Community Health Endowment of Lincoln
Grant Contract

This Grant Contract is made and entered into by and between the Board of Trustees of the Community Health Endowment, a municipal fund of the City of Lincoln, hereinafter referred to as "Sponsor," and **Lincoln-Lancaster County Health Department**, hereinafter referred to as "Grantee."

WITNESSETH:

WHEREAS, monies in the Community Health Endowment are to be used for the purposes of funding health and health-related programs or projects which further the health, safety or welfare of the citizens of the City of Lincoln (LMC 4.16.005); and

WHEREAS, the Sponsor is authorized to review proposals requesting endowment funds to support existing community programs and new, innovative and creative programs which have a strong potential to improve community health and to enter into contracts for the disbursement of budgeted endowment funds to approved programs or projects (LMC 4.16.060); and

WHEREAS, Grantee has requested and been approved for endowment funds **to utilize the Health 360 model to increase the number of dental homes for uninsured patients by working collaboratively with the Dental Community Group, recruiting participating dentists, enrolling clients into the Dental Home Initiative, and regularly reporting client progress.**

NOW, THEREFORE, in consideration of the mutual covenants herein contained, it is agreed as follows by the parties hereto:

1. **Purpose.** The purpose of the Grant Contract is to provide a grant of endowment funds in the public interest **to utilize the Health 360 model to increase the number of dental homes for uninsured patients by working collaboratively with the Dental Community Group, recruiting participating dentists, enrolling clients into the Dental Home Initiative, and regularly reporting client progress.**

   Evaluation of this project shall include, but not be limited to;
   - **Recruiting, hiring and orienting a new Dental Community Coordinator by August 30, 2015;**
   - **Reviewing and revising internal processes in collaboration with the Grantee's Business Office to assure the smooth transfer of fiscal and reporting responsibilities;**
   - **Contacting participating dentists and office staff to provide project updates and collect W-9 forms for processing;**
   - **Collaborating with the Dental Community Group to identify recruitment strategies and events for each project year (2015-2018);**
   - **Scheduling recruitment events for local dentists and office staff which include continuing education hours;**
   - **Providing recruitment follow-up to participating dentists and office staff;**
   - **Participating in community events and activities to disseminate information and recruit clients into the Dental Home Initiative;**
   - **Enrolling at least 120 new clients into the program and recruiting at least 5 new dentists by June 30, 2016;**
   - **Enrolling at least 120 new clients into the program and recruiting at least 5 new dentists by June 30, 2017;**
   - **Enrolling at least 120 new clients into the program and recruiting at least 5 new dentists by June 30, 2018; and**
   - **Assuring that the grant balance is credited with third party reimbursements as received and all credits are reported to the Sponsor on a quarterly basis.**

2. **Project.** The Grantee agrees that it shall expend the funds granted hereunder only for the purposes authorized in Paragraph 1, above. The Grantee shall make a request to the Sponsor for any programmatic changes and they shall not be effective unless and until approved by the Sponsor.

3. **Grant.** In order to assist Grantee in financing the cost of the project described in Paragraph 2 above, for a period of **July 1, 2015 – June 30, 2018,** the Sponsor shall make a Grant in the amount of **$466,723.49** from the Community Health Endowment fund. Additionally, the Sponsor shall forward to the Grantee **$26,138.51** in service reimbursements collected by the previous Grantee. Payment by the Sponsor is subject to the availability of funds to support this project. In the event funds cease to be available, this grant shall be terminated, or the activities shall be suspended until such funds become available, at the sole discretion of the Sponsor.

4. **Project Budget.** The Grantee shall carry out the project as submitted in the required budget (Attachment) and shall incur obligations against and make disbursements of funds provided hereunder by the Sponsor only in conformity with the project budget as approved by the Sponsor. Said project budget may be revised from time to time, but no budget or revision thereof shall be effective unless and until the same is approved by the Sponsor.

5. **Accounting Procedures and Records.**
(a) Grantee shall establish for the project one or more separate accounts which shall be approved by the Sponsor, or its designated representative. Said account or accounts shall be maintained within Grantee's existing accounting system or set up independently. Said accounts are referred to herein collectively as "Project Account."

(b) Grantee shall appropriately record in the Project Account, and deposit in a bank or other corporate fiduciary, all grant payments received from the Sponsor pursuant to this Contract.

