



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

Ted Strickland/Governor

Alvin D. Jackson, M.D./Director of Health

To: Prospective Dental Sealant Program Applicants

From: Karen F. Hughes, MPH, Chief *KFH*
Division of Family and Community Health Services
Ohio Department of Health

Subject: **Notice of Availability of Funds**

Competitive Grant Applications for Calendar Year 2008
Dental Sealant Program (1/1/2008 to 12/31/2010)

The Ohio Department of Health (ODH), Division of Family and Community Health Services, Bureau of Oral Health Services, announces the availability of grant funds to support the Dental Sealant Program. The Request for Proposals (RFP) will provide you guidance in completing the online application for the competitive program period. **Proposals are due Monday, October 22, 2007 for the funding period January 1, 2008 through December 31, 2008. Late applications will not be accepted.**

Introduction/Background

Dental caries (tooth decay) is the most widespread chronic disease of childhood, affecting about half (55%) of Ohio children by grade 3. Many of these children, particularly those from lower-income families, have untreated dental caries and are considered to be at high risk for dental problems. Although tooth decay is preventable, most school children have not had the opportunity to benefit from the proven methods that prevent the most common types of carious lesions: those of the pits and fissures.

Dental sealants have been shown to be an effective means to protect the chewing surfaces of the permanent molar teeth where children's cavities are concentrated. Although sealants are effective, they are under-utilized. A 2004-2005 oral health survey of Ohio schoolchildren revealed that only forty-three percent of the children surveyed have one or more sealants and that twenty-six percent of Ohio third grade schoolchildren have untreated tooth decay. Many of these children, particularly those of lower socioeconomic status, have difficulty accessing preventive and restorative care.

In Ohio, a network of school-based dental sealant programs, targeting high-risk schools based on income criteria, represent a significant resource for children from low-income and minority families by providing dental sealants to children in the school setting.

All interested parties must submit a Notice of Intent to Apply for Funding (NOIAF) form, no later than Monday, September 17, 2007 to be eligible to apply for funding (attached to the RFP). Upon receipt of your completed NOIAF, ODH will:

- a. Create the grant application account for your organizationⁱ. This account number will allow you to submit an application via the Internet using the Grants Management Information System (GMIS 2.0). All grant applications must be submitted via the Internet using the GMIS 2.0.
- b. Assess your organization's GMIS 2.0 training needs (as indicated on the completed *Notice of Intent to Apply for Funding* form) and ODH will contact you regarding upcoming GMIS 2.0 training dates. GMIS 2.0 training is mandatory if your organization has never been trained on GMIS 2.0. Two people from an agency must attend the initial GMIS 2.0 training for that agency.

Once ODH receives your completed *Notice of Intent to Apply for Funding* form, creates the grant application account for your organization, and finalizes all GMIS 2.0 training requirements, you may proceed with the application process as outlined in the RFP.

The RFP will provide detailed information about the background, intent and scope of the grant, policy, procedures, performance expectations, general information and requirements associated with the administration of the grant.

Technical Assistance Session

A technical assistance session (Bidders' Conference) will be held in the Columbus area on Wednesday, September 5, 2007 at 1:00 p.m. at the Westerville Library. Please return a registration form (included) to the Bureau of Oral Health Services to confirm your attendance at this session. If you have questions or need assistance in completing this grant application, every effort should be made to attend this session.

Please contact Janet Pierson, RDH, BS, Oral Health Grant Program Coordinator, by e-mail at Janet.Pierson@odh.ohio.gov, by phone at (614) 466-4180 or by fax at (614) 564-2421, if you have any questions regarding this application.

Mail the original and two (2) copies of the material not electronically filed to:

**Ohio Department of Health
Grants Administration
Central Master Files, 4th Floor
246 N. High Street
Columbus, OH 43215**

ⁱ Organizations with previous GMIS 2.0 training will automatically receive a grant application account number upon receipt of a completed Notice of Intent to Apply for Funding form.

Dental Sealant Program Grant

Bidders' Conference

REGISTRATION FORM

BIDDERS' CONFERENCE

A Bidders' Conference will be held for those interested in the Ohio Department of Health, Bureau of Oral Health Services' Dental Sealant Program Grant. Potential applicants are strongly encouraged to attend; however, attendance is *not* required. At this meeting, Bureau of Oral Health Services staff will provide detailed information on the goals and objectives of the dental grant program and the review criteria that will be used to score proposals. This meeting also will provide an opportunity for applicants to ask questions that may arise while working on proposals.

When: Wednesday, September 5, 2007
1:00 p.m. Dental Sealant Program Grant Funds

Where: Westerville Library
126 South State Street
Westerville, OH 43081
614-882-7277

Northeast of Columbus, North of I-270, for map/directions:
<http://www.westervillelibrary.org/index.html> and click on Driving Directions on the home page (in lower right quadrant).

TO REGISTER for the Bidders' Conference: In order for us to have adequate seating and materials available, please register for the Bidders' Conference *by faxing the Bureau of Oral Health Services at 614-564-2421 or by e-mailing Janet Pierson at Janet.Pierson@odh.ohio.gov*.

