health care by establishing new and/or expanded services in a clinical setting. Included in this opportunity are projects designed to increase the availability of oral health services for children with special health care needs.

Through evaluation, funded projects will be able to demonstrate successful strategies for creating or expanding and sustaining relationships with community children in need of oral health services. They must be able to demonstrate efficiency in delivery of services and innovation, specifically in regard to addressing barriers created by geography, special needs, and/or race or ethnicity.

Specifically, funding may be awarded for **Establishing New or Expanding Oral Health Services.** The maximum amount to be awarded per grantee is up to $300,000 for capital expenditures (e.g. architect fees, legal fees, construction/renovation costs and equipment purchases) and up to $100,000 for start-up funding (e.g. dentist recruitment, oral health professionals, and supplies) for the first 12 months of services, for a total of up to $400,000 per grantee. The requirement for funding under this opportunity is that the construction/renovation and implementation of services must be completed within a period of eighteen months.

ILCHF does not fund:

- Budget shortfalls/general operating support of already existing programs
- Intermediary funding agencies
- Grants to/for specific individuals
- Endowments
- Capital campaigns for medical facilities
- General medical research
- Attempts to influence legislation, as prohibited by section 4945 of the Internal Revenue Code for private foundations

Grant Size/Funding Period:

The total commitment to *Proactive Capacity Building & Strengthening the System* is a maximum of $400,000 per award. The timing of payouts will be based on meeting the following benchmarks:

Benchmark		Payout Maximum		Max Award
Signing of Grant Agreement		Up to 2/3 of Capital Expenditure Funds		$200,000
Completion of Capital Project		Remaining Capital Expenditure Funds		$100,000
Implementation of Services		1/2 of Start-up Funding		$50,000
3 months after Services Implemented		Remaining 1/2 of Start-up Funding		$50,000

WHO IS ELIGIBLE TO APPLY?

In general, your organization is eligible for ILCHF funding if it is a 501(c)(3) organization determined to be a public charity under section 509(a)(1), (2) or (3) of the Internal Revenue Code, or a governmental entity described in Code section 170(c)(1) or 511(a)(2)(B).

Specifically to this RFP:

- The applicant must be providing licensed health services to children residing within the state of Illinois and must continue to provide oral health services during the term of the requested grant;
- The applicant must either also provide primary care services directly to children or have linkages to primary care services; and
- The applicant must have the ability to track specific indicators associated with achieving long-term outcomes.

Examples of eligible organizations include federally-qualified health centers (FQHC), FQHC look-alikes, school-based health centers, free clinics, public health department clinics, hospital clinics, and other community health centers.

CRITERIA FOR SELECTION

ILCHF will use the following criteria for selecting proposals for funding:

- The project must demonstrate a specific and significant need in the community.
- The project must provide comprehensive oral health services to children in its community. Specifically, the project must demonstrate the ability to serve additional numbers of children.
- The project should ideally be implemented within the context of a dental home.*
- The project must emphasize the comprehensive coordination of health care to underserved children.
- The project must demonstrate effective outreach to underserved populations of children.
- Priority will be given to those organizations that provide primary care services either alone or through a formal arrangement with another primary care provider.
- The staff must demonstrate cultural competency and have appropriate credentials/experience to provide the services.
- The cost of the project must be realistic and relate closely to the scope of the project.
- The project must demonstrate the ability to sustain programming after ILCHF funding ends.
- The project must demonstrate a commitment to data gathering and evaluation.
- Anticipated outputs and outcomes must align with overall the goals of the Foundation's Oral Health Initiative.

Organizations will be notified no later than four months after submitting their application.

*The American Academy of Pediatric Dentistry defines dental home as the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a dental home begins no later than 12 months of age and includes referral to dental specialists when appropriate.

APPLICATION PROCESS

Prior to beginning the application process:

- Be sure you have read the open RFP thoroughly and are certain your organization and/or initiative qualify for the funding being offered.
- Make sure you have your organization's Employer Identification Number (EIN) from either the most recent IRS Form 990 or IRS Determination Letter.
- Ensure copies of your organization's most recent key financial documents – IRS Form 990, Audited Financial Statement, Annual Report and IRS Letter of Determination – are all available to you in an electronic format to attach to your submission when you submit it.

