

## Program Overview

Completed by grants@vim-cascades.org on 10/28/2024 11:37 AM

Case Id: 30302

Name: Volunteers in Medicine Clinic of the Cascades -

Address: 2300 NE Neff Rd., Bend, OR 97701

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### Program Overview

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# CITY OF BEND

CITY OF BEND

PUBLIC SERVICE PROGRAM APPLICATION

#### City of Bend

710 NW Wall St.

Bend, Oregon 97703

(541) 323-8550

[housing@bendoregon.gov](mailto:housing@bendoregon.gov)

This section provides general information regarding the federal Community Development Block Grant (CDBG) program and the City of Bend Commercial and Industrial Construction Tax (CICT) and the types of activities that are eligible for funding. For more detailed information on eligible activities, please contact the City's Affordable Housing Program at [housing@bendoregon.gov](mailto:housing@bendoregon.gov), or (541) 323-8550, or P.O. Box 431, 710 NW Wall Street, Bend, OR 97709 or visit the HUD website at [www.hud.gov](http://www.hud.gov).

Community Development Block Grant (CDBG) is authorized under Title 1 of the federal Housing and Community Development Act of 1974, as amended. The primary objective of the CDBG Program is the development of viable urban communities through:

- The provision of decent housing,
- The provision of a suitable living environment, and

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- The expansion of economic opportunities.

The Community Development Block Grant Program is administered at the federal level by the Department of Housing and Urban Development (HUD).

### **National Objectives**

Federal regulations specify that all activities undertaken using CDBG funding must meet at least one of the following national objectives:

- Benefit to low-and moderate-income persons,
- Aid in the prevention or elimination of slums or blight, or
- Meet a need having a particular urgency.

HUD considers persons below 80% AMI low-income and persons at 80% AMI moderate-income. The three national objectives are summarized below:

#### **1. Benefit to Low- and Moderate-Income Persons**

Under this objective, CDBG-assisted activities must primarily benefit low- and moderate-income persons. The income thresholds for meeting the low- and moderate-income requirement are determined by HUD. Projects funded with CDBG dollars must either:

- benefit all of the residents of a particular area, where at least 51% of the residents are low- and moderate-income,
- benefit specific populations (e.g., homeless persons, elderly persons, or persons living with HIV/AIDS), as long as 51% of those served are low- or moderate-income,
- provide or improve permanent residential structures for low- and moderate-income persons, or
- create or retain permanent jobs, at least 51% of which will be made available to or held by low- and moderate-income persons.

#### **2. Elimination of Slum and Blight**

Under this objective, CDBG-assisted activities must help to prevent or eliminate slums and blighted conditions. These activities must either:

- prevent or eliminate slums or blight in a designated area in which slums or blighted or deteriorating conditions exist,
- prevent or eliminate slums or blight on a spot basis in an area not located in a slum or blighted area, in cases where a specific condition is detrimental to public health and safety, or
- be in an urban renewal area.

#### **3. Urgent Need**

The Urgent Need category is designed only for activities that alleviate emergency conditions of recent origin that pose a serious and immediate threat to the health or welfare of the community, and for which no other sources of funding are available. An example of an eligible project under this category would be a major flood that causes serious damage to buildings and infrastructure, thereby threatening the safety of occupants or nearby residents.

### **Eligible Activities**

In order to meet local needs within the national objectives, the CDBG Program provides a great deal of flexibility in the eligible uses of CDBG funds. The following is a summary of the range and types of activities that may be funded through the CDBG Program. The summary is not a complete list of eligible activities; please contact the City's Affordable Housing Program for more detailed information regarding the eligibility of specific programs or projects.

### **Basic CDBG Eligible Activities**

According to federal CDBG regulations outlined in 24 CFR 570, the basic eligible activities include a variety of uses including public services.

**Eligible Activities Under CICT**

According to the City of Bend Municipal Code Chapter 9.45, CICT funds can support the following eligible activities:

- At least 50 percent of the funds will be used for programs of the City related to housing
- The remaining funds will be used for support, services, and programs for people making up to 30 percent of area median income

**Ineligible Activities** In general, activities that are not specifically identified as eligible are considered by HUD to be ineligible. The following activities are specifically identified by HUD as activities that are not eligible for CDBG funding. Please contact the City’s Affordable Housing Program for more information on ineligible activities.

- Acquisition, construction, or reconstruction of buildings for the general conduct of government
- General government expenses
- Political activities
- Purchase of construction equipment, fire protection equipment, furnishings and personal properties
- Operating and maintenance expenses
- Income payments
- Construction of new housing
- The purchase of gift cards
- Cash payments / grants to individuals
- Car-related expenses, including gas cards, gas vouchers, car repairs

**Eligible Proposals**

In general, only public or private non-profit agencies or organizations are eligible to apply for funding. However, the following two exceptions apply: (1) for-profit organizations may apply for CDBG funds to undertake certain economic development activities related to microenterprise assistance, and (2) under certain limited circumstances, for-profit organizations qualifying under HUD criteria as Community-Based Development Organizations (CBDOs) may apply for funds to carry out neighborhood revitalization, economic development, or energy conservation projects. Regulations pertaining to these exceptions can be found at 24 CFR 570.201(o) and 24 CFR 570.204.

Any public or private non-profit agencies or organizations currently under investigation regarding previously awarded federal, state, or local government funding are ineligible for assistance from the City of Bend’s Affordable Housing Program.

**HUD Income Limits**

The 2024 - 2025 City of Bend income limits are valid from July 1, 2024 – June 30, 2025, but may be revised when limits are updated or available. Recipients of funding must meet the income guidelines at the time the funds are utilized. City staff will be able to provide funding recipients with updated income limits information when available.