Please respond by Friday, August 31, 2007 with the following information:

The number of people from your agency that will attend: _____

Agency Name/County

Contact person name

()

phone number

Contact person's e-mail address:

**Ohio Department of Health
GMIS 2.0 TRAINING**

**ALL INFORMATION REQUESTED MUST BE COMPLETED for EACH EMPLOYEE
FROM YOUR AGENCY WHO WILL ATTEND A GMIS 2.0 TRAINING SESSION.
[A minimum of two (2) agency employees must attend the initial GMIS 2.0 training for that agency.]
(Please Print Clearly or Type)**

Grant Program _____ RFP Due Date _____

County of Applicant Agency _____

Federal Tax Identification Number _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned and as listed, if applicable, currently in GMIS.

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Employee to attend training _____

Telephone Number _____

E-mail Address _____

GMIS 2.0 Training Authorized by: _____
(Signature of Agency Head or Agency Fiscal Head)

Required
Please Check One: _____ Yes – I ALREADY have access to the
ODH GATEWAY (SPES, ODRS, LHIS, etc)
_____ No – I DO NOT have access to the ODH GATEWAY

Please indicate your training date choices: 1st choice _____, 2nd choice _____, 3rd choice _____

Mail, E-mail, or Fax To: **GAIL BYERS**
Grants Administration Unit
Ohio Department of Health
246 N. High Street
Columbus, Ohio 43215
E-mail: gail.byers@odh.ohio.gov **Fax: 614-752-9783**

CONFIRMATION OF YOUR GMIS 2.0 TRAINING SESSION WILL BE E-MAILED TO YOU

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Division of Family and Community Health Services

Bureau of Oral Health Services
ODH Program Title: Dental Sealant Program

ALL INFORMATION REQUESTED MUST BE COMPLETED.
(Please Print Clearly or Type)

County of Applicant Agency _____

Federal Tax Identification Number _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

Type of Applicant Agency
(Check One)

- County Agency Hospital Local Schools
 City Agency Higher Education Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person/Title _____

Telephone Number _____

E-mail Address _____

Please check all applicable:

- Our agency will need GMIS 2.0 training
 Our agency has completed GMIS 2.0 training
 First time applying for an ODH grant

Mail, E-mail or Fax To:

Janet Pierson, RDH, BS
Oral Health Grant Coordinator
Bureau of Oral Health Services
Ohio Department of Health
246 N. High Street
Columbus, Ohio 43215
E-mail: Janet.Pierson@odh.ohio.gov

Fax: (614) 564-2421



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

**DIVISION OF
FAMILY AND COMMUNITY HEALTH SERVICES**

**BUREAU OF
ORAL HEALTH SERVICES**

**DENTAL SEALANT PROGRAM
REQUEST FOR PROPOSALS (RFP)
FOR
FISCAL YEAR 2008
(01/01/08 – 12/31/08)**

**Local Public Applicant Agencies
Non-Profit Applicants**

COMPETITIVE GRANT APPLICATION INFORMATION

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I. APPLICATION SUMMARY and GUIDANCE

An application for an ODH grant consists of a number of required parts – an electronic component submitted via the Internet Website: ODH Application Gateway – GMIS 2.0 which includes various paper forms and attachments. All the required parts of a specific application must be completed and submitted by the application due date. **Any required part that is not submitted on time will result in the entire application not being considered for review.**

The application summary information is provided to assist your agency in identifying funding criteria:

- A. Policy and Procedure:** Uniform administration of all ODH grants is governed by the Ohio Department of Health Grants Administration Policies and Procedures Manual (GAPP). This manual must be followed to assure adherence to the rules, regulations and procedures for preparation of all Subgrantee applications. The GAPP manual is available on the ODH web-site <http://www.odh.ohio.gov> (Click on “About ODH,” click on “ODH Grants” and then click on “GAPP Manual.”)
- B. Application Name:** Dental Sealant Program
- C. Purpose:** The purpose of the Dental Sealant Program is to assist providers of public health services to develop and implement programs to improve access to dental sealants for high-risk children. Grant funds may be requested to expand existing dental sealant programs; however, the funds may not be used to substitute for current budgetary resources, except ODH Dental Sealant Program grant funds. The Ohio Department of Health, Bureau of Oral Health Services grant funds are intended to leverage other program resources to provide services.
- D. Qualified Applicants:** All applicants for dental sealant grant funds must be a local public or non-profit agency. Agencies engaged in the provision of community-based services (e.g., local health departments) are encouraged to apply. For competitive RFPs only, applicant agencies must attend or document in writing prior attendance at GMIS 2.0 training and must have the capacity to accept an electronic funds transfer (EFT).
- E. Service Area:** Clearly define, using governmental subdivisions, (school districts, counties, etc.), the specific portion of the state that will receive services as a result of the proposed activities.
- F. Number of Grants and Funds Available:** A total of \$736,000 is available to be awarded to 18-20 Dental Sealant programs. Funding includes the start-up for new programs that will serve high-risk elementary school children, as well as continuation and/or expansion of existing programs into qualifying schools in their county or in neighboring counties.

No grant award will be issued for less than \$30,000. The minimum amount is exclusive

of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review

- G. Due Date:** Applications including any required forms and required attachments mailed or electronically submitted via GMIS 2.0 are due by Monday, October 22, 2007. Attachments and/or forms sent electronically must be transmitted by the application due date. Attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date.