Required Documents to be submitted with application:

All applicants must electronically submit:

- A copy of your *IRS letter of exemption* verifying your nonprofit status
- A copy of your organization's most recent *IRS Form 990 and AGIL –Form 990*
- A copy of your organization's most recent *Audited Financial Statements*
- A copy of your organization's most recent Annual Report (If available)
- A list of the members of your *Board of Directors* and their professional affiliations or most recent affiliation if retired

- The *project budget and narrative* (an electronic copy is available on the website)
- If available, preliminary drawings of the proposed dental clinic and an estimate of construction and equipment costs
- Completed Three (3) Year Strategic Plan and Financial Model (an electronic copy is available on the website)
- A signed *letter of support* for the project from the chair of your organization's Board of Directors
- A signed *letter of understanding* for the project from any organization/partner that is integral to the project (e.g. letter from School District if facility will be physically located in a school based health center)
- *Letters of support* from *Collaborative Partners* including contact information – these letters should correspond to the answer you provided to the question about collaborative partners during the online application
- The *Officer's Certification Form* signed by the CEO/President or Department Chair (an electronic copy is available on the web site)

Submission of Application:

Email completed applications with accompanying attachments by November 13, 2015 to Nedrane Hunt at nhunt@ilchf.org

TECHNICAL ASSISTANCE/QUESTIONS

Questions should be directed to Illinois Children's Healthcare Foundation located at:

Illinois Children's Healthcare Foundation
1200 Jorie Boulevard, Suite 301
Oakbrook, IL 60523
Phone: 630.571.2555
Fax: 630.571.2566
www.ilchf.org

Director/Main contact of ILCHF's Oral Health Initiative:

Bob Egan, Senior Program Officer, ext. 16
bobegan@ilchf.org

Other staff at the Foundation who may be contacted:

Nedranae Hunt, Foundation Administrative Assistant, ext. 10
nhunt@ilchf.org

Illinois Children's
Healthcare Foundation

ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION
Capacity Building: Establishing/Expanding Access to Oral Health Services

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Completed proposals along with required attachments should be submitted via email to nhunt@ilchf.org by November 13, 2015

ORGANIZATION INFORMATION

Applicant Organization				
Mailing Address				
City, State			**ZIP**	
Phone				
Website Address				
Tax ID Number			**Annual Budget**	$
Executive Director / President/ Department Chair				
	Title		**Phone**	
	Email			
	Mailing Address (if different)			
Primary Contact (if different from above)				
	Title		**Phone**	
	Email			
	Mailing Address (if different)			

Briefly describe your organization including its mission, primary services and/or programs. Also describe your geographic service areas and populations served.

PROJECT DESCRIPTION

Project Title

Total Project Budget Amount

Grant Request

Time Frame for Proposed Project From: To:

Please summarize the purpose of your specific request in five sentences or less and indicate whether this is a request for new services or an expansion of existing services.

In five sentences or less, please generally describe how the dollars you are requesting will be spent. Do not include the entire budget here - it will be included as an attachment later in the application.

PROJECT DEMOGRAPHICS

Total number of new or additional children proposed to be impacted by project annually

Among these children, indicate the approximate number and percentage of children
Living below the poverty line
By race/ethnicity:
American Indian/Alaska Native children
Black/African American children
Latino children
Southeast Asian children
White (non-Hispanic) children
Other children

Age group of children to be served

STATEMENT OF NEED AND PROPOSED STRATEGIES AND RELATED ACTIVITIES

Please describe in detail the geographic area in which children will be served. Include any data elements necessary to clearly delineate the area to be served.

Please describe the oral health services currently available to children within the geographic area identified above (please be specific and identify all providers and their capacity to provide oral health services to children).

Please articulate the need in the defined geographic area for children's oral health services. In addition, describe the metrics you used to identify and quantify the existing oral health needs for children in this geographic area. Be specific with your data elements (e.g., # of dentists to children ratios, # of pediatric dentists, etc.) and the data sources.

Please describe the barriers in this geographic area preventing children from receiving optimal levels of quality oral health services.

Based on local statistics and other indicators, please indicate the number of children your project will serve annually (if this is an expansion of services, please delineate the number of children currently receiving services annually with the number of additional children to be served by the expansion).