(c) Grantee shall charge to the Project Account all eligible costs of the project in accordance with the project budget. Costs in excess of the latest approved budget or attributable to actions which have not received the required approval of the governing body of the Sponsor shall not be incurred, and Sponsor shall not be liable for any such authorized costs, directly or indirectly;

(d) All costs charged to the Project Account shall be supported by properly executed payroll, time records, invoices, contracts, or vouchers evidencing in proper detail the nature and propriety of the charges.

(e) Any check or order drawn by Grantee with respect to any item which is or will be chargeable against the Project Account will be drawn only in accordance with a properly signed voucher then on file in the office of Grantee, stating in proper detail the purpose for the such check or order is drawn. All checks, payroll, invoices, contracts, vouchers, orders, or other accounting documents pertaining in whole or in part to the project shall be clearly identified, readily accessible, and to the extent feasible, kept separate and apart from all other documents maintained by Grantee.

6. **Payment of Grant.** Payments made hereunder shall be handled as all other claims against the Sponsor. Grantee shall submit a claim or claims to the Sponsor in accordance with the provisions of the following schedule:

Year One – $162,217
$94,178 - July 1, 2015 (includes $68,039.49 in Sponsor grant funds and $26,138.51 in service fee reimbursements collected by the previous Grantee)
$68,039 - January 1, 2016

Year Two - $155,515
$77,758 - July 1, 2016
$77,757 - January 1, 2017

Year Three – $175,130
$87,565 - July 1, 2017
$87,565 - January 1, 2018

7. **Audit and Inspection.** Grantee shall permit and shall require its agents and employees to permit the Sponsor or its authorized representative to inspect all work, materials, payroll, records of personnel, invoices of materials, and other relevant data and records; and to audit the books, records, and accounts of Grantee pertaining to the grant and project provided herein. Grantee shall submit two copies of its annual independent audit to the Sponsor or its designated representative within thirty (30) days of receipt of such audit.

8. **Project Monitor.** The project shall be monitored by the Sponsor through the President/CEO of the Community Health Endowment. Such monitoring may be in writing, by telephone or other electronic communication, or in person. The Sponsor and its designated representative shall be provided such financial and program progress reports as described below. Grantee agrees to track and report service fees collected and expended on the financial report form provided.

Year 1 Reports	**Due Date**
First Quarter Financial Report	**October 15, 2015**
Second Quarter Progress and Financial Report	**January 15, 2016**
Third Quarter Financial Report	**April 15, 2016**
Final Progress and Financial Report	**July 15, 2016**

Year 2 Reports	**Due Date**
First Quarter Financial Report	**October 15, 2016**
Second Quarter Progress and Financial Report	**January 15, 2017**
Third Quarter Financial Report	**April 15, 2017**
Final Progress and Financial Report	**July 15, 2017**

Year 3 Reports	**Due Date**
First Quarter Financial Report	**October 15, 2017**
Second Quarter Progress and Financial Report	**January 15, 2018**
Third Quarter Financial Report	**April 15, 2018**
Final Progress and Financial Report	**July 15, 2018**

Based upon these reports and upon her observations of the operation of the project, the President/CEO shall submit reports required by the Sponsor, containing her review of the success of the project. In the event of noncompliance with this Agreement by Grantee, the Project Monitor shall report said noncompliance to the Board of Trustees of the Sponsor.

Upon request, the Grantee agrees to provide Sponsor with access to photographs of project activity. These photographs shall be used, with mutual agreement of the Sponsor and Grantee, to document and publicize project activity.

Upon request, the Grantee agrees to provide the Sponsor with a link to the Grantee website (if one exists), to be posted on the Sponsor website.

9. **Contracts of Grantee.** Grantee shall not execute any contract or obligate itself in any other manner with any third party with respect to the project provided herein without the prior written concurrence of the Sponsor or its designated representative.

10. **Equal Employment Opportunity.** In connection with the carrying out of the project provided herein, the Grantee shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, disability, national origin, age, or marital status, as defined in Chapter 11.08 of the Lincoln Municipal Code.

11. **Federal Immigration Verification Requirement.** "In accordance with Neb. Rev. Stat. 4-108 through 4-114, **the Grantee agrees to register with and use a federal immigration verification system, to determine the work eligibility status of new employees performing services within the state of Nebraska.** A federal immigration verification system means the electronic verification of the work authorization program of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 USC 1324 a, otherwise known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of a newly hired employee pursuant to the Immigration Reform and Control Act of 1986. The Contractor shall not discriminate against any employee or applicant for employment to be employed in the performance of this section pursuant to the requirements of state law and 8 U.S.C.A. 1324b. The contractor shall require any subcontractor to comply with the provisions of this section. For information on the E-Verify Program, go to www.uscis.gov/everify."