Contact Janet Pierson, RDH, BS, Oral Health Grant Program Coordinator with any questions. (See Item N for contact information.)

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 119 and the *Catalog of Federal Domestic Assistance (CFDA)* Number 93.994 (Title V Maternal and Child Health Services Block Grant for Ohio).

- I. Goals:** The goal of the Ohio Department of Health Dental Sealant program is for children to avoid suffering due to dental pain or infection by preventing the dental caries process. The target population for the program is children who are less likely to receive dental services and are considered to be at high risk for dental disease due to financial and accessibility barriers and/or past disease patterns. Bringing dental services to this underserved population will:
- increase the utilization of dental sealants,
 - reduce the incidence of pit and fissure caries,
 - reduce the amount of untreated dental disease and
 - help link children who need dental care with a source of care.

- J. Program Period and Budget Period:** The program period will begin January 1, 2008 and end on December 31, 2010. The budget period for this application is January 1, 2008 through December 31, 2008.

- K. Local Health Districts Improvement Standards:** This grant program will address Local Health Districts Improvement Goal 4 – “Promote Healthy Lifestyles,” Standard 3701-36-07-03 – “Prevention, health promotion, early intervention, and outreach services are provided directly or through contracts or partnerships.” The Local Health District Improvement Standards are available on the ODH web-site <http://www.odh.ohio.gov>. (Click on “Local Health Districts” then “Local Health Districts Improvement Standards,” Then click “Local Health District Improvement Goals/Standards/Measures.”)

- L. Public Health Impact Statement:** All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards.

1. Public Health Impact Statement Summary - Applicant agencies are required to

submit a summary of the program to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

- (1) The Local Health District Improvement Standard(s) to be addressed by grant activities;
- (2) A description of the target population to be served;
- (3) A summary of the services to be provided or activities to be conducted; and,
- (4) A plan to coordinate and share information with appropriate local health districts.

The Applicant must submit the above summary as part of their grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the Local Health Districts Improvement Standards.

2. Public Health Impact Statement of Support - Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that when the program summary is submitted with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support must be submitted from at least one local health district, if available.

M. Appropriation Contingency: Any award made through this program is contingent upon the availability of funds for this purpose. The Ohio Department of Health is subject to conditions that delay the grant payment cycle. **In view of this, the subgrantee agency will receive funds on a cost reimbursement basis and must be prepared to support the program in the event of a delay in grant payments.**

N. Programmatic, Technical Assistance and Authorization for Internet Submission: *Initial authorization for Internet submission will be distributed at your GMIS 2.0 Training Session.* All other agencies will receive their authorization upon the posting of the Request For Proposal to the ODH website. Please contact Janet Pierson at 614-466-4180 or by e-mail at Janet.Pierson@odh.ohio.gov.

For competitive RFPs ONLY: Applicant must attend or must document, in writing, prior attendance at Grants Management Information System 2.0 (GMIS 2.0) training, in order to receive authorization for Internet submission.

Please note: There will be a Bidders' Conference held in the Columbus area to provide guidance and answer questions related to the RFP. Registration information is included in the Notice Of Availability of funding or by contacting Janet Pierson (contact information in Section I, Item N).

O. Acknowledgment: An 'Application Submitted' status will appear in GMIS 2.0 that acknowledges ODH system receipt of the application submission.

P. Late Applications: Applications are dated the time of actual submission via the

Internet utilizing GMIS 2.0. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of October 22, 2007.

Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service, or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Administration, Central Master Files; but they must be delivered by 4:00 p.m. on the application due date. FAX attachments will not be accepted. **GMIS 2.0 applications and required application attachments received late will not be considered for review.**

- Q. Successful Applicants:** Successful applicants will receive official notification in the form of a “Notice of Award” (NOA). The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.
- R. Unsuccessful Applicants:** Within 30 days after a decision to disapprove or not fund a grant application for a given program period, written notification, issued under the signature of the Director of Health, or his designee shall be sent to the unsuccessful applicant.
- S. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
 1. Contributes to the advancement and/or improvement of the health of Ohioans;
 2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
 3. Is well executed and is capable of attaining program objectives;
 4. Describes specific objectives, activities, milestones and outcomes with respect to time-lines and resources;
 5. Estimates reasonable cost to the Ohio Department of Health, considering the anticipated results;
 6. Demonstrates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
 7. Provides an evaluation plan, including a design for determining program success;
 8. Has demonstrated acceptable past performance;
 9. Is responsive to the special concerns and program priorities specified in the request for proposal, such as:
 10. Has demonstrated compliance to GAPP, Chapter 100, Section 108.1, Independent Audit Scope.

--Dental Sealant Program Targeting Criteria

To ensure that the Ohio Department of Health Dental Sealant Program is targeting

children who otherwise may not receive dental sealants, the following Bureau of Oral Health Services targeting criteria must be used to determine eligibility:

- Median family income for school district at or below 150% Federal Poverty Level, 2006 (\$30,000)
- Free and Reduced Price Meal Program (FRPM) enrollment at a school is 50% or more of the children enrolled (2005-06).