Persons Per Household	1	2	3	4	5	6	7	8
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<b>Area Median Income (AMI)</b>	\$73,290	\$83,760	\$94,230	\$104,700	113,076	\$121,452	\$119,358	\$138,2
<b>Moderate Income (80% AMI)</b>	\$58,650	\$67,000	\$75,400	\$83,750	\$90,450	\$97,150	\$103,850	\$110,5
<b>(60% AMI)</b>	\$43,980	\$50,280	\$56,520	\$62,820	\$67,860	\$72,900	\$77,940	\$82,92
<b>Low Income (50% AMI)</b>	\$36,650	\$41,900	\$47,100	\$52,350	\$56,550	\$60,750	\$64,950	\$69,10
<b>Extremely Low Income (30%)</b>	\$22,000	\$25,150	\$28,300	\$31,400	\$33,950	\$36,450	\$38,950	\$41,45

Please review the following documents regarding the City of Bend Public Services Program:

[City of Bend Policy- Public Services Program](#)

[City of Bend Policy- Loans and Grants](#)

[504 Self-Evaluation Checklist](#)



I have downloaded and read the above documents.

## A. Applicant Information

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**Case Id:** 30302

**Name:** Volunteers in Medicine Clinic of the Cascades -

**Address:** 2300 NE Neff Rd., Bend, OR 97701

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### A. Applicant Information

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Please provide the following information.

#### ORGANIZATION INFORMATION

**A.1. Organization Name**

Volunteers in Medicine Clinic of the Cascades

**A.2. Organization Address**

2300 NE Neff Rd. Bend, OR 97701

**A.3. Executive Director Full Name**

Kat Mastrangelo

**A.4. Executive Director Email Address**

kat.mastrangelo@vim-cascades.org

#### PROJECT INFORMATION

**A.5. Project Name**

VIM – Medical Care for Low-Income, Uninsured Adults from Working Families

**A.6. Project Location, if different than organization location**

#### CONTACT PERSON INFORMATION

**A.7. Contact Full Name**

Kat Mastrangelo

**A.8. Contact Title**

Executive Director

**A.9. Contact Address**

2300 NE Neff Rd. Bend, OR 97701

**A.10. Contact Phone Number**

(541) 585-9005

**A.11. Contact Email Address**

grants@vim-cascades.org

**A.11. Board President Name**

Sarah Hall

**A.12. Board President Email Address**

sarahkhall541@gmail.com

## B. Organization Information

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### B. Organization Information

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Please provide the following information.

#### B.1. What is the organization's background, mission, and service history:

Volunteers in Medicine Clinic of the Cascades (VIM) is a nonprofit clinic in Bend that provides free medical care to low-income, uninsured adults from working families in Central Oregon. Our mission is "to improve the health and wellness of the medically uninsured or critically underserved through the engagement of professionals, community partners, and dedicated volunteers." Since 2004, VIM has cared for the health of more than 15,000 patients with a value to the community of more than \$155 million. Care is provided without charge. VIM creates an important impact for healthcare access, reduces the burden on Bend's healthcare systems, and keeps residents healthy and housed.

Our accomplishments last year include:

- \* 787 low income, uninsured patients served
- \* 10,254 patient visits and consultations provided
- \* 428 visits to the emergency room prevented
- \* 9,393 volunteer hours donated, valued at \$651,662
- \* \$2,237,339 in prescription medications dispensed without charge

VIM is the only medical clinic in Central Oregon that is focused exclusively on serving the uninsured at no charge. Our patients are 96% Latinx and predominantly from working families. Most patients do not have access to other safety net services in Bend, so CDBG funds will fill an important gap for this underserved community.

#### B.2. Provide a brief description of the organization's financial stability as it pertains to the organization's capacity to successfully complete the project, including a brief financial history and primary funding sources. The City may request copies of the organization's financial audit or review for the last two years.

VIM owns the clinic building, has no debt, and offers a strong balance sheet. We maintain low operating expenses by leveraging more than 170 medical and medical support volunteers to work with our paid staff of 10.56 FTE.

VIM is powered by community support, and philanthropic donations comprise 92% of our cash budget. We do not receive insurance reimbursements. We have an endowment, but we draw down 5% annually for our medical director's salary, so larger withdrawals would curtail sustainability.

For FY2025, we have secured funding from sources including Central Oregon Health Council (COHC), Cow Creek Umpqua Indian Foundation, Randall Charitable Trust, Pape Family Foundation, deLaski Family Foundation, OnPoint Community Credit Union, Roundhouse Foundation, and Collins Foundation. We also will utilize nearly \$786,000 in grant carryover raised in the last fiscal year. In 2022, we secured a four-year pledge from PacificSource of \$40,000/yr for four years. St. Charles Health System is providing an \$85,000 matching grant this year.

Donated services and goods are a key factor in VIM's financial sustainability. Highly qualified medical professionals

and trained support volunteers provided \$651,662 in donated, in-clinic services last year. We supply prescription medications through \$2,237,339 in donated products and Prescription Assistance Programs, maintaining a complete pharmacy for our patients. Finally, we leverage referral networks to provide millions of dollars in specialty care and surgery for our patients at no cost or at very low cost.

