

Economic Development Fund Discretionary Grant Program

Organization: NeighborImpact

Organization Description: NeighborImpact is an organization established to serve and speak out on behalf of economically disadvantaged people in Central Oregon. This organization works to break the cycle of poverty by removing barriers that prevent people from achieving economic self-sufficiency.

Project Name: Head Start Mobile Dental Van Collaboration

Project Description: NeighborImpact's Head Start program is collaborating with Northwest Medical Teams Mobile Dental Program to provide exams and treatment for uninsured or under-insured Head Start children ages three to five. These visits will occur at Head Start center locations using a volunteer Pediatric Dentist.

Project Period: September 22, 2008 – June 30, 2009

Amount of Request: \$3,000+

Previous Grants:

- **FY 2009 Community Grant: \$25,000** - salary and operating costs for the Food Recovery Program (66%) and purchase food for distribution to Deschutes County Emergency Food Box agencies (33%).



Deschutes County Board of Commissioners
1300 NW Wall St., Bend, OR 97701-1960
(541) 388-6570 - Fax (541) 385-3202 - www.deschutes.org

**DESCHUTES COUNTY ECONOMIC DEVELOPMENT FUND
DISCRETIONARY GRANT PROGRAM APPLICATION**

Direct Application to:

Commissioner Tammy Baney Commissioner Michael M. Daly
Commissioner Dennis R. Luke All Three Commissioners

Date: Project Name:

Project Beginning Date: Project End Date:

Amount of Request: Date Funds Needed:

Applicant/Organization: Tax ID #:

Address: City & Zip:

Contact Name(s): Telephone:

Fax: Alternate Phone: Email:

On a separate sheet, please briefly answer the following questions:

1. Describe the applicant organization, including its purpose, leadership structure, and activities.
2. Describe the proposed project or activity.
3. Provide a timeline for completing the proposed project or activity.
4. Explain how the proposed project or activity will impact the community's economic health.
5. Identify the specific communities or groups that will benefit.
6. Itemize anticipated expenditures*. Describe how grant funds will be used and include the source and amounts of matching funds or in-kind contributions, if any. If the grant will support an ongoing activity, explain how it will be funded in the future.

Attach:

Proof of the applicant organization's non-profit status.

* Applicant may be contacted during the review process and asked to provide a complete line item budget.

Amount Approved: _____ By: _____ Date: _____

Declined: _____ By: _____ Date: _____

NeighborImpact

Critical Needs. Diverse Services. Empowering Change.

2303 SW First Street, Redmond, OR 97756
tel: 541 548 2380 fax: 541 548 6013
www.neighborimpact.org

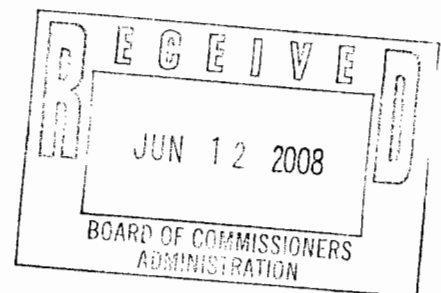
Jill Rowe
Wellness Specialist
NeighborImpact
Head Start
2303 SW 1st Street
Redmond, Oregon 97756
541-548-2380x126

Dear Commissioner Baney,

Enclosed is the NeighborImpact Head Start program grant application. I will be out of the office the first few weeks of July but available the rest of the summer. Please feel free to contact me with any questions you may have about this grant application. Thank you for your consideration of this application.

