

FIRST AMENDMENT TO CITY OF ANN ARBOR & WASHTENAW COUNTY
FY 2015-2016 HUMAN SERVICE CONTRACT WITH
The Regents of the University of Michigan – Community Dental Center

THIS AMENDMENT dated the 20 day of September, 2015, between the City of Ann Arbor, a Michigan municipal corporation, whose address is 301 E. Huron Street, Ann Arbor, Michigan ("City"), Washtenaw County, a Michigan municipal corporation, whose address is 301 E. Huron Street, Ann Arbor, Michigan ("County") and The Regents of the University of Michigan, a Michigan constitutional corporation, whose address is 406 N. Ashley Street, Ann Arbor, Michigan ("Contractor"), amends the agreement as follows:

- 1) SERVICE DESCRIPTION AND OUTCOME TARGETS and SPECIAL CONTRACT CONDITIONS, is amended to include the following Attachment A in addition to existing attachments.
- 2) BUDGET, is amended to increase the contract amount by \$25,935 to \$51,870 and to include the following Attachment B in addition to existing attachments.

Program	Funding Source	Amount
Emergency Dental Care	City of Ann Arbor General Funds	\$25,935
TOTAL		\$25,935

- 3) TERM, is amended to terminate on June 30, 2016.
- 10) REPORTS, MONITORING AND EVALUATION, is amended to include the following: By signing this agreement, the Contractor agrees to full participation, as necessary, in the evaluation to be conducted of the Coordinated Funding process during the summer and fall of 2015.

All terms, conditions, and provisions of the original agreement between the parties executed on the 1st of July, 2014, unless specifically amended above, are to apply to this amendment and are made a part of this amendment as though expressly rewritten, incorporated, and included herein.

This amendment to the agreement between the parties shall be binding on the heirs, successors and assigns of the parties.

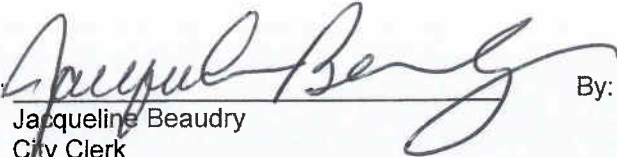
CITY:

CITY OF ANN ARBOR, a Michigan municipal corporation

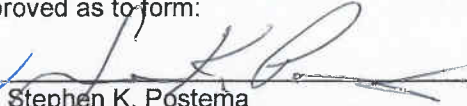
By: Christopher Taylor
Christopher Taylor
Mayor

Approved as to Substance:

By: Steven D. Powers
Steven D. Powers
City Administrator

By: 
Jacqueline Beaudry
City Clerk

By: 
Sumedh Bahl
Community Services Administrator

Approved as to form:
By: 
Stephen K. Postema
City Attorney

COUNTY:
WASHTENAW COUNTY, a Michigan municipal corporation

ATTESTED TO:
By: _____
Lawrence Kestenbaum (Date)
County Clerk/Register

WASHTENAW COUNTY
By: _____
Verna J. McDaniel (Date)
County Administrator

APPROVED AS TO CONTENT:
By:  11/15
Brett Lenart (Date)
Interim Director, Community Development

APPROVED AS TO FORM:
By: _____
Curtis N. Hedger (Date)
Office of Corporation Counsel

CONTRACTOR:
The Regents of the University of Michigan, a
Michigan Constitutional Corporation

By: 
Printed Name: Peter J. Gerard
Associate Director
Its: Grants and Contracts

By: _____
Printed Name: _____
Its: _____



**Attachment A – FY 2015-2016
Scope of Services, Outcome Targets and Grant Timeline**

*If any of the following program information changes within the grant year, please notify Andrea Plevak (pleveka@ewashtenaw.org) immediately.