### B.3. Key Personnel Assigned to Project:

Name	Job Title	Qualifications	FTE Hours
Heather Laird, ANP	Medical Director	Joined VIM in April 2022 after serving as an adult nurse practitioner at Mosaic Medical Group in Bend for the prior eight years. She volunteered at VIM and Oregon Adaptive Sports in Bend for six years. Before that she was an ANP for nine years in San Francisco and a Registered Nurse at UCSF Medical Center. She is a bilingual Spanish/English speaker. Ms. Laird earned her MS in Nursing at University of California, San Francisco; MS in Environmental & Occupational Health Sciences at University of Washington; and BA in Chemistry-Environmental Studies at Whitman College.	0.05
Kat Mastrangelo	Executive Director	Has served as VIM's executive director since April 2008. She joined VIM as a volunteer when the clinic originally opened in 2004, providing over 120 volunteer hours that first year. Ms. Mastrangelo serves on the board of the National Association of Free and Charitable Clinics (NAFCC) where she co-chairs the Roadmap to Health Equity Committee. She served on the board of VIM America for two years.	0.03

		<p>She is a member of the Central Oregon Health Council (COHC) Operations Committee and the Central Oregon Diversity, Equity &amp; Inclusion Committee (CODIE). Her current civic service includes work as a City of Bend Budget Committee member and as a City Club of Central Oregon board member and program committee member co-chair. She is a board chair of CASA of Central Oregon and a member of 100 Women Who Care of Central Oregon. She is a board member for The Lund Report which provides independent healthcare news for Oregon &amp; SW Washington. Her prior work experience includes Bend Surgical Associates practice manager, Methodist Medical Center business analyst in Peoria, Illinois, and City of Peoria management analyst. Ms. Mastrangelo earned her MPA in Comparative Administration, Health Care Administration at Indiana University Bloomington, and a BS in International Relations and African Studies at Georgetown University.</p>	
Jennifer Fuller, RN, BSN	Nurse Manager	<p>Started as a volunteer at VIM in March 2004 before joining the staff and serving as the Nurse Manager since 2005. She earned her nursing degree at the University of</p>	0.05



		Washington School of Nursing in 1991 and worked as a Nursing Supervisor and Co Director of the surgical unit for 12 years at Good Samaritan Hospital in Puyallup, Washington.	
Kimberly Rojas, RN, BSN	Diabetes RN Care Coordinator (funded through COHC)	Was previously RN care coordinator at Mosaic Medical in Bend. Before that, she was a clinical RN at La Clinica West Medford Health Center in Medford. She volunteered as a Spanish medical interpreter at VIM for two years and at Hospital De La Familia Foundation in Nuevo Progreso, Guatemala for one year. She earned her BS in Nursing at OHSU Ashland and her BS in Biology at Oregon State University – Cascades. Ms. Rojas is a bilingual, bicultural Spanish speaker.	0.05
Salome Chauncey	Patient Care Manager/Lead Interpreter	Started volunteering as an interpreter at VIM in 2014 while taking the health care interpreting course at COCC. She found volunteering rewarding as she helped with the much-needed language interpreting in the clinic. In December of that year, she joined the VIM clinic serving as the Care Coordinator and Lead Interpreter for seven years. Ms. Chauncey is a bilingual, bicultural Spanish speaker.	0.05
Rodrigo Gaspar-Barajas	Pharmacy Technician and Patient Navigation Specialist		0.05
Kim Hughes	Volunteer Coordinator		0.04

Cynthia Hunt	Director of Operations		0.02
Charles Jordan	Pharmacy Director		0.04
Yannely Nonato	Patient Navigation Manager		0.05
Gemma Bartrina	Patient Navigator		0.05
TBD	Administrative Assistant		0.01
Whitney Bernhisel	Patient Care Coordinator		0.05
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## C. Project Description

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### C. Project Description

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Please provide a brief description of the following:

**C.1. Total Amount Requested:**

\$40,000.00

**C.2. Number of people to be served with requested funds:**

40

**C.3. In one or two sentences, describe what the requested funds will be used for.**

VIM respectfully requests funds of \$40,000 to provide one year of comprehensive medical care to 40 low income, uninsured Bend adults who are not eligible for Affordable Care Act programs to help them stay working and housed.

**C.4. Describe the need or problem your project will address.**

While the Affordable Care Act (ACA) greatly expanded healthcare coverage, many Oregonians were left behind. Based on the 2024 County Health Rankings, more than 15,000 individuals are uninsured in the Deschutes, Jefferson, and Crook tri-county area.

Many of those lacking health coverage are low income Latinx immigrants, with very few healthcare options. Oregon Health Authority (OHA) reports that in 2023 Latinos were uninsured at a rate of 7.6% as compared to 2.0% for Whites.

Medical coverage affects not only health but also housing. A study in Seattle found that a third of unhoused individuals listed medical debt as a factor in their homelessness [Bielenberg, et al. 2020]. The National Alliance to End Homelessness finds that health crises and long-term disabling conditions are a key cause of homelessness. The Kaiser Family Foundation found that poor health leads to job loss while healthcare coverage supports employment [2020]—and thus the ability to remain housed.

The link between health and housing is stark in a city like Bend where the median price for homes is \$725,000 [realtor.com data for Sept. 2024] and rent is 23% higher than the national median [zillow.com]. The U.S. Department of Health and Human Services finds that Hispanic households (VIM's primary patient population) are twice as likely as White households to spend the bulk of their income on housing and struggle with paying rent, overcrowding, moving frequently, and accessing health care. [Healthy People 2030 Initiative, 2023].

Without insurance, most low-income people cannot afford to seek medical attention. They wait until they are terribly ill and end up in the emergency room (ER). But ERs don't provide ongoing or non-urgent care. VIM does. VIM's work strengthens the physical health of low-wage earners, allowing them to stay employed, care for their families, and spend hard-earned income on housing and basic necessities. All of this translates into a stronger community.

**C.5. Describe how your project will address the identified need or problem, including project background, project objectives, services to be provided by the project, the populations or areas to be served, and how the funds will be**

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used.

## PROJECT DESCRIPTION

VIM respectfully requests \$40,000 to provide one year of comprehensive medical care to 40 low income, uninsured Bend adults who are not eligible for healthcare insurance or services through ACA programs. Patients will receive primary and specialty medical care, prescription medications, mental health care, surgery, physical therapy, lab work, imaging and medical tests, and targeted patient education programs at no charge.