If you are seeking to expand your program please provide, to the extent possible, the following program data:

1. *Total number of children served annually*
2. *Number of children provided with a treatment plan in the last fiscal year*
3. *The number of children from No. 2 who have completed their treatment plan*
4. *Number of children 1 year old and younger served annually*

5. *Number of children between age 1 and 2 served annually*
6. *Number of children age 2 – 5 years served annually*
7. *Number of children age 6 – 9 years served annually*
8. *Number of children age 10 – 13 years served annually*
9. *Number of children age 14 – 18 years served annually*
10. *Percentage of children served insured by Medicaid*
11. *Total Medicaid billings ($) for children's oral health in last fiscal year*

Please describe the specific services you propose to provide and/or expand.

If applicable, please describe how oral health services for children will be integrated and/or linked to primary care services and how this data will be captured and reported.

Please describe your strategy to recruit and retain the necessary oral health professionals who will reflect and meet the needs of the population to be served and the associated timeline.

Please describe your outreach strategies to ensure targeted population of children will be reached and thereby served.

Please describe the current and/or proposed oral health education you will provide to children and parents/caregivers. Be specific with regard to how and where this education will be provided.

Please describe your proposed plan for referral of children whose oral health needs exceed your scope of services. Please provide specific referral sites.

PROJECT ASSESSMENT AND EVALUATION

ILCHF is committed to evaluation and data collection. While we do not want to increase administrative burden on grantees there are certain indicators which evidence effective service delivery. In order to work toward standardization of data across our grants we seek to understand your capacity to provide data. The inability to provide the delineated indicators below does not alone exclude the applicant from receiving funding.

Please describe how you will demonstrate the improved oral health status of the children you serve. *(Please include any specific tools or assessments to be used.)*

Please be specific as to how this data will be captured and reported, including a description of the roles and responsibilities of staff in this process.

Please describe your timeline for evaluating the effectiveness and/or outcomes.

Please indicate whether you currently are or are planning to track the following indicators:

Indicator	***Yes***	***No***	***Planning***	***Timeframe****
Number of unduplicated children served				
Age of unduplicated children served				
Total Medicaid billings for all unduplicated children served				
Medicaid billings by age group				
Medicaid treatment codes by age of patient				
Date of establishment of treatment plans				
Treatment plan components				
Date of completion of treatment plans				
Improvement in oral health status				
Oral health education provided				
Impact of oral health education				

**If you are planning on collecting the data at some point in the future, please indicate the date by which the data will be collectable.*

If you would like to provide an explanation of any unique approaches to data collection, please do so here.

Please note: If your project is funded, you will be required to report on available data collection points semi-annually and one year post end of the grant period.

COLLABORATION

Please describe any partnerships involved in the proposed project, their specific roles, and the nature of your relationship. If applicable, include other funding sources, service providers, or governmental agencies.

SUSTAINABILITY

Please address the following components of sustainability (indicate n/a if not applicable):

Community Buy-In/Focus and Direction. How will the organization keep the necessary community buy-in aligned to the outcomes of the project?

Human Resources/Professional Excellence. What is the plan to recruit, retain and keep needed professionals to ensure the desired outcomes?

Policies/Processes. What policies/processes will be developed to ensure the program will be adopted by the targeted community at large?

Financial. How will the program be sustained beyond the funded project year? Include the names of funding sources you will likely approach or that have already been approached. *Note: A three year business plan is required as an attachment.*

LEVERAGING

Please describe the ways in which ILCHF funding would be leveraged by the applicant, including, but not limited to access to increased financial resources.

PRIOR ILCHF FUNDING

If you have received ILCHF funding in the past year, please summarize accomplishments and progress to date relating to the project.

ATTACHMENTS

Please ensure the following attachments accompany your proposal:

1. A copy of your IRS letter of exemption verifying your nonprofit status
2. A copy of your organization's most recent IRS Form 990 and AGIL –Form 990
3. A copy of your organization's most recent Audited Financial Statements
4. A copy of your organization's most recent Annual Report
5. A list of the members of your Board of Directors and their professional affiliations or most recent affiliation if retired
6. The project budget and narrative (an electronic copy is available on the website)
7. If available, preliminary drawings of the proposed dental clinic and an estimate of construction and equipment costs
8. Completed Three (3) Year Strategic Plan and Financial Model (an electronic copy is available on the website)
9. A signed letter of support for the project from the chair of your organization's Board of Directors
10. A signed letter of understanding for the project from any organization/partner that is integral to the project (e.g. letter from School District if facility will be physically located in a school based health center)
11. Letters of support from Collaborative Partners including contact information – these letters should correspond to the answer you provided to the question about collaborative partners during the online application
12. The Officer's Certification Form signed by the CEO/President or Department Chair (an electronic copy is available on the web site)

ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION
LINE ITEM BUDGET
(Insert Applicant Name Here)
(Insert Project Title Here)
Estimated Grant Period: (Enter Period Here)

	Position	Base Salary	FTEs	Total	ILCHF Funding Request	Other Funding Sources
I.	**PERSONNEL:**					
	Project Director/ Principle Investigator					
	Project Staff					
	Administrative Staff					
	Other Staff					
	Fringe Benefits (_____%)					
	SUBTOTAL	$ -		$ -	$ -	$ -
II.	**OTHER DIRECT COSTS:**					
	Office Operations					
	Communications/Marketing					
	Travel					
	Meeting Expenses					
	Surveys/Data Collection					
	Equipment					
	Construction/Remodeling					
	Project Space					
	Other					
	SUBTOTAL			$ -	$ -	$ -
III.	**PURCHASED SERVICES:**					
	Consultants					
	Contracted Professionals					
	SUBTOTAL			$ -	$ -	$ -
IV.	**Overhead Costs:**					
	Be Specific as to Costs			$ -	$ -	$ -
	GRAND TOTAL			**$ -**	**$ -**	**$ -**

ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION
Application
Building System Capacity – Expanding Access to Oral Health Services

Budget Narrative Instructions

Each proposal must be accompanied by a summary budget and a budget narrative that accompanies the summary budget. In completing the summary budget (form provided) and the budget narrative, the following definitions and instructions should be utilized:

I. PERSONNEL:

This category captures the personnel costs required to perform the project. In the budget narrative, please include a detailed description of the activities, base annual salary and FTE (full-time equivalency or percentage of effort) for each position related to the project. For each position, also include the amount requested from ILCHF and the amounts being provided from other sources. In the Budget Narrative tell us the names of those who will be providing the "other" dollars – including your organization. Costs for project staff who are not/will not be employees of the applicant should be entered under **Purchased Services**.

Personnel subcategories:

- *Project Director/Principal Investigator*: Direct project time associated with such positions as project director, principal investigator, and co-principal investigators providing leadership to the project (note: time allocated, if any, to this area should be kept to a minimal).
- *Project Staff*: Time or salary costs for a project manager, project coordinator, case manager, senior staff, etc. who provide direct input to the project. This subcategory would include professional staff such as dentists and dental hygienists.
- *Administrative Sta*ff: Administrative support positions (such as receptionist, administrative assistant, program assistant, secretary, etc.) general clerical help, temporary help, data entry, phone bank callers, etc.
- *Other Staff*: Any salary costs not covered under the other **Personnel** subcategories.

- *Fringe Benefits*: Should include all federal, state and local taxes as well as health insurance, tuition and other benefits provided to employees. If different rates were used for different individuals, please explain the calculation for each individual. Also indicate the percentage used to calculate the fringe benefit costs. ILCHF will not reimburse if , in total, the rate exceeds 30%.

Direct Cost Subcategories:

- *Office Operations*: Includes supplies, printing/duplicating, telephone, postage, service/maintenance agreements, software, computer use (includes payment for costs associated with processing information on a mainframe computer or server), and staff training directly related to the project. In the budget narrative, please list the items being funded under this subcategory and the amount budgeted for each item.
- *Communications/Marketing*: Funds needed to increase awareness and visibility as well as to promote a project; includes costs of written or electronic materials.
- *Travel*: Travel by project staff and consultants directly related to the project; includes such costs as travel to professional meetings to present program findings/conclusions, or to promote the program, guest speaker travel, etc.
- *Meeting Expenses*: Project-related expenses for meetings, including meeting room rental, A/V equipment, presentation costs, and meals/refreshments; guest speaker fees should be included under the category **Purchased Services** and speaker travel/lodging should be included under the category **Travel**.
- *Surveys*: Costs associated with conducting surveys that do not fall under **Personnel** or **Purchased Services**; includes items such as temporary help, polling costs, design/development of a survey, mailing surveys, telephone survey costs, etc.
- *Equipment*: Computers, printers, fax machines, telephones, postage meters, etc. purchased or leased for the program (please itemize the equipment and include unit and total costs).

- *Construction/Remodeling:* Costs related to any construction or remodeling that must be done in order to provide the expanded health services in the health center. In the Budget Narrative tell us when the construction is planned to begin and end.

