Renewal Application for FY 2023-24
Redwood City, City of San Mateo, San Mateo County, and South San Francisco

GENERAL INFORMATION

1. Project Title: Free Dental Care for Seniors, homeless and Low Income Families

2. Project Address: 398 B Street City: South San Francisco Zip: 94080

3. Provide a one sentence project summary:
Providing free and comprehensive dental care to seniors, homeless and low income families.

4. Organization Name: Health Mobile
Organization Address: 1659 Scott Blvd # 4 City: Santa Clara Zip: 95050
Organization Phone: 4083905893 Website: www.healthmobile.org

Type of Applicant: Non-Profit **Our agency serves:**

5. Contact Person / Project Administrator: Name: mike reza Title: COO Telephone: 4083905893
Contact Email: healthmobile@gmail.com Fax:

6. Name of Agency Director: Alireza Parhizkari DDS

7. Fiscal Officer: Name: mike reza Email: healthmobile@gmail.com Telephone: 4083905893
Fiscal Officer Address: 1659 Scott Blvd # 170 City: Santa Clara Zip: 95050

8. Authorized Signatory: Name: Mike Reza Email: healthmobile@gmail.com Telephone: 4083905893
Fiscal Officer Address: 1659 Scott Blvd # 170 City: Santa Clara Zip: 95050

9. Please provide days and hours of regularly scheduled operation:

10. SAM/UEI Number: 938737827 **Federal EIN/TIN Number:** 31-1658149

Funding recevied from:
☐ Redwood City ☐ City of San Mateo ☐ County of San Mateo ☑ South San Francisco

10. Project Specific Narrative: Provide a narrative description of the specific activities to be carried out in FY 2023. This should also include program objectives and key priorities for each specific jurisdiction.
Note: This narrative has been copied from your previous application. Please update if appropriate.
Health Mobile provides onsite healthcare services to under served population of the greater Bay Area since 1999. Under served populations are in dire need of comprehensive dental care services and they can not afford it. Seniors, low-income families and homeless are the three targeted populations. The adult dental care service is not covered by government sponsored insurance plan i.e Medicare and Medicaid partially cover some dental care services to low-income families. Due to the high cost of living of the Bay Area, it is not feasible for Medicaid providers to provide dental care for Medicaid fees. Ironically, the under served population is in dire need of dental care services due to aging and years of neglect. Some of these under served population will self medicaid, and eventually go to emergency rooms. The majority suffer. We plan to provide free, comprehensive dental care at school sites for low-income, children during school hours and provide free dental to their families. The low-income families have transportation challenges and can not afford to take a day off work to take their child to a dentist. We go to them. All they need to do is to sign the parental consent form (as they have to do in any clinic), we provide free comprehensive dental care for those that are otherwise be left untreated.

11. Program Changes: Please detail any changes to your program for FY2023.

12. Project Beneficiaries/Quantifiable Measurement: Indicate the expected number of beneficiaries to be served by the program. For each response below please indicate both the number of households **and** number of individuals.

Jurisdiction	Actual Beneficiaries, FY2021		Projected Beneficiaries FY2022		YTD Beneficiaries FY2022 (thru)		Projected Beneficiaries FY2023	
	Ind	HH	Ind	HH	Ind	HH	Ind	HH
Redwood City	0	0			0	0		
City of San Mateo	0	0			0	0		
County of San Mateo	0	0			0	0		
South San Francisco	0	0	30		0	0	30	0

Totals	0	0	30	0	0	0	30	0

PROPOSED PROGRAM BUDGET FOR FY 2023-24

It is recommended that use your current allocation amount for your FY 15-16 funding request. However, please take into consideration that this amount is most likely to stay the same or decrease

				South San Francisco		Total Jurisdictions	
Budget Line Item	**Agency Total**	**Pgm%**	**Program Total**	**%**	**Requested**	**Pgm%**	**Requested**
Labor							
Treating Dentist	$120,000	4%	$5,000	100%	$5,000	100%	$5,000
Clinic manager	$60,000	5%	$3,000	100%	$3,000	100%	$3,000
Dental Assistant !	$45,000	7%	$3,000	67%	$2,000.00	67%	$2,000
Dental Assistant 2	$0.00		$0.00		$0.00		$0
Taxes/Benefits							$0
Supplies							
Dental supply	$48,000	2%	$1,000	0%	$0.00	0%	$0
Administration						0%	0
TOTAL	$273,000	4%	$12,000	83%	$10,000	83%	$10,000
Number of Individual Beneficiaries					30		30
Cost per Individual					$333.33		$333.33
Number of Household Beneficiaries					0		0
Cost per Household							

Attachments

(Upload Instructions)

ALL attachments below are **REQUIRED** in order to submit your application, and your application WILL NOT be able to be submitted with missing attachments! Please take this into consideration when timing your submission of this application. The documents you need to upload are checked below. If you have other attachments you would like to include, please check one of the "Other" boxes below and identify the Attachment in the box. If you are unable to upload any of the attachments, contact the CDBG Manager of the appropriate jurisdiction at least one day prior to submitting your application.

- [x] 1. Resolution authorizing application and designation of signatory, by the — Authorizing_for_SSF_2022.pdf
- [x] 2. Proof of 501(c)3 / tax-exempt status — Health_Mobile_tax_excempt_and_tax_ID.pdf
- [x] 3. By-laws — Health_Mobile_Bylaw_2013.doc
- [x] 4. Articles of Incorporation — ARTICLES_OF_INCORPORATION.doc
- [x] 5. Board roster, including: — Health_Mobile_Board_Member_2022_SSF.docx
  - Name, Company, Years on Board
  - Meeting dates for previous 12 months
  - Number of years allowed for each board term
- [x] 6. Organizational chart for entire organization — Organization_Chart.xls
- [x] 7. Certified financial audit no more that 1 fiscal year old, prepared by a CPA, and: — No_Audit_needed_2023.pdf
  - Management letters (if applicable)
  - A-122 and A-133 Single Audit (for entities that receive more than $750,000 in federal funding) **OR**
  - A letter from your Executive Director certifying that agency does not receive more than $750,000 in federal funds and is not subject to the Single Audit.
- [x] 8. The following are required: — Health_Mobile_2022-2023_Budget.xlsx, Health_Mobile_2023-2024_Budget.xlsx
  - Current (FY22-23) **Agency** Operating Budget
  - Proposed (FY23-24) **Agency** Operating Budget
- [x] 9. Mission Statement — MISSION_STATEMENT.doc

- [x] 10. Non-discrimination policy — nondiscrimination_policy.doc
- [x] 11. Reasonable Accommodations Policy — Reasonable_Accommodations_Policy.docx
- [ ] 12. Other - — conflictinterestpolicy2015.pdf

- [x] Reviewed and updated Contact Information
- [x] Reviewed and updated Projected Beneficiares
- [x] Reviewed and updated Budget

Program Manager Signature	Mike Reza
Date Signed	12/25/2022

Initially submitted: Dec 25, 2022 - 14:20:52