VIM provides care through medical and support volunteers. Last year, 177 clinic volunteers donated 9,393 hours valued at \$651,662. Volunteer medical providers are predominantly medical doctors and doctors of osteopathic, but also include registered nurses, nurse practitioners, and physician's assistants. For patients whose primary language is not English, we provide trained volunteer interpreters. Volunteers are managed by a staff of medical and nonprofit professionals. We offer a high level of individual attention, with care providers seeing only one to two patients per hour.

We additionally maintain referral networks to provide millions of dollars in specialty care and surgery at no cost to patients. Bend's specialty providers donate services including cancer treatment, urgent surgeries like appendectomies, and emergency dental. Last year, our 195 off-site medical partners saw 716 VIM patients to provide no cost or deeply discounted specialty care.

VIM serves patients who are 100% low-income, 96% Latinx, ineligible for medical coverage, and over 18 years old. Potential patients are screened for healthcare coverage eligibility and income. If a person is eligible for medical care elsewhere, we want them to have it. Thus, VIM's first priority is to enroll people into ACA programs. Everyone seeking care at VIM must complete the ACA enrollment process and apply for the Oregon Health Plan (OHP).

Most of VIM's patients have multiple underlying conditions (high blood pressure, diabetes, obesity) and families to care for. They face language and cultural barriers in healthcare which VIM addresses.

## USE OF CDBG FUNDS

CDBG funds of \$40,000 will allow VIM to provide all primary and specialty medical care, prescription medication, mental health care, and health education to 40 low-income Bend adults for one year.

CDBG funding of \$1,000 per patient represents 15.7% of the cost of care. The remaining 84.3% will be provided through volunteer medical practitioners, donated prescription drugs, grants, and cash contributions from VIM supporters for indirect costs.

The total value of care per patient is \$6,352:

- \*Direct services (CDBG): \$1,000
- \*Direct services (other funders): \$651.10
- \*Admin and overhead (VIM general operating budget): \$458.18
- \*In-kind medical and support services: \$994.98
- \*In-kind prescriptions: \$3,230.03
- \*In-kind Epic electronic records management support: \$18.03

Every City of Bend CDBG dollar will be leveraged with \$1.11 in other cash contributions and \$4.24 in donated goods and services. This means that a CDBG grant of \$40,000 (when combined with VIM's cash contribution of \$18,327 for indirect

expenses, \$26,044 of other funding, and \$169,721 in donated goods and services) will provide medical support valued at \$254,092.

## IMPROVING HEALTHCARE DELIVERY

VIM delivers innovations in healthcare delivery. One example is our intensive Nurse Triage program, staffed by volunteer nurses. This program has its roots in the pandemic when volunteer nurses called COVID patients as frequently as daily. The outcomes were that VIM had zero COVID-19 patients in the ICU, zero deaths, and only five hospitalizations—despite working with a population that would otherwise experience high mortality rates. Today, volunteer nurses call all patients who visit the emergency room or urgent care, receive lab results, contract COVID-19, or have health questions. Our nurse corps triaged 3,966 patient calls last year. Patients avoid unnecessary medical visits and receive expedited appointments when care is needed. Thanks to our Nurse Triage program, our patients have half the ER visits of the general population.

We have added continuous glucose monitors (CGMs) that allow patients and our RN diabetes care coordinator to see real-time blood sugar results. VIM has achieved a remarkable 89.3% rate of controlled diabetes (A1c under 9.0) for our patients versus 78.5% for Oregon's diabetic Medicaid patients and 61% for diabetic Medicaid patients nationally.

We have retained innovations established during the pandemic. Our telehealth program allowed us to expand services from four to five days per week and after hours. Free-of-charge mail delivery reduces barriers. Expanded pharmacy staffing ensures no downtime more pharmacy support.

VIM takes a holistic approach to health, going beyond basic healthcare services. We provide referrals for food, housing, children's services, wrap-around case management, and other needs. We help patients call service providers and navigate OHP when they qualify.

### **C.6. Describe how your project will address the identified need or problem in a way or to a degree not already being achieved in the community. Please identify any other similar programs or projects and how your project will add to or improve upon existing services.**

By providing access to quality healthcare free of charge, VIM helps working individuals and households that are cost burdened or severely cost burdened—meaning that the bulk of their income goes to housing costs—avoid housing instability. Community members who may have to otherwise choose between paying for housing or healthcare can devote more of their earnings to necessities such as rent, food, clothing, and utilities.

VIM is the only clinic in Central Oregon that cares exclusively for the uninsured without charge. We do this by providing care through medical and support volunteers. There are two other clinics in Central Oregon for the uninsured—Mosaic Medical and St. Charles Family Care. Both provide care through paid staff, and thus charge patients on a sliding scale, writing off uncollectable amounts. Since the ACA was enacted, we've worked with both clinics to take more of their uninsured patients. The uninsured generally have high rates of chronic illness due to an inability to access care. This puts a large burden on local clinics, but especially Mosaic Medical, which lacks free or affordable specialty care for the uninsured. In contrast, this is where VIM excels.

### **C.7. Describe the ways in which your project will have a long-term impact on the need or problem being addressed.**

VIM's patients are often the primary wage-earners in a family. From a financial perspective, unmanageable medical costs are the number one reason people file for personal bankruptcy. Those who are uninsured often let a small ailment go without care for so long that it becomes chronic and even life-threatening. Often this is due to the overwhelming fear of debt that can't be repaid on a low-income salary.

A large number of VIM patients have been without healthcare for years. By the time they come to us, many of them are quite sick. Most of VIM's patients have at least one chronic condition, with diabetes, hypertension, and high cholesterol being our top diagnoses. These complicated conditions take more time to diagnose and treat, but by using our integrated approach to care, VIM's patients are able to make great strides in a shorter amount of time, without incurring any debt.

When the family breadwinner is healthy and able to manage chronic conditions with regular monitoring and medication, families are stronger. Income can go toward housing and basic needs, which alleviates the strain on social services and the community as a whole.

