

Exhibit A
STATEMENT OF WORK
 Precinct #1

Section I In summary, describe the service(s) that the agency / organization provides to the community.

The funding in the amount of \$10,000 will be used to provide dental services. Nuestra Clinica Del Valle (NCDV) will provide dental services to children in the Delta Area and students enrolled in the Edcouch-Elsa ISD. This will include support services of Pharmacy, Radiology, Laboratory and Sub-specialty referral.

Section II State the CDBG grant amount awarded and state the name of awarding City / Precinct.
 \$ 10,000.00 _____ Awarded By: _____ Precinct #1 _____

Section III List the proposed type of expenditure(s) utilizing CDBG funds.

NCDV will utilize \$10,000 of the CDBG funds to provide dental services to children in the surrounding areas within Pct 1 and students enrolled in the Edcouch and Elsa ISD. This is to include, but not limited to support services of Pharmacy, Radiology, Laboratory and Sub-specialty referral.

Section IV List the services that will be provided, how they will be performed as a result of CDBG funds, and when they will be performed.

Dental Care will be provided at the Nuestra Clinica Del Valle Edcouch Clinic located at 1200 E. Santa Rosa, Edcouch, Texas 78538. Other advantages to patients receiving dental services at the Center are the ability to obtain medical services as well. Nuestra Clinica del Valle is a multi-service center providing family medicine, pediatrics, and sub specialty care. The Center provides a wide range of services that are made available to patients through networking and various NCDV locations throughout the County. There is no other provider in the county that offers this level of care to the uninsured and economically disadvantaged. Services will be provided as needed.

Section V As a result of the CDBG award, describe how funds will provide an increase in services or provide a new service to extremely low and/or low to moderate income residents. (EX: Additional ESL classes will be offered; new sports program will be created for the youth, etc.)

NCDV will provide services to children residing in the Delta Area and students enrolled in the Edcouch-Elsa ISD. NCDV has no restrictions regarding who may seek services at the health center. Federal law requires that we bill everyone for services provided. Those individuals, who are entitled under this contract and receive services, will be billed against the contract. There are no restrictions that relate to sex, race, gender, or residency.

Section VI Describe the program beneficiaries (age/gender), estimated number to be serviced, economic background and area of residency.

The uninsured, low-income children in the Delta Area and students in the Edcouch-Elsa ISD. The estimated number to be served is 300 children residing in the Pct 1 area and students enrolled in the Edcouch-Elsa ISD.

Section VII List the location(s) with a physical address where the service(s) will be provided.

The dental delivery site will be the NCDV Edcouch Clinic located at: 1200 East Santa Rosa, Edcouch, Texas 78538

Exhibit B-1
GRANT BUDGET
 Precinct #1

Subrecipient agrees to follow the approved list of expenditures. If necessary and upon Urban County approval, the Subrecipient will be allowed up to two (2) amendments to the budgeted amounts. Proposed changes to the budgeted amounts must be submitted in writing to UCP prior to the preceding month of the change.

TYPE OF EXPENDITURES	BUDGETED AMOUNT
Dental Services that include, but not limited to support services of Pharmacy, Radiology, Laboratory and Sub-specialty referral.	\$10,000.00
	\$
	\$
	\$
TOTAL GRANT BUDGET:	\$ 10,000.00

Initials _____

Revised June 2009

Exhibit B-2
PAYMENT SCHEDULE
 Precinct #1

Subrecipient must submit a payment schedule to expend the CDBG award by completing the table below. Proposed changes to the payment schedule must be submitted in writing to UCP for review and approval **prior to the preceding month of the change**. Subrecipient will be allowed up to two (2) amendments to the payment schedule.

2009 - 2010 For the Months of...	Estimated Amount Of Expenditures	Type of Budgeted Expenditures
July	\$500.00	Dental Services
August	\$500.00	Dental Services
September	\$1,000.00	Dental Services
October	\$1,000.00	Dental Services
November	\$1,000.00	Dental Services
December	\$1,000.00	Dental Services
January	\$1,000.00	Dental Services
February	\$1,000.00	Dental Services
March	\$1,000.00	Dental Services
April	\$1,000.00	Dental Services
May	\$1,000.00	Dental Services
TOTAL:	\$10,000.00	

Note: Monthly expenditures are considered proposed. Amendments to the payment schedule must be requested when the *actual* monthly expenditure **exceeds** the estimated amount by 50%. If the *actual* monthly expenditure is **less** than 50% of the estimated amount, an amendment must be requested to the Urban County Program for review and approval.

Initials _____

Revised June 2009

Exhibit C
SCHEDULE OF ACTIVITY
 Precinct #1

Subrecipient hereby agrees to perform services as outlined in Exhibit A. A proposed monthly schedule of activity should be provided in the table below. The schedule should not exceed the agreement time frame of eleven months.

Proposed changes to the schedule of activity must be submitted in writing to UCP for review and approval **prior to the preceding month of the change**. The subrecipient will be allowed up to two (2) amendments for the term of the agreement.

2009 - 2010 For the months of...	Number of Unduplicated Beneficiaries to be Served	Services Provided
July	20	Dental Services
August	20	Dental Services
September	30	Dental Services
October	30	Dental Services
November	30	Dental Services
December	20	Dental Services
January	30	Dental Services
February	30	Dental Services
March	30	Dental Services
April	30	Dental Services
May	30	Dental Services
Total for the Year:	300	

Note: The number of unduplicated (individual) beneficiaries to be served should be counted only **once** per year.

Initials _____

Revised June 2009

Exhibit A
STATEMENT OF WORK
City of Edcouch

Section I In summary, describe the service(s) that the agency / organization provides to the community.

