

REQUIRED FORMS – EXHIBIT 18
PROPOSER’S FUNDING DISCLOSURE FORM

Proposer’s Name:	<input style="width: 100%; height: 20px;" type="text"/>
Category of Service:	<input style="width: 100%; height: 20px;" type="text"/>

1.0 Background/Instructions:

Resources made available as a result of this RFP shall only be used to fund new or enhanced Oral Health Care Services in Los Angeles County. They shall in no way supplant existing resources. To assure this, Proposer must disclose all *currently* available or *committed* revenue and funding resources available and now used to provide Oral Health Care Services in Los Angeles County. **Responses are subject to verification.**

2.0 Definitions:

CY: The abbreviation “CY” stands for Calendar year which is the annual year that begins January 1 of any year and ends December 31 of the same year for example January 1, 2018 – December 31, 2018 is a single Calendar Year or CY.

FY: “FY” stands for Fiscal Year which is defined as the term from July 1 of one year through June 30 of the subsequent year, for example July 1, 2017 – June 30, 2018 is a single Fiscal Year or FY.

Currently: For the purposes of this form “currently” is defined as the current County FY 18-19 (July 1, 2018 – June 30, 2019) or if the agency is on CY for its fiscal year it would be the current calendar year, CY 2018 (January 1, 2018 – December 31, 2018). All current resources must be disclosed in Table 1. If none available, state, “Not applicable.”

Committed: “Committed” means those resources already budgeted for, and committed to similar services described in this RFP. This includes forthcoming grant awards or other expected funding awards/sources.

Resources: “Resources” include, but are not limited to, patient/client fees, third-party payer sources, grant resources and agency-raised funds (e.g. individual donations, fundraising activities).

3.0 Instructions – Table 1: Current Resources Disclosure:

This section addresses current resources and how they are now used. Please complete Table 1 using the following instructions. Attach additional sheets as needed.

- Current resources:** Type in the specific Oral Health Care resources *currently* available in FY 2018-19 or CY 18 (e.g. CDC Community HIV grant [specify grant name/number], Foundation grant [specify which foundation], private donations). If a resource provides funding to more than one category of service list the resource twice and answer the remaining information. If your agency has no other Oral Health Care resources available, please indicate so by stating, “Not applicable”.

- 2. **Current annual amount:** Enter the annual amount for current services.
- 3. **Current resources available until:** Choose the appropriate fiscal or calendar year from the drop-down menu to provide. If none of the menu choices apply, choose "other" from the drop-down menu and explain your choice in comments.
- 4. **Comments:** Explain funding details including (if applicable): 1) if current resources are about to end, 2) why "other" was chosen under the prior column, and/or 3) any other significant funding details that should be taken into consideration during the evaluation stage.

Table 1. Current Resources Disclosure

Current Resources	Current Annual Amount	Current Resources Available Until	Comments
<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>

4.0 Instructions – Table 2: Committed Resources Disclosure

This section addresses committed resources and how they are currently budgeted for use. Please complete Table 2 using the following instructions. Attach additional sheets as needed.

1. **Committed revenue or funding source:** Type in the specific resources committed to be available (FY 2018-19, CY 18 or beyond) (e.g. CDC Community HIV grant (specify grant name/number), Foundation grant (specify which foundation), private donations).
2. **Committed annual amount:** Enter the annual amount initially committed.
3. **Revenue committed to be available until:** Choose the appropriate fiscal or calendar year from the drop-down menu. If none of the menu choices apply, choose “other” from the drop-down menu and explain your choice in comments.
4. **Comments:** Explain funding details including (if applicable): 1) if expected resources are short term, 2) why “other” was chosen under the prior column, and/or 3) any other significant funding details that should be taken into consideration during the evaluation stage.

Table 2. Committed Resources Disclosure

Committed Revenue or Funding Source	Committed Annual Amount	Revenue Committed to be Available Until	Comments
<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>

5.0 Funding Disclosure Narrative

Proposer must explain in the text box below how the new/enhanced funding will be used in conjunction with current and committed funding for existing services.

Click here to enter text.

6.0 Affirmation and Attestation

Affirmation for the Use of DHSP Funds:

This section is designed to affirm that the resources made available by DHSP through this RFP will enhance, and not supplant, existing resources. By checking the box next to the following statement, Proposer agrees to abide by this statement.

- Proposer affirms that the funding made available through this RFP will only be used to fund new or expanded services for the duration of the contract period.

Attestation of Full and Complete Disclosure:

As a Proposer, I certify that all the information contained in this form, Exhibit 18 is correct and is a full and complete disclosure and that agency will abide by the affirmation for use of funds.

Agency Information and Signature:

Agency Name (Full Legal Name)

Address (Street, City, State and Zip Code)

Name of Contact Person

Title of Contact Person Mr. Mrs. Ms.

Telephone Number

Fax Number

E-mail Address

Signature of Executive Director, CEO, or designated Board Member

Signature: _____

Date:

Print Name: _____

Print Title: _____