FRPM program enrollment does not always reflect family income accurately in areas where families are less likely to enroll their children in the program. Therefore, the median family income (by school district) also may be used as an indicator of financial need. A school district with a median income at or below 150% of the federal poverty level for a family of four (\$30,000) may be used to identify schools eligible for the program. Schools in that district will qualify for participation; however, if a school located in a district that qualifies based on median family income is known to serve primarily students from middle and upper income families with access to dental care, the school will not be included for the dental sealant program.

Evaluate the eligibility of all schools to be served by your program. Priority should be given to schools where criteria indicate that need is greatest. Previous dental sealant program subgrantees must discontinue using grant funds to serve schools that do not meet targeting criteria, unless discussed with and approved by ODH/BOHS grants staff relative to 2008 funding. ODH will review and approve schools in the proposals. Programs are encouraged to serve as many schools and students as possible, by identifying additional qualifying schools in or near to their targeted communities and expanding to serve those schools.

Agencies that submit a Notice of Intent to Apply will receive (via e-mail) a listing of schools which provides median family income for school districts and the FRPM enrollment data to be used in completion of Attachment #1. **The completed Attachment #1 must be submitted via GMIS 2.0 attachment as a component of the grant application.**

--Program Specific Criteria

In order to apply sealants in an efficient manner, the applicant agency should implement a school-based program, using portable dental equipment and employing a dental hygienist for sealant application. Proposed activities must comply with professional standards; the Dental Practice Act: Laws and Rules; and standards set forth by the Occupational Safety and Health Administration (OSHA) for bloodborne pathogens and hazard communications. Families and appropriate school personnel are to be notified about specific children in need of dental treatment.

❖ Letters of Support

For any eligible schools to be included in the dental sealant program, the applicant agency must submit a description of agreement among participating parties (e.g., school administration).

- ❖ Short-term retention checks must be accomplished in a manner that quickly assesses the clinical quality of sealants placed by operators who do not have a substantial positive track record and/or assesses the impact of changes to clinical procedures (e.g., technique or materials). Short-term retention checks evaluate a sample of students within a few days or weeks of receiving sealants at school to ensure that they are fully retained.
- ❖ Dental sealant program subgrantees must bill Medicaid for dental sealants. [Proposed Medicaid income can be discussed in the Narrative and in Attachment #1. Do not show Medicaid income in the GMIS 2.0 budget.]
- ❖ Grant applications will not be considered without the Year 2008 Dental Sealant Program Information Reports, Attachment #1. [NOTE: This required attachment form must be completed and submitted via GMIS 2.0 attachment by the application due date.]
 - Part 1-A: Target Grade Report
 - Part 1-B: Cost Projection Report
 - Part 1-C: Dental Sealant Methodology Supplement
 - Part 1-D: Quality Assurance Report
 - Part 1-E: Follow-up Grade Report (to be completed by currently operating programs)

The Ohio Department of Health will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given request for proposals. There will be no appeal of the Department's decision.

- T. Freedom of Information Act:** The Freedom of Information Act and the associated Public Information Regulations (45 CFR Part 5) of the U. S. Department of Health and Human Services require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered to be an unwarranted invasion of personal privacy will not be disclosed. For specific guidance on the availability of information, refer to 45 CFR Part 5.
- U. Ownership Copyright:** Any work produced under this grant will be the property of the Ohio Department of Health/Federal Government. The Department's ownership will include copyright. The content of any material developed under this grant **must** be approved in advance by the awarding office of the Ohio Department of Health. All material(s) must clearly state:
 - Funded by Ohio Department of Health/Federal Government
 - Bureau of Oral Health Services
 - Dental Sealant Program

- V. Reporting Requirements:** Successful applicants are required to submit subgrantee program and expenditure reports. Reports must adhere to the Ohio Department of Health, Grants Administration Policies and Procedures (GAPP) Manual. Reports must be received before the Department will release any additional funds.

Note: Failure to assure quality of reporting such as submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of your agency flexibility status and/or further payments.

Submit reports as follows:

- 1. Program Reports:** Subgrantee Program Reports **must** be completed and submitted **via the SPES (Subgrantee Performance Evaluation System)** by the following dates: April 15, 2008, July 15, 2008, October 15, 2008 and January 15, 2009. Additional required attachments associated with a Program Report may be sent via GMIS 2.0. Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. All program report attachments must clearly identify the authorized program name and grant number.

Submission of Subgrantee Program Reports via the Ohio Department of Health's SPES indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP).

- 2. Subgrantee Program Expenditure Reports:** Subgrantee Program Expenditure Reports **must** be completed and submitted **via the GMIS 2.0** by the following dates: April 15, 2008, July 15, 2008, October 15, 2008 and January 15, 2009.

Submission of Subgrantee Program Expenditure Reports via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.

- 3. Final Expense Reports:** A Subgrantee Final Expense Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS 2.0** on or before February 15, 2008. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subgrantee Final Expense Report. The Subgrantee Final Expense Report serves as invoice to return unused funds.

Submission of the Subgrantee Final Expense Report via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your authorization of the submission as an agency official and constitutes your

electronic acknowledgment and acceptance of GAPP rules and regulations.