**C.8. Describe your organization's plan for evaluating the progress of the project toward addressing the identified need or problem.**

We will measure our success by the number of patients receiving care and by the services provided to them. Specifically, over the course of one year, we will collect the following data on all 40 CDBG sponsored patients:

- 1) Number of visits to the clinic
- 2) Number of medical problems per patient
- 3) Number of prescription medications per patient
- 4) Number of tests and procedures received by each patient
- 5) Number of referrals to outside, pro-bono providers for specialty care and surgery

VIM additionally undertakes continuous program improvement through four approaches: (1) Year-over-year metrics to help us evaluate program efficiency, performance, progress, and quality; (2) Patient feedback—in 2018, for example, we conducted detailed phone interviews with 150 patients on patient needs and clinic services; (3) A six-question survey in the clinic for every patient with Spanish language on one side and English on the other; and (4) A patient advisory committee for diabetic patients has provided feedback on services, evaluated bilingual educational materials, and addressed barriers to service for all VIM patients.

**C.9 Describe your organization's collaborations with other agencies, including those that serve protected classes under the Fair Housing Act. Briefly explain your organization's history with these agencies, including any measurable outcomes in the last 12 months.**

Sixty-seven medical groups, clinics, and facilities provide donated goods and services for our patients. These include St. Charles Health System (all lab tests), Central Oregon Radiology Associates (imaging services), Summit Medical Group (patient referrals), Bend Anesthesia Group (to support surgeries), and Central Oregon Emergency Physicians (pro bono ER care). St. Charles additionally leases the land for our clinic for \$1 per year on the St. Charles Hospital campus and provides in-kind management of our Epic EMR.

We have a strong working relationship with the three Central Oregon county health departments, particularly in Deschutes County, where VIMCC was selected to vet and manage all volunteer providers for the county-wide Covid-19 vaccination effort targeting 96,000 of 138,000 residents and where we served on the Covid-19 Incident Management Command team. All three county health departments accept referrals for VIM patients with acute mental health issues and other specific needs.

A major change at the clinic is that with Healthier Oregon legislation, many of our patients became eligible for OHP. Over the past two years, we helped 411 newly-eligible VIM patients enroll in and navigate OHP. VIM partnered with Mosaic Medical and Latino Community Association to implement this project. This work has been important because many of

our patients have struggled to get medical care and continue their prescriptions as they moved to OHP.

D. Work Program

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D. Work Program

The CDBG program year begins 7/1/2025 and ends 6/30/2026. The CICT program year begins approximately 4/1/2025 and ends 12/31/2026. Please provide the following information.

D.1. Anticipated Start Date:  
07/01/2025

D.2. Anticipated Completion Date:  
06/30/2026

D.3. List of Task(s) Needed for Project

Task	Start Date	End Date
Provide healthcare services for 40 patients	07/01/2025	06/30/2026

**NOTE:** If funded, staff will work with you to set benchmarks for your project. Failure to meet these benchmarks could mean a reduction in funding during current or future years.



E. Project Benefit

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E. Project Benefit

Please provide a brief description of the following:

E.1. Estimate the total number of persons to be served by the project.

40

A.100 Estimate the total number of people to be served, by income level.

< 30% AMI	31 - 50 % AMI	51 - 80 % AMI	> 81% AMI
0	\$40.00	0	0

E.2. Is the project in a slum of blighted area? If yes, describe the population that will be served and the characteristics of the slum or blighted area (if applicable).

N/A

E.3. Describe how the project will ensure that moderate-income persons do not benefit to the exclusion of low-income persons.

VIM only serves households up to 300% of Federal Poverty Level (FPL). A \$40,000 grant will provide one-year of comprehensive healthcare to 40 medically uninsured patients. All 40 patients will be 31%-50% AMI, meaning they will be low income. When patients’ income is above 50%, they most often do not qualify for VIM coverage. When patients’ income falls below 31% AMI, they typically qualify for Oregon Health Plan. For the small number of patients who earn below 31% of AMI and do not qualify for OHP, we will provide care with separate funds.

E.4. Explain the methods used to determine the project benefit. How are the sources used to determine the project benefit documented and maintained?

VIM uses the Epic electronic medical records (EMR) system to track all healthcare services delivered to our patients. This is the system used by virtually all major healthcare providers in Central Oregon and it is a standard for the best private-sector clinics nationally. Implementing Epic was a major accomplishment for VIM.

Epic immediately alerts physicians and nurses when lab work is complete or when patients visit other medical providers, receive third-party prescriptions, or visit the ER. It was only with Epic that we could implement our telehealth program in response to COVID-19; our old EMR could not support the medical professionals in volunteering from home. We are currently adding the Willow pharmacy module to integrate our pharmacy software with Epic.

We also work with patients to complete required ACA, OHP, and VIM eligibility screenings each year. This process ensures that patients continue to fall within our guidelines and provides updated patient data.

We maintain a dashboard of all the data above. The dashboard not only shows overall population demographics and health outcomes, but it also tracks deliverables for each funding award.

## F. Financial Information

Completed by grants@vim-cascades.org on 10/28/2024 11:52 AM

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### F. Financial Information

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Please also provide the following financial information:

**F.1. Provide a detailed line-item budget describing the total project cost and operating income and expenses, including consideration of inflationary factors, maintenance costs, potential relocation costs, and increased insurance costs associated with the project.**



**Budget Form \*Required**

Budget Detail for CDBG 2025-26 Application - VIM October 2024.pdf

**F.2. Describe the assumptions used to determine the total project cost and the operating budget, including the sources consulted and how costs were determined.**

We used historical records of what it costs for patient services in the clinic to determine the budget for this grant. These included our FY2024-25 annual budget of \$1,687,420 along with \$3,394,413 in in-kind contributions from our in-clinic volunteers, charitable pharmacy, and Epic EMR support.