The funding in the amount of \$20,000 will be used to provide medical services. Nuestra Clinica Del Valle (NCDV) will provide medical services to adults residing in the City of Edcouch and students enrolled in the Edcouch-Elsa ISD. This will include support services of Pharmacy, Radiology, Laboratory, and Sub-specialty referral.

Section II State the CDBG grant amount awarded and state the name of awarding City / Precinct.
\$ 20,000.00 Awarded By: City of Edcouch

Section III List the proposed type of expenditure(s) utilizing CDBG funds.
NCDV will utilize \$10,000 of the CDBG funds to provide medical services to students enrolled in the Edcouch and Elsa ISD. NCDV will utilize \$10,000 of the CDBG funds to provide medical services to adults residing in the City of Edcouch. Medical Services should include, but not limited to, support services such as pharmacy, radiology, laboratory, and sub-specialty referrals.

Section IV List the services that will be provided, how they will be performed as a result of CDBG funds, and when they will be performed.

Medical Care will be provided at the Nuestra Clinica Del Valle Edcouch Clinic located at 1200 E. Santa Rosa, Edcouch, Texas 78538. Other advantages to patients receiving medical services at the Center are the ability to obtain dental services as well. Nuestra Clinica del Valle is a multi-service center providing family medicine, pediatrics, and sub specialty care. The Center provides a wide range of services that are made available to patients through networking and various NCDV locations throughout the County. There are no other providers in the county that offer this level of care to the uninsured and economically disadvantaged

Section V As a result of the CDBG award, describe how funds will provide an increase in services or provide a new service to extremely low and/or low to moderate income residents. (EX: Additional ESL classes will be offered; new sports program will be created for the youth, etc.)

NCDV will expand services to low income adults residing in the City of Edcouch and students enrolled in the Edcouch-Elsa ISD. NCDV has no restrictions regarding who may seek services at the health center. Federal law requires that we bill everyone for services provided. Those individuals, who have entitlement under this contract and receive services, will be billed against the contract. There are no restrictions that relate to sex, race, gender, or residency.

Section VI Describe the program beneficiaries (age/gender), estimated number to be serviced, economic background and area of residency.

Beneficiaries will be the uninsured, low-income adults, siblings, and students who reside in the City of Edcouch. The estimated number to be served is 350 students in the Edcouch-Elsa ISD and 325 adults residing in the City of Edcouch.

Section VII List the location(s) with a physical address where the service(s) will be provided.

The medical delivery site will be the NCDV Edcouch Clinic located at: 1200 East Santa Rosa, Edcouch, Texas 78538

Exhibit B-1
GRANT BUDGET
City of Edoueb

Subrecipient agrees to follow the approved list of expenditures. If necessary and upon Urban County approval, the Subrecipient will be allowed up to two (2) amendments to the budgeted amounts. Proposed changes to the budgeted amounts must be submitted in writing to UCP **prior to the preceding month of the change.**

TYPE OF EXPENDITURES	BUDGETED AMOUNT
Medical Services to adults should include, but not limited to, support services such as pharmacy, radiology, laboratory, sub-specialty referrals, and other related medical services.	\$10,000.00
Medical Services to children should include, but not limited to, support services such as pharmacy, radiology, laboratory, sub-specialty referrals, and other related medical services.	\$10,000.00
	\$
	\$
TOTAL GRANT BUDGET:	\$ 20,000.00

Initials _____

Revised June 2009

Exhibit B-2
PAYMENT SCHEDULE
City of Edcouch

Subrecipient must submit a payment schedule to expend the CDBG award by completing the table below. Proposed changes to the payment schedule must be submitted in writing to UCP for review and approval **prior to the preceding month of the change**. Subrecipient will be allowed up to two (2) amendments to the payment schedule.

2009 - 2010 For the Months of...	Estimated Amount Of Expenditures	Type of Budgeted Expenditures
July	\$1,000.00	Medical Services
August	\$1,000.00	Medical Services
September	\$2,000.00	Medical Services
October	\$2,000.00	Medical Services
November	\$2,000.00	Medical Services
December	\$2,000.00	Medical Services
January	\$2,000.00	Medical Services
February	\$2,000.00	Medical Services
March	\$2,000.00	Medical Services
April	\$2,000.00	Medical Services
May	\$2,000.00	Medical Services
TOTAL:	\$20,000.00	

Note: Monthly expenditures are considered proposed. Amendments to the payment schedule must be requested when the *actual* monthly expenditure **exceeds** the estimated amount by 50%. If the *actual* monthly expenditure is **less** than 50% of the estimated amount, an amendment must be requested to the Urban County Program for review and approval.

Initials _____

Revised June 2009

Exhibit C
SCHEDULE OF ACTIVITY
City of Edcouch

Subrecipient hereby agrees to perform services as outlined in Exhibit A. A proposed monthly schedule of activity should be provided in the table below. The schedule should not exceed the agreement time frame of eleven months.

Proposed changes to the schedule of activity must be submitted in writing to UCP for review and approval **prior to the preceding month of the change.** The subrecipient will be allowed up to two (2) amendments for the term of the agreement.

2009 - 2010 For the months of....	Number of <u>Unduplicated</u> Beneficiaries to be Serviced	Services Provided
July	40	Medical Services
August	40	Medical Services
September	70	Medical Services
October	70	Medical Services
November	75	Medical Services
December	80	Medical Services
January	80	Medical Services
February	70	Medical Services
March	70	Medical Services
April	40	Medical Services
May	40	Medical Services
Total for the Year:	675	

Note: The number of unduplicated (individual) beneficiaries to be served should be counted only **once** per year.