Sincerely,


Jill Rowe



- 1.) Describe the applicant organization, including its purpose, leadership structure, and activities: Founded in 1985, NeighborImpact is a private nonprofit organization established to serve and speak out for economically disadvantaged people in Central Oregon. Our mission is to break the cycle of poverty by helping remove the barriers that prevent people from achieving economic self-sufficiency. NeighborImpact is governed by a tripartite board of directors consisting of elected officials, representatives of low income residence, and community representatives. The agency has two program management divisions, the Early Care and Education division and the Housing and Emergency Services division. The Head Start program is part of the Early Care and Education division which offers comprehensive early childhood education with family education and health prevention to increase children's readiness and success in school. NeighborImpact provides administrative services, including an executive director, business services, and development.
- 2.) Describe the proposed project or activity: NeighborImpact's Head Start program is collaborating with Northwest Medical Teams Mobile Dental Program to provide exams and treatment for uninsured or under-insured Head Start children ages three to five. These visits will occur at Head Start center locations using a volunteer Pediatric Dentist.
- 3.) Provide a timeline for completing the proposed project or activity: Starting near or after mid-September, the van will visit Head Start centers to provide dental exams through December. Head Start Federal Performance Standards requires that every child must have a dental exam within 90 days of being enrolled in the Head Start program. December through June, services will be provided by the van, for completing treatment plans created from exams occurring in the earlier months.
- 4.) Explain how the proposed project or activity will impact the community's economic health: Support for early evaluation and treatment of young children's dental needs will result in fewer hospitalizations for treatment, fewer requests for free or reduced fee services from local dentists, and fewer dentists left with unpaid bills by families in crisis. Additionally, the communities' economic health will be supported by families requiring less missed days of work to care for children in dental pain or crisis.
- 5.) Identify the specific communities or groups that will benefit: The Head Start program serves both the Deschutes and Crook County communities, with classrooms in Prineville, LaPine, Bend, Redmond, and Sisters. The ages of children served are three to five years old. The goal for the 2008-2009 school year is to provide dental services for the uninsured or under-insured children in the Deschutes County communities that participate in the Head Start program.
- 6.) Itemize anticipated expenditures. Describe how grant funds will be used and include the source and amounts of matching funds or in-kind contributions, if any. If the grant will support an ongoing activity, explain how it will be funded in the future: Grant funds will be used to cover project development expenses for critical and essential expenses to ensure the project's success. Please see Itemized Anticipated Expenditures sheet.

Itemized Anticipated Expenditures

Costs are based on the van visiting the Head Start program every other month for a total of five visits.

Cost of bringing the van:	\$4,000
Pediatric Dentist time:	\$10,000
Two days per month coordination by Wellness Specialist:	\$1,445
Education supplies/materials/equipment:	\$700
Electrical set up plus labor:	\$900
Discretionary funds to fill fluoride prescriptions:	\$200
Misc. dental supplies for the van:	\$200
Donated time and materials:	
Reduced rate for bringing van:	\$2,500
Volunteer Pediatric Dentist time:	\$10,000
Private and Business donation:	\$1,200

**Any costs not covered will be absorbed by using appropriated Head Start funds.*

**The Northwest Medical Teams Mobile Dental Program suggested cost for bringing the van is \$800.00. They have been willing to partner with the Head Start program to provide reduced costs.*

Our goal is to collaborate with our community partners to create corporate sponsorships and donations to sustain growth and longevity of the dental program. Head Start's Wellness Specialist will identify local grant writing opportunities to bring in funds to support this collaboration.

Internal Revenue Service**Date:** August 20, 2004

Central Oregon Community Agency
Network Inc.
2303 SW 1ST St.
Redmond, OR 97756-9608

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Sylvia A. Williams 31-0817
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
93-0884929

Dear Sir or Madam:

This is in response to your request of August 20, 2004, regarding your organization's tax-exempt status.

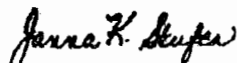
In March 1987 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services

Date: MAR. 2, 1987

CENTRAL OREGON COMMUNITY ACTION
AGENCY NETWORK INC
1345 NW WALL
BEND, OR 97701

Employer Identification Number:
93-0903720
Case Number:
957023016
Contact Person:
JEANNIE BARBA
Contact Telephone Number:
(206) 442-8465

MAR - 6 1987

Caveat Applies:
yes

Dear Applicant:

Based on the information you recently submitted, we have classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Internal Revenue Code because you are an organization described in section 509(a)(1)*.

Your exempt status under section 501(c)(3) of the Code is still in effect.

This classification is based on the assumption that your operations will continue as you have stated. If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status.

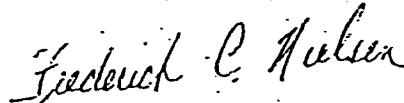
This supersedes our letter dated Oct. 14, 1986.

Because this letter could help resolve any questions about your foundation status, you should keep it in your permanent records.

If the heading of this letter indicates that a caveat applies, the caveat below or on the enclosure is an integral part of this letter.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Frederick C. Nielsen
District Director

CENTRAL OREGON COMMUNITY ACTION

*509(a) (1) and 170(b) (1) (A) (vi)