Care at VIM is predominantly provided by volunteers, but there is still a need for supervision and coordination to ensure that the care being received by patients is appropriate and necessary. Direct program funds are used for this purpose. This means that CDBG funds will be used to recruit, manage and oversee the work of the medical and non-medical volunteers, provide nurse coordination and patient triage, manage patient intake, and supervise the prescription assistance and pharmacy programs. Our budget assumes that the need for care will remain constant or increase and that we will continue to train and supervise a steady stream of volunteers. If one of the patients supported by this grant moves on to private or federal healthcare programs, we will substitute another patient for the remaining grant period.

The budget also assumes that all line item costs will be allocated equally among patients. For example the cost of the diabetic registered nurse care coordinator is allocated equally across all patients, although not all patients are diabetic.

CDBG funds will support 16% of the project cost. Over two-thirds, or 67%, of the project costs will be funded with in-kind (donated) goods and services, 7% with VIM general operating funds for indirect costs (not allowable for CDBG funding), and 10% through other cash sources for direct program expenses. Indirect costs are funded from VIM's general operating budget and include fundraising, general & administrative, and costs such as bookkeeping, grant writing, occupancy, dues, and licenses, and printing and copying. In-kind contributions include volunteer services and prescription medications:

(1) Volunteer Services: Volunteer medical professionals provide the medical care in the clinic. Assisting them are trained volunteers (and support staff) who handle vital positions such as patient scheduling, medical records and eligibility screening. Finally, this includes interpreters. Last year, 16 volunteer Spanish interpreters donated 1,100 hours. Volunteers are valued at the standard rate for their profession (e.g. doctor, nurse, interpreter, medical front desk). This does not include the value of care provided by VIM's 100+ community medical partners, which would increase this

contribution substantially. These are the providers who see patients in their own offices and facilities upon referral.

(2) Prescriptions: Our charitable pharmacy provides prescription medications to patients at no charge, thanks to Prescription Assistance Programs with pharmaceutical companies and donated medications. The value of these medications is based on the standard retail price.

**F.3. Provide a brief description of your organization's plan for funding the project after the first year, if applicable.**

Since 2004, VIM has raised the funds needed to provide healthcare to the uninsured. The number of people we are able to serve varies each year, but we plan to continue this work until we are no longer needed.

**F.4. Explain your organization's ability to proceed with the project without your requested CDBG funds, or with an award less than your requested amount.**

As stated above, our mission will continue. Since we are asking for per-patient support, this is a scalable request.

**F.5 CDBG Funds Requested:**

\$40,000.00

**F.6 CICT Funds Requested:**

\$0.00

**F.7. Leveraged Funds:**

\$214,092.00

## G. Budget

Case Id: 30302

Name: Volunteers in Medicine Clinic of the Cascades -

Address: 2300 NE Neff Rd., Bend, OR 97701

Completed by grants@vim-cascades.org on 10/28/2024 11:55 AM

### G. Budget

Please provide the following information.

#### G.1. Project Budget

AHF funds requested	Project Activities	CDBG Funds Requests	AHF Funds Requested	CICT Funds Requested	Other Public Funds	Private Funds	Activity Total
\$0.00	Direct medical care & oversight	\$40,000.00	\$0.00	\$0.00	\$10,242.00	\$15,802.00	\$66,044.00
\$0.00	Indirect costs	\$0.00	\$0.00	\$0.00	\$0.00	\$18,327.00	\$18,327.00
\$0.00	Volunteer care provided in the VIM clinic (in-kind)	\$0.00	\$0.00	\$0.00	\$0.00	\$39,799.00	\$39,799.00
\$0.00	Prescription medications (in-kind)	\$0.00	\$0.00	\$0.00	\$0.00	\$129,201.00	\$129,201.00
\$0.00	Medical records management (in-kind)	\$0.00	\$0.00	\$0.00	\$0.00	\$721.00	\$721.00
\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	<b>TOTAL</b>	\$40,000.00	\$0.00	\$0.00	\$10,242.00	\$203,850.00	\$254,092.00

#### G.2. Other Public Funds

Source	Use of Funds	Amount of Funding	Funding Status
Central Oregon Health Council (COHC)	Direct costs for 40 patients	\$10,242.00	Secured
<b>TOTAL</b>		\$10,242.00	

#### G.3. Private Funds

Source	Use of Funds	Amount of Funding	Funding Status
VIM general operating funds	Indirect costs for 40 patients	\$18,327.00	Committed
VIM other fundraising	Indirect costs for 40 patients	\$15,802.00	Committed
Volunteer care provided in-clinic	Donated patient care	\$39,799.00	Committed
Prescription medication from VIM's charitable pharmacy	Prescription medication for CDBG sponsored patients	\$129,201.00	Committed
St. Charles Health System	In-kind electronic medical records support	\$721.00	Committed

<b>TOTAL</b>		\$203,850.00	
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**G.4. Funding Documentation**

☐ **Funding Documentation - Letters of funding commitment from sources**

*\*\*No files uploaded*

## H. Project Feasibility and Readiness

Case Id: 30302

Name: Volunteers in Medicine Clinic of the Cascades -

Address: 2300 NE Neff Rd., Bend, OR 97701

Completed by grants@vim-cascades.org on 10/28/2024 11:56 AM

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### H. Project Feasibility and Readiness

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Please provide the following information regarding project feasibility and readiness:

**H.1. A description of the organization's administrative capacity to complete the project, including its experience in implementing and managing activities similar to the proposed project. If capacity is achieved through partnerships with or utilization of other organizations or agencies, describe the nature and status of these partnerships.**

VIM has been successfully caring for the medically uninsured using volunteers since 2004. Our paid employees include 12 staff who oversee all of the care that volunteers provide to patients, handle volunteer recruitment and scheduling, administrative duties, and fundraising. Several of our staff members were volunteers before being hired. VIM's books are reviewed annually by Jones & Roth, CPA.