4. Inventory Report: A listing of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via the Internet as part of the Subgrantee Final Expense Report. At least once every two years, inventory must be physically inspected by the subgrantee. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

W. Special Condition(s): Responses to all special conditions **must be submitted via GMIS 2.0 within 30 days of receipt of the first quarter payment.** A Special Conditions link is available for viewing and responding to special conditions. This link is viewable only after the issuance of the subgrantee's first payment. The 30-day time period, in which the subgrantee must respond to special conditions, will begin when the link is viewable. Failure to submit satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied will result in the withholding of any further payments until satisfied.

Submission of response to grant special conditions via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the "submit" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.

X. Unallowable Costs: Funds **may not** be used for the following:

1. To advance political or religious points of view, or for fund raising or lobbying, but must be used solely for the purpose as specified in this announcement;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fee for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Lump sum indirect or administrative costs;
6. Contributions to a contingency fund;
7. Entertainment;
8. Fines and penalties;
9. Membership fees -- unless related to the program and approved by ODH;
10. Interest or other financial payments;
11. Contributions made by program personnel;
12. Costs to rent equipment or space owned by the funded agency;
13. Inpatient services;
14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;

16. Travel and meals over the current state rates (see OBM Website <http://www.obm.ohio.gov/mppr/travel.asp>);
17. All costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
18. Training longer than one week in duration, unless otherwise approved by ODH;
19. Contracts, for compensation, with advisory board members;
20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH;
21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.

Use of grant funds for prohibited purposes will result in the loss or recovery of those funds.

Y. Audit: *Subgrantees currently receiving funding from the Ohio Department of Health are responsible for submitting an independent audit report that meets OMB Circular A-133 requirements, a copy of the auditor's management letter, a corrective action plan, if applicable and a data collection from (for single audits) within 30 days of the receipt of the auditor's report, but not later than 9 months after the end of the subgrantee's fiscal year.*

Potential Subgrantees not currently receiving funding from the Ohio Department of Health must submit an independent audit report that meets OMB Circular A-133 requirements, a copy of the auditor's management letter, and if applicable, a corrective action plan and a data collection form (for single audits) with this grant application.

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 which expend \$500,000 or more in Federal awards in its fiscal year are required to have a single audit. The fair share of the cost of the single audit is an allowable cost to Federal awards provided that the audit was conducted in accordance with the requirements of OMB Circular A-133.

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 which expend less than the \$500,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The financial audit is not an allowable cost to the program.

Once the audit is completed, a copy must be sent to the ODH, Grants Administration, Central Master Files address within 30 days. Reference GAPP Chapter 100, Section 108 and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

Z. Submission of Application:

The Internet application submission must consist of the following:

1. Application Information

<p>Complete & Submit Via Internet</p>
--

2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Cash needs
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section D
 - Summary
5. Civil Rights Review Questionnaire (EEO Survey)
6. Assurances Certification
7. Ethics Certification
8. Attachments as required by Program:
 - (1) Attachment #1, Year 2008 Dental Sealant Program Information Reports
 - (2) Biographical Sketches/Resumes/Curricula Vitae
 - (3) Position descriptions
 - (4) Letter(s) of support: Include letters from schools which indicate their commitment of full cooperation with the program.

An original and one (1) copy of the following forms, available on the Internet, must be completed, printed, signed in blue ink with original signatures and mailed to the address listed below:

<p>Complete, Sign & Mail To ODH</p>
--

1. Electronic Funds Transfer (EFT) Form. **(Required if new agency, thereafter only if banking information has changed)**
2. IRS W-9 Form **(Required if new agency, thereafter only if changed). One of the following forms must accompany the IRS W-9 Form:**
 - a. Vendor Information Form **(New Agency Only)**
 - b. Vendor Information Change Form **(Existing Agency with tax identification number, name and/or address change(s))**

Two (2) copies of the following documents must be mailed to the address listed below:

<p>Copy & Mail To ODH</p>
--

1. Public Health Impact Statement **(for competitive cycle only; for continuation, only if changed)**
2. Statement of Support from the Local Health Districts **(for competitive cycle only; for continuation, only if changed)**

3. Liability Coverage (**Non-Profit Organizations only; proof of current liability coverage and thereafter at each renewal period**)
4. Evidence of Non-Profit Status (**Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed**)

One (1) copy of the following documents must be mailed to the address listed below:

<p>Complete Copy & Mail To ODH</p>

1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)
2. Declaration Regarding Material Assistance/Non Assistance to a Terrorist Organization (DMA) Questionnaire (**Required by ALL Non-Governmental Applicant Agencies**)
3. An original and two collated copies of **Attachments** (non-Internet compatible) as required by Program: NONE

**Ohio Department of Health
Grants Administration
Central Master Files, 4th Floor
246 N. High Street
Columbus, Ohio 43215**

II. APPLICATION REQUIREMENTS AND FORMAT

Access to the on-line Grants Management Information System 2.0 (GMIS 2.0), will be provided at your GMIS 2.0 training session for those agencies requiring training. All others will receive access after the Request for Proposal (RFP) is posted to the ODH website.