- *Project Space:* Space costs required as a result of this project; includes the prorated costs of the occupied space or the actual costs of the additional space requirements (please provide the basis used to calculate the amount requested).
- *Other:* Includes any other cost not previously covered under **Other Direct Costs**.

II. PURCHASED SERVICES:

- *Consultants:* Fees or honoraria paid to individuals for a specific service provided based upon an agreed-upon rate; could include speaking fees, service on an advisory committee, technical assistance, etc.
- *Contracted Professionals:* Costs related to a service negotiated for a specific period of time with specific deliverables, and provided through a signed contract; the salaries and fringe benefits of personnel working on the project who are not employees of the applicant should be included under **Contracted Professionals**. Please include the specific amount for each contract, what the figure represents, the length of the contract and the specific deliverables agreed upon as part of the contract.

IV. OVERHEAD COSTS:

These are overhead expenses incurred by the applicant organization as a result of the project but that are not easily identifiable with a specific project. Please be specific and indicate how they apply to the proposed project.

END

ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION
3 YEAR STRATEGIC PLAN AND FINANCIAL MODEL
2012 BUILDING SYSTEM CAPACITY APPLICATION

All applicants must submit, along with the completed on-line appliaiton and required attachments, an intial/preliminary three (3) year strategic pland and financial model. This three (3) year strategic plan and financial model must include:

Strategic Plan

Analysis of the organization's current dental program, if applicable, and/or oral health services currently provided to the population to be served. This analysis should include a definition of the geographic community currently being served and/or proposed to be served as well as a definition of the population being served and/or proposed to be served. Please include copies of the oral health needs assessments referenced during this analysis.

Identification of areas of improvement and recommended enhancements to provide oral health services. The analysis should include an overview of how to strengthen the gaps in service as noted in the analysis of current oral health services in the defined geographical area.

Timeline and action plan for expanding oral health services. This timeline should include not only construction period action items but also timelines and action plans associated with recruiting oral health professionals and public awareness action plans to recruit children/families.

Financial Model (sustainability)

Financial model must include a projection of capital costs (construction/renovations and equipment) along with a three (3) year financial projection. Please utilize the attached modeling spreadsheets.

ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION
HELPFUL STATISTICS
BUILDING SYSTEM CAPACITY APPLICATION

To aid in the development of the three (3) year financial model, listed below are recommended levels of appropriate staffing and patient encounters for health centers as presented by Bob Russell, DDS, MPH, Iowa Department of Public Health. For those providers who are not operating in an FQHC setting or are proposing to build/expand a clinic specializing in specialty care/special needs populations, the benchmarks should be used as a guide and modified accordingly when projecting out revenue and expenses.

Operational Benchmarks

2.5 chairs per dentist (3:1 is ideal)

1.5 assistants per dentist (1 per chair ideal)

Add a hygenist as preventive/recall volume increases to keep both providers busy without sharing patients. As a clinic ramps-up services, the majority of patients will will need restorative care. As the clinic increases the percentage of recall patients, adding dental hygenist will be more efficient to provide preventive services.

2,500 to 3,200 encounters per year per FTE dentist is the acceptable range (based on UDS data statistics, the average number of encounters for a dental clinic in an FQHC setting was 2,700)

1,300 to 1,600 encounters per year per FTE hygienist is the acceptable range.

Based on UDS data, a health center program with 1 dentist needs to collect approximately $360,000 (in 2006) to break even (average cost of encounter $117 - 3,046 encounters)

(Organization/Project Title)

Strategic Business Plan Narrative

Description of Current Dental Program (if applicable):
Oral Health Services Currently Being Provided to Current Population:
Geographic and Socioeconimic Description of Current Target Population:
Geographic and Socioeconomic Description of Proposed Target Population:
Description of Unmet Needs of Current and/or Proposed Target Population:
Proposed Strategies to Address These Unmet Needs:

(Organization/Project Title)

Strategic Plan Timeline

Action Step	Owner	Target Date	Completion Date	Notes

Instructions for Completing Financial Worksheets

Before you begin working on these financial worksheets, we recommend that you save a blank copy before you start adding numbers in case you inadvertently delete a formula.

If you want to change a number you have entered into a cell, don't click "delete," as that will also delete the formula for that cell; rather, simply click on and replace the number.

If you do inadvertently delete a formula, you can restore it by hitting "undo"—this works best if you do it immediately upon deletion of the formula; otherwise, you will undo any work that you did after deletion of the formula.