VIM is governed by a 12-person Board of Directors, which includes members with expertise in medicine, insurance, hospital administration, data and analytics, banking, law, education, accounting, and non-profit and business management. All VIM board members are engaged in fundraising.

VIM has been awarded 14 CDBG grants since 2009. All funds were properly administered and tracked, and all related objectives and outcomes were met.

**H.2. A description of neighborhood and/or community support for the project. Attach letters of support or other evidence of neighborhood/community support.**

Since VIM is powered by volunteers, we wouldn't exist without strong community support, as mentioned above. St. Charles Health System provides substantial support including a pharmacy allowance, direct grants, and a land lease for \$1 per year. We receive imaging and lab work support from St. Charles Hospital and other providers.



#### Letters of Support

St Charles Letter of Support VIM 10-22-2024.pdf

**H.3. A description of the organization's readiness to proceed with the project. For example, is staff currently available to work on the project, or is the organization ready to proceed with hiring staff?**

The project is already in process. VIM currently serves approximately 800 low-income, uninsured patients each year.

**H.4 For CDBG applicants, a description of the organization's familiarity with meeting the federal requirements listed in the [City of Bend Public Services Program Rules and Requirements](#), and/or the organization's plan for ensuring that these requirements are satisfied.**

We have been awarded multiple CDBG grants between 2009 and 2024, and we are familiar with the federal requirements, including record-keeping and reporting. We are also familiar with, and abide by, requirements of other

federal and state programs such as HIPPA (Health Information Privacy and Portability Act), Medicare, Medicaid, OSHA, ADA, and SSI Disability documentation and the other federal requirements in the City of Bend Public Services Program Rules and Requirements.

**H.5. For CDBG applicants only, will the full amount of the funds be spent by June 30, 2026? Select from the dropdown menu.**

Yes

## I. Required Documents

Completed by grants@vim-cascades.org on 10/28/2024 11:58 AM

**Case Id:** 30302

**Name:** Volunteers in Medicine Clinic of the Cascades -

**Address:** 2300 NE Neff Rd., Bend, OR 97701

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### I. Required Documents

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Please provide the following information.

Please download, complete, and upload the document (s) below:

- [504 Self-Evaluation Checklist](#)

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### Documentation

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#### 504 Self-Evaluation Checklist **\*Required**

VIM Self-Assessment Checklist - October 2024.pdf



#### Equity and Inclusion Policy

VIM DEI Statement and Policy (3-21-2018).pdf



#### Map of Project Location

VIM Location Map.pdf



#### Proof of Non-Profit or Governmental Status

VIM 501(c)(3) Documentation.pdf



#### State of Oregon Business Registry Printout

VIM Oregon Business Registry Information - October 2024.pdf





## Unique Entity Identifier (UEI) Number

VIM UEI Number.pdf

## Submit

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**Case Id:** 30302

**Name:** Volunteers in Medicine Clinic of the Cascades -

**Address:** 2300 NE Neff Rd., Bend, OR 97701

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## Submit

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Once an application is submitted, it can only be "Re-opened" by an Administrator. Also note: please check your Spam email folder if you have not received any emails from Neighborly.

☒ The applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining funding under the City's Affordable Housing Development Program.

☒ I understand that U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

☒ I certify that the application information provided is true and complete to the best of my/our knowledge.

☒ I agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided, except as exempted pursuant to law, are a matter of public record.

☒ I further grant permission and authorize any bank, employer, or other public or private organization to disclose information deemed necessary to complete this application.

### Signature

Kat Mastrangelo

Electronically signed by grants@vim-cascades.org on 10/28/2024 11:59 AM

Volunteers In Medicine Clinic Of The Cascades  
City of Bend  
2025-2026 Budget Proposal