All applications must be submitted via GMIS 2.0. Submission of all parts of the grant application via the Ohio Department of Health's GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Submission of the Application signifies your authorization as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations in lieu of an executed Signature Page document.

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed in its entirety. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review pages 8 and 9 of the RFP for unallowable costs.

Match or Applicant Share is not required by this program. Do not include Medicaid income, match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Identify additional funding information from other resources in the narrative and Attachment #1.

1. Primary Reason and Justification Pages: Provide a detailed narrative budget justification that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants, and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103 and Section D(9) of the application for additional information.

2. Personnel, Other Direct Costs, Equipment, & Contracts: Submit a budget with these sections and form(s) completed as necessary to support costs for the period January 1, 2008 to December 31, 2008.

Funds may be used to support personnel, their training, travel (see OBM Website <http://www.obm.ohio.gov/mppr/travel.asp>) and supplies directly related to planning, organizing, and conducting the initiative/program activity described in this announcement.

Where appropriate, retain all contracts on file. The contracts should not be sent to ODH. A completed “Confirmation of Contractual Agreement” (CCA) form must be submitted via GMIS 2.0 for each contract once it has been signed by both parties. The submitted CCA must be approved by ODH before contractual expenditures are authorized.

Submission of the “Confirmation of Contractual Agreement” (CCA) via the Ohio Department of Health’s GMIS 2.0 system indicates acceptance of ODH Grants Administration Policy and Procedure (GAPP). Clicking the “submit” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgement and acceptance of GAPP rules and regulations. CCAs cannot be submitted until after the grant period begins.

Where appropriate, itemize all equipment (**minimum \$300.00 unit cost value**) to be purchased with grant funds in the Equipment Section

3. Compliance Section D: Answer each question on this form as accurately as possible. Completion of the form ensures your agency’s compliance with the administrative standards of ODH and federal grants.

4. Funding, Cash Needs and Budget Summary Sections: Enter information about the funding sources, budget categories and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete this section will cause delays in receipt of grant funds.

C. Assurances Certification: Each subgrantee must submit the “Federal and State Assurances for Subgrantees” form. This form is submitted automatically with each application via the Internet. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Complete the form by entering the State and Congressional Districts. By submission of an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Project Narrative: (limit 4 pages, including the Executive Summary)

1. Executive Summary: (One page limit, see Example of Executive Summary, Appendix #3) Identify the target population, services and programs to be offered and what agency or agencies will provide those services. Describe the public health

problems that the program will address. Provide a brief synopsis of the purpose, methodology and evaluation plan for the program. Indicate, clearly and specifically, the population to be served by the program. Specify the total program budget and the portion requested from ODH through this grant. [If the agency is a current BOHS Dental Sealant subgrantee, describe any accomplishments for this program, to date (current budget year, 2007), that are not reflected in the quarterly program reports. Clearly include the reasons for less-than-expected progress toward, or failure (if appropriate) to accomplish planned activities or achieve milestones and outcome objectives. Describe problems encountered and planned approaches to overcome them. Describe any changes regarding the schools to be served, e.g., school consolidation, schools closed, dental sealant program proposed expansion.] Specify the program's objectives at a minimum; these should include realistic estimates of:

- the number of school districts and schools to be served (Attachment #1, Part 1-A)
- the number of children to be screened (Attachment #1, Part 1-A, Item 2)
- the number of children to receive sealants (Attachment #1, Part 1-A, Item 4)
- the estimated Medicaid income (Attachment #1, Part 1-B, Item 1)
- the cost per child to be screened (Attachment #1, Part 1-B, Item 4)
- the cost per child to be screened (Attachment #1, Part 1-B, Item 5)

2. Description of Applicant Agency/Documentation of Eligibility/Personnel:

Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program. Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions for these staff.

3. Problem/Need: Identify and describe the local health status concern that will be addressed by the program. Do not restate national and state data. Minimizing grant administrative cost by consolidating programs or implementing multi-county programs is encouraged. Clearly identify the target population in terms of the number of schools meeting eligibility criteria and the enrollment of target grade (usually second and sixth grades) children at those schools. Estimate the percent of students who are covered by Medicaid/Ohio's Health Insurance Plan for Children (CHIP), including those served by Medicaid Managed Care Plans and describe a plan for appropriately maximizing the Medicaid reimbursement for which the program is eligible. Include a description of other agencies/organizations also addressing this problem/need.

4. Methodology: In a narrative, identify the program goals, objectives, and activities. Indicate how they will be evaluated to determine the level of success of the program. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each (Attachment #1, Part 1-C).

If any eligible grade level at a school(s) will not be served in either target or follow-up grades, identify the grade level and explain the rationale. Describe a plan for the program to accomplish short-term retention checks.