12. **Public Benefits Eligibility Status Check.** The Grantee agrees to determine eligibility for and provide a public benefit as public benefit is defined under Neb. Rev. Stat. 4-108 through 4-114. The Grantee shall have each recipient for public benefits attest that he or she is a U.S. citizen or qualified alien. **The Grantee agrees to register and use the SAVE Program as required under Neb. Rev. Stat. 4-108 through 4-114.** If the recipient indicates he or she is an alien, the Grantee shall verify the recipient's lawful presence in the United States as provided under the SAVE Program and retain all documentation and provide copies of such documentation at the City's request. For information on the SAVE program, go to www.uscis.gov/SAVE.

13. **Prohibited Interests.** Neither Grantee nor any of its contractors or their subcontractors shall enter into any contract, subcontract, or arrangement in connection with the project provided herein, or any property included or planned to be included in the project in which any officer, agent, or employee of Grantee during his tenure or for one year thereafter has any financial interest, direct or indirect.

14. **Sponsor Not Obligated to Third Parties**. Sponsor shall not be obligated or liable hereunder to any party other than the Grantee. Each party agrees that it will be responsible for their own acts and omissions and the results of their own acts and omissions, and shall not be responsible for the acts of omissions of the other party. Each party agrees to assume all risk and liability for any injury to persons or property resulting in any manner from each party's own acts or omissions related to this agreement, including acts or omissions by each party's own agents or employees related to this agreement. Liability includes any claims, damages, losses, and expenses (including attorneys' fees) arising out of or resulting from performance of this agreement, that results in any claim for damage whatsoever, including any bodily injury, sickness, disease, death, or any injury to or destruction of tangible or intangible property, including any resulting loss of use.

15. **Breach or Default by Grantee.** In the event of any breach of default hereunder by Grantee during the term of this Grant Contract in performing the terms and conditions required to Grantee hereunder, then and upon the happening of such event, Sponsor shall give written notice to Grantee of such breach or default, and Grantee shall immediately surrender to Sponsor or its designated representative any balance remaining in the Project Account.

16. **Severability.** If any portion of this Grant Contract is held invalid, the remainder hereof shall not be affected thereby if such remainder would then continue to conform to the terms and requirements of the applicable law.

17. **Term.** The term of this grant Contract shall be for a period of **July 1, 2015 – June 30, 2018**. Any unencumbered balance remaining in the Project Account upon termination shall be returned to Sponsor.

18. Capacity. The undersigned person representing **Lincoln-Lancaster County Health Department** does hereby agree and represent that he or she is legally capable to sign this agreement and to lawfully bind **Lincoln-Lancaster County Health Department** to this agreement.

This agreement shall be governed and interpreted by the Laws of the State of Nebraska without reference to the principles of conflicts of law.

EXECUTED in accordance with the Fiscal Policy of the Grantee on this _____ day of _____, 2015.

Approved and Agreed:

_____
Lori A Seibel, President/CEO
FOR THE BOARD OF TRUSTEES

Approved as to the Availability of Funds:

_____
Steve Hubka, Director
City Finance Department

_____
Authorized Representative
Lincoln-Lancaster County Health Department
Chris Beutler, Mayor of Lincoln

Agency Name: Lincoln-Lancaster County Health Department

Project Name: Dental Home Initiative

Stage II
Year One Budget

		Requested from CHE	% of CHE Budget	Other Cash Committed	Other Cash Anticipated	In-Kind Support	Total Budget
A. Personnel	**FTE**						
Salaries (list postions)		**$43,755**		**$0**	**$0**	**$29,570**	**$73,325**
1. Dental Community Coordinator	0.60	$43,755		$0	$0	$0	**$43,755**
2. Community Health Services Manager	0.05	$0		$0	$0	$4,855	**$4,855**
3. Volunteer Dentists	0.15	$0		$0	$0	$24,715	**$24,715**
4.		$0		$0	$0	$0	**$0**
5.		$0		$0	$0	$0	**$0**
6.		$0		$0	$0	$0	**$0**
Payroll Taxes/Benefits (specify)		**$3,345**		**$0**	**$0**	**$1,895**	**$5,240**
1. Dental Community Coordinator	0.60	$3,345		$0	$0	$0	**$3,345**
2. Community Health Services Manager	0.05	$0		$0	$0	$1,895	**$1,895**
3.		$0		$0	$0	$0	**$0**
4.		$0		$0	$0	$0	**$0**
5.		$0		$0	$0	$0	**$0**
6.		$0		$0	$0	$0	**$0**
Subtotal Personnel		**$47,100**	**35%**	**$0**	**$0**	**$31,465**	**$78,565**
B. Other Expenses							
1. Office Operations		**$1,615**		**$0**	**$0**	**$0**	**$1,615**
Telephone		$360		$0	$0	$0	**$360**
Postage		$170		$0	$0	$0	**$170**
Office supplies/equipment		$500		$0	$0	$0	**$500**
Printing		$285		$0	$0	$0	**$285**
Mileage		$300		$0	$0	$0	**$300**
2. Training & Education		**$0**		**$0**	**$0**	**$0**	**$0**
Professional development		$0		$0	$0	$0	**$0**
Travel		$0		$0	$0	$0	**$0**
Educational materials		$0		$0	$0	$0	**$0**
3. Medical Supplies		**$0**		**$0**	**$0**	**$0**	**$0**
4. Equipment		**$0**		**$0**	**$0**	**$0**	**$0**
Grant related equipment		$0		$0	$0	$0	**$0**
Grant related technology		$0		$0	$0	$0	**$0**
5. *Facility*		**$0**		**$0**	**$0**	**$1,570**	**$1,570**
Rent		$0		$0	$0	$1,570	**$1,570**
Utilities		$0		$0	$0	$0	**$0**
6. Facility Improvement		**$0**		**$0**	**$0**	**$0**	**$0**
Construction		$0		$0	$0	$0	**$0**
Equipment		$0		$0	$0	$0	**$0**
Professional Services (architect, etc.)		$0		$0	$0	$0	**$0**
7. In-Direct Costs		**$12,363**		**$0**	**$0**	**$13,527**	**$25,890**
8. Other (Identify)		**$75,000**		**$26,139**	**$28,000**	**$0**	**$129,139**
a. Claims Paid to Dentists		$70,000		$0	$0	$0	**$70,000**
b. Service Fee Revenue		$0		$26,139	$28,000	$0	**$54,139**
c. Interpretation Service		$5,000		$0	$0	$0	**$5,000**
d		$0		$0	$0	$0	**$0**
Subtotal Other Expenses		**$88,978**	**65%**	**$26,139**	**$28,000**	**$15,097**	**$158,214**
TOTAL		**$136,078**	**100%**	**$26,139**	**$28,000**	**$46,562**	**$236,779**

