

# CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY



## Specialty Dental Clinic Grant Program Application

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# 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](mailto: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	\$	_____
Applicant funds	\$	_____
Other sources (i.e., bank loan* or other grants)	\$	_____
Breakdown of other sources (if applicable):		
_____	\$	_____
_____	\$	_____
_____	\$	_____
<b>Total Sources</b>	<b>\$</b>	<b>=====</b>

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

**Uses of Funds:**

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

**\*\*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.

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

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

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

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

- 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)