Agency Name
Regents of The University of Michigan- Community Dental Center

Program Name
Emergency Dental Care

Community-Level Outcome
Safety Net Health & Nutrition: Increase access to health services and resources for low-income residents

Planning & Coordination Body
Washtenaw Health Plan

Program Strategy(s)
Accessing Care Services

Program Components Description
The program will provide emergency (acute) dental services to low income Washtenaw county residents. This group includes Washtenaw county residents with dental pain, infection, bleeding or injury to teeth and supporting structures. Some examples of the procedures we will perform include oral examinations, x-rays, extractions, and fillings. We will be able to serve about 75 patients through this program. Many of these patients will have visited a hospital Emergency Department or primary care physician's office. This does not solve their dental problems and puts unnecessary strain on the health system. Our program will serve each client until their emergency care is completed. In addition to taking care of the patients' acute dental needs, they receive an oral cancer screening, oral hygiene instruction, information on finding a dental home, and an oral hygiene care kit.

Target Population Residency Requirements			
Zip Codes 48197 and 48198	City of Ann Arbor Residents	Urban County Residents	Washtenaw County Residents
60%	35%	100%	100%

Total Number of (Unduplicated) Participants Projected to be Served during FY 2015-2016
75

Program Outcomes		
<i>Outcome</i>	<i>Projected 1st Half FY 2015-16 #</i>	<i>Projected 2nd Half FY 2015-16 #</i>
Increase access to primary care and adult dental care services for the uninsured and for those newly insured under the Affordable Care Act (ACA)	32: # of uninsured served 0: # of people with MA served 0: # of people with commercial pay served	32: # of uninsured served 0: # of people with MA served 0: # of people with commercial pay served
Increase the total number of patients	0	0

Program Outcome Measurement Description
Community Dental Center will track the number of uninsured served (and the percentage of uninsured that is part of the total), the number of people with MA served (and the percentage of people with MA that is part of the total), and the number of people with commercial pay (and the percentage of people with commercial pay that is part of the total). This payer mix will be compared against a baseline from FY 2013-14 to measure the first program outcome listed above. The agency will provide a FY 2013-14 baseline to the Coordinated Funders.
Community Dental Center will track the number of patients and this data point will be compared against a baseline from FY 2013-14 to measure the second program outcome listed above. The agency will provide a FY 2013-14 baseline to the Coordinated Funders.

Award Contingencies (if applicable)
N/A

Grant Timeline	
<i>Action</i>	<i>Due Date</i>
FY 2015-16 Grant Start Date	July 1, 2015
Participate in Planning & Coordination Body	Ongoing
Initial 25% Advance*	Upon contract execution & receipt of first invoice**
First Expenditure Report Due*	No later than October 31, 2015
Second 25% Advance	Upon submission of second invoice and approval of first expenditure Report
Semi-Annual Program Report Due	January 31, 2016
Second Expenditure Report Due	No later than January 31, 2016
Third 25% Advance	Upon submission of third invoice and approval of second expenditure report and semi-annual program report
Third Expenditure Report Due	No later than April 30, 2016
Fourth 25% Advance	Upon submission fourth invoice and approval of third expenditure report
Year-end Program Report AND Final Expenditure Report Due	July 31, 2016

**All United Way grants will be paid on a monthly distribution cycle and will not require invoices or expenditure reports.*

***For all programs funded through the Office of Community & Economic Development, an invoice must be submitted to trigger the disbursement of each advance and must include a request for 25% of the total grant in writing on the agency's letterhead using the OCED-specific format.*

****All Ann Arbor Area Community Foundation grants will be paid in full in July 2015.*

Attachment B - FY 2015-16 PROGRAM BUDGET

Agency Name: Regents of The University of Michigan- Community Dental Center Program Name: Emergency Dental Care

Revenue Source(s):	Washtenaw County General Funds	Ann Arbor General Funds	CDBG Funds	United Way Funds	AAACF Funds	Name of Other Funding Sources	Amount of Other Funding Sources	Total
Coordinated Funding Award(s)	\$	\$25,935	\$	\$	\$			\$25,935
Other Grant Amounts <i>(Please list each other funding source that supports this program on a separate line.)</i>								\$0
Other Support (In-Kind) ^a						UM School of Dentistry Community Dental Center		\$0
Program Fees ^b						Patient Copays	\$12,312	\$12,312
Total Revenues	\$0	\$25,935	\$0	\$0	\$0		\$12,504	\$38,439

Program Expenses	Washtenaw County General Funds	Ann Arbor General Funds	CDBG Funds	United Way Funds	AAACF Funds	Amount of Other Funding Sources	Total
Personnel, Taxes & Fringe Benefits*							\$12,312
Consultant & Contractual Fees ^c							\$0
Administrative Costs**							\$0
Specific Assistance to client ^d		\$25,935					\$26,127
Other ^e							\$0
Total Expenditures	\$0	\$25,935	\$0	\$0	\$0	\$12,504	\$38,439

*Personnel category should include salary, taxes, and fringe benefits (including medical, dental, retirement, mileage, etc.).
 **Administrative Costs include office space, utilities, supplies, audits, marketing and evaluation. No itemization necessary.