Agency Name: Lincoln-Lancaster County Health Department

Project Name: Dental Home Initiative

Stage II
Year Two Budget

		Requested from CHE	% of CHE Budget	Other Cash Committed	Other Cash Anticipated	In-Kind Support	Total Budget
A. Personnel	FTE						
Salaries (list postions)		**$48,340**		**$0**	**$0**	**$29,665**	**$78,005**
1. Dental Community Coordinator	0.65	$48,340		$0	$0	$0	**$48,340**
2. Community Health Services Manager	0.05	$0		$0	$0	$4,950	**$4,950**
3. Volunteer Dentists		$0		$0	$0	$24,715	**$24,715**
4.		$0		$0	$0	$0	**$0**
5.		$0		$0	$0	$0	**$0**
6.		$0		$0	$0	$0	**$0**
Payroll Taxes/Benefits (specify)		**$3,700**		**$0**	**$0**	**$1,980**	**$5,680**
1. Dental Community Coordinator	0.65	$3,700		$0	$0	$0	**$3,700**
2. Community Health Services Manager	0.05	$0		$0	$0	$1,980	**$1,980**
3.		$0		$0	$0	$0	**$0**
4.		$0		$0	$0	$0	**$0**
5.		$0		$0	$0	$0	**$0**
6.		$0		$0	$0	$0	**$0**
Subtotal Personnel		**$52,040**	**33%**	**$0**	**$0**	**$31,645**	**$83,685**
B. Other Expenses							
1. Office Operations		**$1,835**		**$0**	**$0**	**$0**	**$1,835**
Telephone		$360		$0	$0	$0	**$360**
Postage		$190		$0	$0	$0	**$190**
Office supplies/equipment		$600		$0	$0	$0	**$600**
Printing		$335		$0	$0	$0	**$335**
Mileage		$350		$0	$0	$0	**$350**
2. Training & Education		**$0**		**$0**	**$0**	**$0**	**$0**
Professional development		$0		$0	$0	$0	**$0**
Travel		$0		$0	$0	$0	**$0**
Educational materials		$0		$0	$0	$0	**$0**
3. Medical Supplies		**$0**		**$0**	**$0**	**$0**	**$0**
4. Equipment		**$0**		**$0**	**$0**	**$0**	**$0**
Grant related equipment		$0		$0	$0	$0	**$0**
Grant related technology		$0		$0	$0	$0	**$0**
5. *Facility*		**$0**		**$0**	**$0**	**$1,570**	**$1,570**
Rent		$0		$0	$0	$1,570	**$1,570**
Utilities		$0		$0	$0	$0	**$0**
6. Facility Improvement		**$0**		**$0**	**$0**	**$0**	**$0**
Construction		$0		$0	$0	$0	**$0**
Equipment		$0		$0	$0	$0	**$0**
Professional Services (architect, etc.)		$0		$0	$0	$0	**$0**
7. In-Direct Costs		**$14,140**		**$0**	**$0**	**$15,250**	**$29,390**
8. Other (Identify)		**$87,500**		**$54,139**	**$32,800**	**$0**	**$174,439**
a. Claims Paid to Dentists		$82,000		$0	$0	$0	**$82,000**
b. Service Fee Revenue		$0		$54,139	$32,800	$0	**$86,939**
c. Interpretation Service		$5,500		$0	$0	$0	**$5,500**
d.		$0		$0	$0	$0	**$0**
Subtotal Other Expenses		**$103,475**	**67%**	**$54,139**	**$32,800**	**$16,820**	**$207,234**
TOTAL		**$155,515**	**100%**	**$54,139**	**$32,800**	**$48,465**	**$290,919**

Agency Name: Lincoln-Lancaster County Health Department

Project Name: Dental Home Initiative

Stage II
Year Three Budget

		Requested from CHE	% of CHE Budget	Other Cash Committed	Other Cash Anticipated	In-Kind Support	Total Budget
A. Personnel	**FTE**						
Salaries (list postions)		**$53,095**		**$0**	**$0**	**$29,765**	**$82,860**
1. Dental Community Coordinator	0.70	$53,095		$0	$0	$0	**$53,095**
2. Community Health Services Manager	0.05	$0		$0	$0	$5,050	**$5,050**
3. Volunteer Dentists		$0		$0	$0	$24,715	**$24,715**
4.		$0		$0	$0	$0	**$0**
5.		$0		$0	$0	$0	**$0**
6.		$0		$0	$0	$0	**$0**
Payroll Taxes/Benefits (specify)		**$4,060**		**$0**	**$0**	**$2,075**	**$6,135**
1. Dental Community Coordinator	0.70	$4,060		$0	$0	$0	**$4,060**
2. Community Health Services Manager	0.05	$0		$0	$0	$2,075	**$2,075**
3.		$0		$0	$0	$0	**$0**
4.		$0		$0	$0	$0	**$0**
5.		$0		$0	$0	$0	**$0**
6.		$0		$0	$0	$0	**$0**
Subtotal Personnel		**$57,155**	**33%**	**$0**	**$0**	**$31,840**	**$88,995**
B. Other Expenses							
1. Office Operations		**$2,055**		**$0**	**$0**	**$0**	**$2,055**
Telephone		$360		$0	$0	$0	**$360**
Postage		$210		$0	$0	$0	**$210**
Office supplies/equipment		$700		$0	$0	$0	**$700**
Printing		$385		$0	$0	$0	**$385**
Mileage		$400		$0	$0	$0	**$400**
2. Training & Education		**$0**		**$0**	**$0**	**$0**	**$0**
Professional development		$0		$0	$0	$0	**$0**
Travel		$0		$0	$0	$0	**$0**
Educational materials		$0		$0	$0	$0	**$0**
3. Medical Supplies		**$0**		**$0**	**$0**	**$0**	**$0**
4. Equipment		**$0**		**$0**	**$0**	**$0**	**$0**
Grant related equipment		$0		$0	$0	$0	**$0**
Grant related technology		$0		$0	$0	$0	**$0**
5. *Facility*		**$0**		**$0**	**$0**	**$1,570**	**$1,570**
Rent		$0		$0	$0	$1,570	**$1,570**
Utilities		$0		$0	$0	$0	**$0**
6. Facility Improvement		**$0**		**$0**	**$0**	**$0**	**$0**
Construction		$0		$0	$0	$0	**$0**
Equipment		$0		$0	$0	$0	**$0**
Professional Services (architect, etc.)		$0		$0	$0	$0	**$0**
7. In-Direct Costs		**$15,920**		**$0**	**$0**	**$17,005**	**$32,925**
8. Other (Identify)		**$100,000**		**$86,939**	**$37,600**	**$0**	**$224,539**
a. Claims Paid to Dentists		$94,000		$0	$0	$0	**$94,000**
b. Service Fee Revenue		$0		$86,939	$37,600	$0	**$124,539**
c. Interpretation Service		$6,000		$0	$0	$0	**$6,000**
d.		$0		$0	$0	$0	**$0**
Subtotal Other Expenses		**$117,975**	**67%**	**$86,939**	**$37,600**	**$18,575**	**$261,089**
TOTAL		**$175,130**	**100%**	**$86,939**	**$37,600**	**$50,415**	**$350,084**