- E. Civil Rights Review Questionnaire – EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS 2.0. Subgrantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- F. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS 2.0 system. Attachments that are non-Internet compatible must be postmarked or received on or before Monday, October 22, 2007. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Administration Central Master Files address on or before the application due date. All attachments must clearly identify the authorized program name and program number.
- G. Electronic Funds Transfer (EFT) Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed EFT form **must be dated and signed, in blue ink, with original signatures.** Submit the original and one (1) copy. **(Required only if new agency, thereafter only when banking information has changed.)**
- H. Internal Revenue Service (IRS) W-9 Form:** Print in PDF format and mail to ODH, Grants Administration, Central Master Files address. The completed IRS W-9 form **must be dated and signed, in blue ink, with original signatures.** Submit the original and one (1) copy. **(Required if new agency, thereafter only when tax identification number or agency address information has changed.) One of the following forms must accompany the IRS, W-9:**
- 1. Vendor Information Form (New Agency Only) OR**
 - 2. Vendor Information Change Form [Existing agency with tax identification number, name and/or address change(s).]**

Print in PDF format and mail to ODG, Grants Administration, Central Master Files Address. The completed appropriate Vendor Form **must be dated and signed, in blue ink, with original signatures.** Submit the original and one (1) copy with the IRS, W-9 form.

- I. Public Health Impact Statement Summary:** Submit two (2) copies of a one-page program summary regarding the impact to proposed grant activities on the Local Health Districts Improvement Standards **(for competitive cycle only; for continuation, only if changed).**
- J. Public Health Impact Response/Statement:** Submit two (2) copies of the

Health Districts Improvement Standards. If a statement of support from the local health district is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s). **(for competitive cycle only; for continuation, only if changed).**

K. Liability Coverage: Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Submit two (2) copies of the Certificate of Insurance Liability **(Non-Profit Organizations only; current liability coverage and thereafter at each renewal period).**

L. Non-Profit Organization Status: Non-profit organizations **must** submit documentation validating current status. Submit two (2) copies of the Internal Revenue Services (IRS) letter approving your non-tax exempt status **(Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed).**

M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire: The DMA is a Questionnaire that must be completed by all grant applicant agencies to certify that they have not provided “material assistance” to a terrorist organization (Sections 2909.32, 2909.33 and 2909.34 of the Ohio Revised Code). The completed DMA Questionnaire **must** be dated and signed, in blue ink, with the Agency Head’s signature. The DMA Questionnaire (in PDF format. [Adobe Acrobat](#) is required) is located at the Ohio Homeland Security Website:

http://homelandsecurity.ohio.gov/DMA_Terrorist/HLS_0038_Contracts.pdf

Print a hard copy of the form once it has been downloaded. The form must be completed in its entirety and your responses must be truthful to the best of your knowledge. (Required by all Non-Governmental Applicant Agencies)

N. Ethics Certification: Attach a statement in the Project Narrative Section that, as a duly Authorized Representative of the Subgrantee Agency, you certify that in accordance with Executive Order 2007-01S:

- a. Subgrantee Agency has reviewed and understands the Governor’s Executive Order 2007-01S.
- b. Subgrantee Agency has reviewed and understands the Ohio ethics and conflict of interest laws, and
- c. Subgrantee Agency will take no action inconsistent with those laws and this order.
- d. Subgrantee Agency understands that failure to comply with the Executive Order 2007-01S is, in itself, grounds for termination of this grant and may result in the loss of other grants with the State of Ohio.

Refer to GMIS 2.0 Bulletin Board – Governor’s Executive Order 2007-01S (Ethics)

O. Attachments as Required by Program: The applicant **must** submit (via GMIS 2.0 attachment) the following to ODH by the filing due date:

1. Attachment #1: Year 2008 Dental Sealant Program Information Reports:

Attachment #1, Part 1-A: Target Grade Report

Attachment #1, Part 1-B: Cost Projection Report

Attachment #1, Part 1-C: Dental Sealant Methodology Supplement

Attachment #1, Part 1-D: Quality Assurance Report

Attachment #1, Part 1-E: Follow-up Grade reports (3rd and 7th grades)

2. Biographical Sketches/Resumes/Curricula Vitae (no more than 2 pages for each item)

3. Position descriptions

4. Letters of support: Include letters from schools which indicate their commitment of full cooperation with the program.

III. APPENDICES

- (1) Application Review form
- (2) A. Reference Material (e-mailed upon receipt of Notice of Intent to Apply for Funding):
 - Median Income and Free/Reduced Price Meal Participation for Ohio Schools (as of 2005-2006)
 - School enrollment data by county, by district, by building, by grade
- B. Valuable Reference Material available on the Web:
 - Smile America: The Prevention Invention*, 2nd edition
 - available at www.mchoralhealth.org/seal/contents.html
- (3) Example of Executive Summary

APPENDIX #1
DENTAL SEALANT PROGRAM APPLICATION REVIEW FORM

- A. Overall quality of application
 - 1. Clarity
 - 2. Completeness
 - 3. Adherence to RFP guidance

- B. Program will contribute to the improved health of Ohioans
 - 1. Target population (schools/school districts meet BOHS eligibility criteria)
 - 2. Number of children served (number screened, number to receive sealants)

- C. Program has well-developed plan for accomplishing objectives
 - 1. Describes specific measurable objectives (addresses all BOHS minimum objectives)
 - 2. Describes a reasonable and efficient plan for accomplishing objectives.
 - 3. Provides a timeline through which proposed activities can reasonably be accomplished within the budget period

- D. Qualified applicant
 - 1. Agency has demonstrated ability to manage grant funds
 - 2. Staff/contractors have a combination of training, credentials and experience that should enable them to successfully accomplish program objectives.