EXPENSE		Overhead	Direct Only	CDBG Before \$1,000 per person cap	CDBG	COHC	VIM Other Fundraising for Program Expenses	VIM Budget for Non- Program Expenses	Total Budget
<b>PERSONNEL</b>									
Salaries & Wages	956,164	122,998	833,166	36,881	26,437	4,778	10,444	6,150	47,808
Taxes	76,493	11,293	65,201	2,886	2,069	374	817	565	3,825
Benefits	98,788	17,110	81,678	3,616	2,592	468	1,024	855	4,939
Workers Comp	2,000	419	1,581	70	50	9	20	21	100
Training and Development Other	3,000	3,000	-	-	-	-	-	150	150
<b>Total Personnel Expenses</b>	<b>\$ 1,136,445</b>	<b>\$ 154,819</b>	<b>\$ 981,625</b>	<b>\$ 43,452</b>	<b>\$ 31,148</b>	<b>\$ 5,629</b>	<b>\$ 12,304</b>	<b>\$ 7,741</b>	<b>\$ 56,822</b>
<b>PROGRAM</b>									
Professional Services									
Mental Health Counseling (COHC BHI)	60,000	-	60,000	-	-	3,000	-	-	3,000
Provider Contractor	10,000	-	10,000	500	358	-	142	-	500
Nutritionist Contract (COHC)	32,250	-	32,250	-	-	1,613	-	-	1,613
Dental Hygiene Diabetes PT (COHQA)	16,000	-	16,000	800	573	-	227	-	800
Interpreter Services	30,000	-	30,000	1,500	1,075	-	425	-	1,500
	<b>\$ 148,250</b>	<b>\$ -</b>	<b>\$ 148,250</b>	<b>\$ 2,800</b>	<b>\$ 2,006</b>	<b>\$ 4,613</b>	<b>\$ 794</b>	<b>\$ -</b>	<b>\$ 7,413</b>
Healthcare Supplies and Technology									
Dues & Licenses	2,000	2,000	-	-	-	-	-	100	100
Medical Liability Insurance	8,000	-	8,000	400	287	-	113	-	400
Lab Services & Medical Supplies Other	5,000	-	5,000	250	179	-	71	-	250
Pharmaceuticals	6,000	-	6,000	300	215	-	85	-	300
Volunteer Recognition, Food & Beverage	8,000	8,000	-	-	-	-	-	400	400
Medical Software (Program Related)	60,000	-	60,000	3,000	2,150	-	850	-	3,000
WAMB Implementation	25,000	-	25,000	1,250	896	-	354	-	1,250
Diabetes Program Supports	40,000	-	40,000	2,000	1,434	-	566	-	2,000
Patient revolving fund (10% pt donations)	8,000	-	8,000	400	287	-	113	-	400
<b>Total Program Expenses</b>	<b>\$ 310,250</b>	<b>\$ 10,000</b>	<b>\$ 300,250</b>	<b>\$ 10,400</b>	<b>\$ 7,454</b>	<b>\$ 4,613</b>	<b>\$ 2,946</b>	<b>\$ 500</b>	<b>\$ 15,513</b>
Facilities									
Maintenance and Repair	10,000	10,000	-	-	-	-	-	500	500
Janitorial and Cleaning	11,000	11,000	-	-	-	-	-	550	550
Telephone and Internet	10,000	10,000	-	-	-	-	-	500	500
Utilities	8,000	8,000	-	-	-	-	-	400	400
	<b>\$ 39,000</b>	<b>\$ -</b>	<b>\$ 39,000</b>	<b>\$ 1,950</b>	<b>\$ 1,398</b>	<b>\$ -</b>	<b>\$ 552</b>	<b>\$ -</b>	<b>\$ 1,950</b>
<b>Total Program and Facilities</b>	<b>\$ 349,250</b>	<b>\$ 10,000</b>	<b>\$ 339,250</b>	<b>\$ 12,350</b>	<b>\$ 8,852</b>	<b>\$ 4,613</b>	<b>\$ 3,498</b>	<b>\$ 500</b>	<b>\$ 17,463</b>
<b>MANAGEMENT, FUNDRAISING AND ADMINISTRATION</b>									
Advertising & Marketing, Fundraising	55,000	55,000	-	-	-	-	-	2,750	2,750
Bank Charges & Bookkeeping	12,000	12,000	-	-	-	-	-	600	600
Board Expenses	1,625	1,625	-	-	-	-	-	81	81
Information Technology	50,000	50,000	-	-	-	-	-	2,500	2,500
Insurance	10,000	10,000	-	-	-	-	-	500	500
Investment Counsel	15,500	15,500	-	-	-	-	-	775	775
Legal, Accounting	8,600	8,600	-	-	-	-	-	430	430
Materials & Supplies, Dues & Subscriptions	5,500	5,500	-	-	-	-	-	275	275
Postage & Delivery, Printing & Copying	8,500	8,500	-	-	-	-	-	425	425
Travel	5,000	5,000	-	-	-	-	-	250	250
Professional fees (Contracted)	30,000	30,000	-	-	-	-	-	1,500	1,500
Contingency	-	-	-	-	-	-	-	-	-
Capital Budget Improvements	-	-	-	-	-	-	-	-	-
<b>Total Management, Fundraising &amp; Administration</b>	<b>\$ 201,725</b>	<b>\$ 201,725</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 10,086</b>	<b>\$ 10,086</b>
<b>TOTAL CASH EXPENSE</b>	<b>\$ 1,687,420</b>	<b>\$ 366,545</b>	<b>\$ 1,320,875</b>	<b>\$ 55,802</b>	<b>\$ 40,000</b>	<b>\$ 10,242</b>	<b>\$ 15,802</b>	<b>\$ 18,327</b>	<b>\$ 84,371</b>
<b>IN-KIND (DONATED) GOODS AND SERVICES</b>									
Volunteer Services	795,984	-	795,984						39,799
Epic EMR Donated Support	14,410	14,410	-						721
Medications	2,584,019	-	2,584,019						129,201
<b>Total In-kind</b>	<b>\$ 3,394,413</b>	<b>\$ 14,410</b>	<b>\$ 3,380,003</b>						<b>\$ 169,721</b>
<b>TOTAL EXPENSE INCLUDING IN-KIND</b>	<b>\$ 5,081,833</b>	<b>\$ 380,955</b>	<b>\$ 4,700,878</b>						<b>\$ 254,092</b>



2500 NE Neff Road  
Bend, Oregon 97701  
541.382.4321  
[www.stcharleshealthcare.org](http://www.stcharleshealthcare.org)

October 22, 2024

City of Bend  
10 NW Wall St.  
Bend, OR 97703

Dear CDBG Review Committee,

I am writing today in support of continued funding for Volunteers in Medicine Clinic of the Cascades (VIM), which provides free health care for low-income, uninsured city residents.

VIM is a critical safety net organization for Bend and a trusted, valued partner for St. Charles Health System. St. Charles provides VIM with funding toward operations, reduced cost prescription medications and access to medical providers. We also cover the cost of VIM's medical malpractice insurance. St. Charles partnered with VIM early on to provide land for the clinic building at a cost of only \$1 per year. We also provide VIM with access to our Epic electronic health record system at a significantly reduced rate. In turn, VIM is a resource for our care teams when helping uninsured patients seeking care in our community.

VIM is a community organization that depends on community support from individuals, businesses, foundations and the public sector. City of Bend CDBG dollars are a part of that critical community support, and I urge you to invest in VIM and in the health of uninsured residents of Bend and Central Oregon.

Sincerely,

*Kayley Mendenhall*

Kayley Mendenhall  
Vice President, Strategic Communications  
St. Charles Health System