Capital Costs Worksheet

1. Enter the square footage of the new site in cell C8.
2. Enter the construction cost per square footage in cell C9.
3. Total construction costs will appear in cell F9.
4. Enter equipment costs in cells F12 to F20.
5. Total equipment costs will appear in cell F21 and total capital costs will appear in cell F22. Enter these amounts in the ProForma worksheet.

Staffing Worksheet

1. Determine the FTEs for each staff category for each year (Year 1, Year 2 and Year 3)
2. Use the calculator on the right to determine the annual salary for each staff position. If all staff in a particular category will work the same number of hours each week and receive the same hourly rate, you can calculate the salary for all of them together; if there are differences in hours worked and/or hourly rate, you will need to calculate the annual salary for each staff position separately and include the total for each category (eg, Dental Assistants) in the correct box on the left.
3. Enter the total salary for each staff category in the "Total Salary" column on the left (column B). The fringe percentage and total columns for each staff category will autopopulate. The fringe percentage is set at 20%, but you can change this to reflect the actual fringe percentage for your organization.
4. Enter the "Total Salary" total (column B) in the "Salaries" cell for each year in the Dental Proforma Worksheet (line 37).
5. Enter the "Fringe %" total (column C) in the "Fringe Benefits" cell for each year in the Dental Proforma Worksheet (line 38).

Proforma Worksheet

1. Determine the total projected number of visits for the year and enter in Line 12.
2. Determine how many expected visits for each payer type and enter in Lines 6-10. The Payer Mix will autopopulate. The total number of visits (Line 11) should equal the projected number of visits (Line 12).

3. Determine the average expected reimbursement per visit for each payer type (eg, Medicaid, Other Public, Commercial, Self-Pay/Sliding Fee) and enter in Lines 14-18.
4. Patient revenue will automatically populate for each payer type (Lines 22-26) and a total will appear in the "Total Patient Care Revenue" cell (Line 27).
5. Enter any expected revenue from grants and fundraising in Lines 30-31. A subtotal of other revenue will appear in Line 32.
6. A total of all expected revenue should appear in Line 33.
7. Salary and fringe benefits totals should already be in Lines 37 and 38 since you completed that in Step 4 of the Staffing Worksheet.
8. Enter projected non-personnel costs for each relevant line item in Lines 42-63. A subtotal for non-personnel costs should automatically appear in Line 64.
9. For Year 1, enter capital costs for equipment (cell F21) and construction (cell F9) from the Capital Costs worksheet in Lines 67 and 68. A subtotal for capital costs should appear in Line 69.
10. Enter indirect costs for administrative and/or agency allocations in Lines 72 and 73. A subtotal for Indirect Costs should appear in Line 74.
11. Total Operating Expenses should automatically appear in Line 76.
12. Repeat these steps for Years 2 and 3.

(Organization/Project Title)

CAPITAL COSTS

INSERT PROGRAM-SPECIFIC ESTIMATES IN UN-SHADED CELLS

I. Capital Costs

Construction/Remodeling Cost				
# of square feet				
Cost per square foot				$0
Dental Equipment Costs				
Large Equipment Enter your own figures per dental supply company.				
Supplies, Instruments and Small Equipment Enter your own figures per dental supply company. ($12,000-$13,000/operatory)				
Office Equipment				
Modular Furniture				
Record Filling System				
Phone/intercom system				
Computer/data/billing				
Copier/fax				
Supplies				
Equipment Subtotal				$0
CAPITAL COSTS TOTAL				$0

Dental Proforma

(Organization/Project Title)	Year 1		Year 2		Year 3	
Payor Mix		**Payer Mix**		**Payer Mix**		**Payer Mix**
Medicaid		#DIV/0!		#DIV/0!		#DIV/0!
Other Public (eg, SCHIP, Ryan White)		#DIV/0!		#DIV/0!		#DIV/0!
Commercial		#DIV/0!		#DIV/0!		#DIV/0!
Self Pay/Sliding Fee Scale		#DIV/0!		#DIV/0!		#DIV/0!
Free Care		#DIV/0!		#DIV/0!		#DIV/0!
Total # of Visits	0		0		0	
Projected # of Visits						
Average Reimbursement/Visit						
Medicaid	$ -		$ -		$ -	
Other Public (eg, SCHIP, Ryan White)	$ -		$ -		$ -	
Commercial	$ -		$ -		$ -	
Self-Pay/Sliding Fee Scale	$ -		$ -		$ -	
Free Care	$ -		$ -		$ -	
REVENUE						
Patient Revenue						
Medicaid	$ -		$ -		$ -	
Other Public	$ -		$ -		$ -	
Commercial	$ -		$ -		$ -	
Self-Pay/Sliding Fee	$ -		$ -		$ -	
Free Care	$ -		$ -		$ -	
Total Patient Care Revenue	**$ -**		**$ -**		**$ -**	
Other Revenue						
Grants						
Fundraising						
Subtotal Other Revenue	**$ -**		**$ -**		**$ -**	
Total Revenue	**$ -**		**$ -**		**$ -**	