Position Title (as reflected in proposal; please let us know if this has changed from the proposal)	Personnel, Taxes & Fringe Benefits Detail						Annual Salary including employer share of taxes & fringes
	Amount charged to Washtenaw County General Funds	Amount charged to Ann Arbor General Funds	Amount charged to CDBG Funds	Amount charged to United Way Funds	Amount charged to AAACF Funds	Percentage of Time allocated to this Program	
Dentist						3%	\$170,220
Hygienist						3%	\$118,709
Clinical Dental Assistant						3%	\$129,627
Front Desk Dental Assistant						3%	\$54,907
Total Personnel Tax & Fringes:	\$0	\$0	\$0	\$0	\$0	\$12,312	\$473,462

FY 2015-16 Program Budget

(Continued)

<p>(a) Describe how in-kind donations are estimated and recorded.</p>	<p>The budget for the Community Dental Center will cover staffing costs (Dentist, Hygienist, Front Desk Dental Assistant, and Clinical Dental Assistant) associated with this project (\$12,312 worth). These figures were estimated based on current employee salaries.</p>
<p>(b) Describe the source of program fees.</p>	<p>Program fees are patient copays (\$3 per visit and one visit per patient). With 64 patients, that will be an additional \$192 in revenue from patient copays.</p>
<p>(c) List name of firm and scope of services.</p>	<p>N/A</p>
<p>** List type of expense(s) and identify costs for each if administrative costs total over 25% of program budget.</p>	<p>N/A</p>
<p>(d) Describe eligible uses of funds. Estimate amount per customer and attach the policy for determining the amount of subsidy per customer.</p>	<p>We will be budgeting \$403 per patient, and we will be able to serve about 64 patients. Procedures will include: focused oral examination (\$54 each); x-rays (\$48-\$170); extraction (\$145-\$250 each); filling (\$62-\$219 each). We arrived at this figure using a combination of our standard fee schedule and a query of past patients who had the same procedures.</p>
<p>(e) List type of expense(s) and identify costs for each.</p>	<p>N/A</p>
<p>If collaborative request, explain how funding is shared across partners.</p>	<p>N/A</p>
<p>If applicant is serving as fiscal agent, specify administrative fee assessed (if applicable) to manage these funds.</p>	<p>N/A</p>

CONTRACT ROUTING FORM

****NOTE: CITY ATTORNEY MUST REVIEW CONTRACTS BEFORE SUBMISSION TO CITY COUNCIL**

SUBMITTED BY: MARY CASEY (FOR ANDREA PLEVEK) DATE: 9/1/2015

DEPARTMENT: OFFICE OF COMMUNITY & ECONOMIC DEVELOPMENT

CONTRACTOR: Regents of The University of Michigan- Community Dental Center

PURPOSE: A2GF – HUMAN SERVICES (COORDINATED FUNDING)

CONTRACT TYPE: SERVICES MATERIALS & CONSTRUCTION

CONTRACT AMOUNT: \$25,935

HUMAN RIGHTS APPROVAL DATE: 8/13/05 LIVING WAGE APPROVAL DATE: 8-13-05

RESOLUTION REQUIRED: YES NO

RESOLUTION NO. R-15-0543
PLEASE ATTACH

SIGNATURES: **PLEASE MARK PAGES**
(IN ORDER)

	REQUIRED	SIGNED	DATE SIGNED
CONTRACTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
SERVICE UNIT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>9/21/15</u>
CITY ATTORNEY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>9/17/15</u>
CITY ADMINISTRATOR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>9/18/15</u>
MAYOR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>9/21/15</u>
CITY CLERK	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>9/22/15</u>

RETURN CONTRACT TO: Shari Norris/Community Services

PHONE: 794-6500 ext 42504