Stage II Form C: Workplan

(See Workplan Worksheet for guidance)

Project Objective(s)	Project Activity/Activities	Timeline	Evaluation Plan
1) Recruit and hire new Dental Community Coordinator as result of resignation of person in current position.	a) Recruit, solicit and hire new Dental Community Coordinator.	By July 1, complete hiring process.	State date effective July 21 for the new hire.
2) With transfer of fiscal responsibilities, review and revise internal process in collaboration with Business Office staff.	a) By July 28, 2015 the Dental Coordinator will review and/or revise internal process in cooperation with LLCHD business office staff to assure a smooth transfer of fiscal and reporting responsibilities.	By August 1, 2015 complete internal review and identify workable process for fiscal reponsibilities.	Monitor and report progress of fiscal transition process in comparison past process, i.e., length of time for claims paid, etc.
3) Orientation of the new Dental Community Coordinator to the dental, medical and community resources.	a) Dental Coordinator will schedule meeting(s) with members of the dental community group for orientation.	By August 30, 2015 orientation process and scheduled meetings will be completed.	Monitor and report progress of orientation process.
	b) Contact project participating dentists and office staff as the New Coordinator for the project. Provide office staff with information on any revisions to process, including the need of collecting a W9 form for City Finance for payment of claims for those yet to collect.	By August 9, 2015 all dentists will have been contacted and W9's collected.	Monitor and report progress of of introductory process with providers and collection of W9 forms for City payment.
4) Work collaboratively with dental community group to schedule a recruitment event for dentists.	a) Schedule a recruitment event inviting local providers and office staff to a panel discussion of the project by dental community group members, including 1.5 hours of free continuing education as an incentive.	By September 30, 2015 a recruitment event will have been planned and scheduled.	Monitor and report progress of scheduled event and number attending event.

Project Objective(s)	Project Activity/Activities	Timeline	Evaluation Plan
5) Dental Community Coordinator will contact dentists and offices attending the recruiting event as follow-up.	a) Dental Coordinator will contact participating dentists as follow-up in the recruitment process.	By November 30, 2015 process will be completed.	Monitor and report number of contacts and success of recruitment process with dentists.
	b) Work collectively with dental group to identify strategies and schedule recruitment events for each project year (2015-2018) with the goal of enrolling 5 dentists per project year.	By September 30 of each project year (2015-2018), identify recruitment strategies and schedule events. During each project period report progress toward enrolling the targeted of 5 dentists for each project period.	Monitor and report progress of activities and success of activities.
6) Dental Community Coodinator will attend community events and/or activities and contact local community agencies for the dissemination of information in the recruitment of clients into the program.	a) Develop and keep current a calendar of community activities, events, community contacts or presentations for the recruitment of clients, targeting LLCHD community partners that include cultural centers, Community Action Partnerships, Good Neighborhood Center, Indian Center, Nebraska Urban Indian Health Coalition and Clinic with a Heart.	For each quarterly project report for each calendar year of 2015-2018, identify and report calendar of activities and events for the recruitment of clients.	Monitor and report of progress in the recruitment of clients including number of referrals and clients actively enrolled.
	b) As a goal, enroll 10-15 new clients each month for participation in the program.	For each quarterly report, report progress of events for the recruitment of clients.	Monitor and report progress of clients recruited each month.