Note: If you delete anumber in the cells the formula will be deleted . If you want to leave blank enter zero.

Dental Proforma

(Organization/Project Title)									
	Year 1			Year 2			Year 3		
EXPENSES									
Personnel Costs									
Salaries									
Fringe benefits									
Subtotal Personnel	**$ -**			**$ -**			**$ -**		
Non-Personnel Costs									
Contracts									
Dental Supplies									
Office Supplies									
Fees & Dues									
Equipment Maintenance									
Housekeeping									
Utilities									
Rent/Mortgage									
Staff Training									
Computer/Software Expenses									
Credit Card/Telecheck/Bank Services									
Telephone/Internet									
Hazardous Waste Removal									
Conference/Travel									
Lab fees									
Payroll service									
Laundry									
Printing									
Postage									
Insurance									
Bad Debt									
Depreciation & Reserve Funds									
Subtotal Non-Personnel Costs	**$ -**			**$ -**			**$ -**		

Dental Proforma

(Organization/Project Title)									
	Year 1			Year 2			Year 3		
Capital Costs									
Equipment costs									
Construction/remodeling costs									
Subtotal Capital Costs	**$ -**			**$ -**			**$ -**		
Indirect Costs									
Agency Allocation									
Administrative Allocation									
Subtotal Indirect Costs	**$ -**			**$ -**			**$ -**		
Total Operating Expenses	**$ -**			**$ -**			**$ -**		

Year 1			
Position	Total salary	Fringe %	Total
		20%	
Dental Assistants		$ -	$ -
Registration/Reception		$ -	$ -
Practice Manager		$ -	$ -
Dental Director		$ -	$ -
Staff Dentists		$ -	$ -
Hygienist		$ -	$ -
TOTAL	**$ -**	**$ -**	**$ -**

Year 2			
Position	Total salary	Fringe %	Total
		20%	
Dental Assistants		$ -	$ -
Registration/Reception		$ -	$ -
Practice Manager		$ -	$ -
Dental Director		$ -	$ -
Staff Dentists		$ -	$ -
Hygienist		$ -	$ -
TOTAL	**$ -**	**$ -**	**$ -**

Year 3			
Position	Total salary	Fringe %	Total
		20%	
Dental Assistants		$ -	$ -
Registration/Reception		$ -	$ -
Practice Manager		$ -	$ -
Dental Director		$ -	$ -
Staff Dentists		$ -	$ -
Hygienist		$ -	$ -
TOTAL	**$ -**	**$ -**	**$ -**

Calculate Annual Salary				
# of Staff	Hourly rate	# of Hours	# of Weeks	=Annual Salary
5	$ 18	32	52	$ 149,760
				$ -
				$ -
				$ -
				$ -

To determine the total salary for each staff position, insert the # of staff for each position and their hourly rate. The tool above will calcualte the annual salary. If the hourly rate varies for each position, insert 1 to calculate individually under # of staff and then add up the annual salaries for each position (i.e. total salaries for dental Assistants)and insert the total to the left

Illinois Children's Healthcare Foundation

ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION
Officer's Certification

Name of Program:

Submission Date:

OFFICER'S CERTIFICATION

On behalf of the Grantee, I, the undersigned, do hereby certify that the information contained in this grant application is complete and accurate to the best of my knowledge. I acknowledge and agree that the omission, misrepresentation or concealment of any significant fact in any statement may be considered sufficient reason for refusing to provide additional grant funding and/or demanding the return of any grant monies awarded. I also acknowledge that our organization is currently in compliance with all applicable regulations issued by the state of Illinois (or state in which your organization is registered) and there is no pending legal action against it.

Print Name

Print Title (Must be the CEO, Executive Director or Officer)

Sign Name

Print Name of Grantee

Date Signed