

State of Maryland

2008 Bond Bill Fact Sheet

1. Senate LR # Bill #		House LR # Bill #		2. Name of Project	
lr3102	sb0835	lr3323	hb1465	Deamonte Driver Mobile Dental Unit	
3. Senate Bill Sponsors				House Bill Sponsors	
Currie				Davis	
4. Jurisdiction (County or Baltimore City)				5. Requested Amount	
Prince George's County				\$100,000	
6. Purpose of Bill					
Authorizing the creation of a State Debt not to exceed \$100,000, the proceeds to be used as a grant to the Board of Directors of the Robert T. Freeman Dental Society for the acquisition and capital equipping of a mobile dental delivery van.					
7. Matching Fund					
Requirements: Equal			Type: The matching fund may consist of in kind contributions.		
8. Special Provisions					
<input type="checkbox"/> Historical Easement			<input checked="" type="checkbox"/> Non-Sectarian		
9. Contact Name and Title			Contact Phone	Email Address	
Dr. Belinda Carver-Taylor			301-672-4716	taylorwinwin@comcast.net	
10. Description and Purpose of Grantee Organization (Limit Length to Visible area)					
The purpose of the Robert T. Freeman Dental Society Foundation, a developing 501©3 non-profit organization, is to increase access to health care, eliminate disparities and improve awareness about the important link between oral health and overall health. This initiative will offer dental services and promote community health education.					

11. Description and Purpose of Project (Limit Length to Visible area)

The Deamonte Driver Mobile Dental Van Project was designed to address the critical need for dental care for underserved children in Maryland following the tragic death of 12 year old Deamonte Driver due to untreated dental disease. It has been determined that all of the children at Deamonte's school (the Foundation School) have extremely limited access to dental care and that the school's student population is composed of children in foster care, those who are homeless, and many who have suffered from abuse and neglect. These children have unmet dental needs, similar to those of thousands of other children in Maryland who are uninsured and underinsured. It has been reported that only 1 in 5 Medicaid eligible children receives dental care. This program will help to fill that void by not only providing dental care, but also by helping children and their parents (and/or caregivers) to find a "dental home".

Round all amounts to the nearest \$1,000. The totals in Items 12 (Estimated Capital Costs) and 13 (Proposed Funding Sources) must match. The proposed funding sources must not include the value of real property unless an equivalent value is shown under Estimated Capital Costs.

12. Estimated Capital Costs

Acquisition	\$131,745
Design	
Construction	
Equipment	\$183,255
Total	\$315,000

13. Proposed Funding Sources – (List all funding sources and amounts.)

Source	Amount
Children's National Dental Foundation	\$25,000
Aetna Foundation	\$25,000
Oral health America	\$25,000
American Dental Association Foundation	\$25,000
Give Kids A Smile Foundation	\$25,000
Gates Foundation	\$25,000
Oprah Winfrey Angel Foundation	\$25,000
WalMart Foundation	\$10,000
CVS and Rite Aid	\$20,000
BET Foundation	\$10,000
State Bond Bill	\$100,000
Total	\$315,000

14. Project Schedule			
Begin Design	Complete Design	Begin Construction	Complete Construction
2/2008	3/2008	3/2008	5\08
15. Total Private Funds and Pledges Raised as of January 2008		16. Current Number of People Served Annually at Project Site	17. Number of People to be Served Annually After the Project is Complete
\$117,000		n/a	2,500+
18. Other State Capital Grants to Recipients in Past 15 Years			
Legislative Session	Amount	Purpose	
n/a			
19. Legal Name and Address of Grantee		Project Address (If Different)	
Robert T. Freeman Dental Society Foundation 3060 Mitchellville Rd., Suite 107 Mitchellville, MD 20716			
20. Legislative District in Which Project is Located			
21. Legal Status of Grantee (Please Check one)			
Local Govt.	For Profit	Non Profit	Federal
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22. Grantee Legal Representative		23. If Match Includes Real Property:	
Name:	Derrick A. Humphries	Has An Appraisal Been Done?	Yes/No
Phone:	202-347-7000		n/a
Address:		If Yes, List Appraisal Dates and Value	
1025 Vermont Ave., NW Suite 910 Washington, DC 20005-3516			

24. Impact of Project on Staffing and Operating Cost at Project Site			
Current # of Employees	Projected # of Employees	Current Operating Budget	Projected Operating Budget
4	40+	start-up phase	\$250,000 - \$300,000
25. Ownership of Property (Info Requested by Treasurer's Office for bond issuance purposes)			
A. Will the grantee <u>own</u> or <u>lease</u> (pick one) the property to be improved?			Own
B. If owned, does the grantee plan to sell within 15 years?			unknown
C. Does the grantee intend to lease any portion of the property to others?			unknown
D. If property is owned by grantee and any space is to be leased, provide the following:			
Lessee	Terms of Lease	Cost Covered by Lease	Square Footage Leased
n/a			
E. If property is leased by grantee – Provide the following:			
Name of Leaser	Length of Lease	Options to Renew	
n/a			
26. Building Square Footage:			
Current Space GSF	n/a		
Space to Be Renovated GSF	n/a		
New GSF	n/a		
27. Year of Construction of Any Structures Proposed for Renovation, Restoration or Conversion		n/a	

28. Comments: (Limit Length to Visible area)