- E. Budget and narrative
 - 1. Anticipated program expenditures are clearly explained and application provides detail on how calculations for individual budget items were determined.
 - 2. Budget is appropriate for completing the proposed plan.
 - 3. Budget elements are consistent with other information in application (e.g., staff time budgeted is consistent with amount of time needed to accomplish objectives).
 - 4. Cost/child for dental screenings and for students to receive dental sealants is reasonable.
 - 5. Program proposal does not supplant existing funds (excluding current ODH dental sealant program funding).
 - 6. Extent to which program documents a commitment and a plan for appropriately maximizing Medicaid reimbursement for which it is eligible

- F. Evidence of support
 - 1. Letters from school districts commit full cooperation
 - 2. Letters of support from community agencies and partners in this grant program

- G. Program is responsive to concerns and objectives of the Dental Sealant Program
 - 1. Agency will operated an accordance with OSHA, OSDB requirements
 - 2. Adequate quality assurance mechanisms are in place

- H. Extent to which the proposal's objectives are consistent with historical benchmarks or deviation has been adequately justified

APPENDIX #2
REFERENCE MATERIAL

- 2 A. Median Income and Free/Reduced Price Meal Participation for Ohio Schools (as of 2005-2006) and
School enrollment data by building, by grade
[This will be e-mailed upon receipt of an agency's Notice of Intent to Apply for Funding.]
- 2 B. Valuable Reference Material available on the Web:
Smile America: The Prevention Invention, 2nd edition
available at www.mchoralhealth.org/seal/contents.html

APPENDIX #3
EXAMPLE OF EXECUTIVE SUMMARY

The total project budget will be \$74,000, of which \$52,088 will come from the ODH Sealant Program grant.

The Jones County Sealant Project will apply sealants to the caries susceptible teeth of high risk second and sixth grade students at schools that meet the ODH eligibility criteria of 50% participation in the free/reduced cost meal program or median family incomes at or below 150% of the federal poverty level for a family of four. Children who are in third or seventh grade and participated in the program during the previous school year will be screened and additional sealants will be placed, as necessary. Project staff of 1.5 FTE dental hygienists and 1.8 FTE dental assistants will work in teams to seal teeth designated by one of three (0.1 FTE) dentists. Portable equipment will be transported between schools for the screenings and sealant placement. Notes will be sent to parents, alerting them of their child's need for dental care and informing them of how many sealants were placed. Sealant retention will be checked by a dentist both when the school is visited the following year (long term) and for a sample of children at selected schools within a month after placement (short term). School staff, parents and teachers are informed of the program at the beginning of the school year and prior to the scheduled activity at each school. Medicaid managed care will be billed for dental sealants, as appropriate, and pursued aggressively. The program will comply with all applicable federal, state, and local codes related to the provision of dental care.

--Miller and Guthman Elementary Schools will be closed permanently and students will attend Meadow Lawn Elementary (opening Fall 2008).

--A proposed expansion into adjacent Wright County will add the Pence Local School District (two elementary schools). The letters of support have been submitted in GMIS 2.0.

Project Objectives:

1. 36 schools will be served in 5 school districts.
2. 1956 (60% of those enrolled) second and sixth grade students will be screened in target grades.
3. 1663 (85%) will receive sealants.
4. 1482 (77%) of third and seventh grade students who participated in 2005 will be screened for follow-up.
5. 96% of sealants placed will be completely retained on one-year (long-term) follow-up.
6. Income from Medicaid and/or Medicaid managed care plans will be \$21,912.
7. The cost per child screened will be \$19.92.
8. The cost per child receiving sealants will be \$32.97.
9. The target for the short-term retention rate is 98%.

**OHIO DEPARTMENT OF HEALTH
BUREAU OF ORAL HEALTH SERVICES**

**YEAR 2008 DENTAL SEALANT PROGRAM
INFORMATION REPORTS**

Attachment #1

The required attachment form, Attachment #1, must be completed and submitted as an attachment via GMIS 2.0.

Grant Application will not be considered without this form.

Complete Part 1-A through Part 1-E (11 pages) for schools that will be served in 2008.

Part 1-A: Target Grade Report

Part 1-B: Cost Projection Report

Part 1-C: Dental Sealant Methodology Supplement

Part 1-D: Quality Assurance Report

Part 1-E: Follow-up Grade Report

Attachment #1, Part 1-A, continued

Agency _____ Program Number _____

2. Estimate the number of children to be screened and the time necessary for screening during the grant period.

	# of Children Enrolled in Target Grades (2+6) in 2007	# of Children Screened in Target Grades (2,6) in 2006	Screening Rate	Estimated # of Children to Be Screened
Target Grades (2+6)			x .50*	
Follow-up Grades (3+7)			x .78*	
TOTAL (Target + Follow-up):				/40*

Estimated Total # of Children to Be Screened / Children Screened per hour = # of hours for screening

*The constants in the equation are based on experience with school-based sealant programs. The applicant may change the constants given, but must justify the changes (add additional pages if necessary).

3. On average, how many hours per school served will be needed for program coordination (e.g., making arrangements with schools, delivery/picking up consent forms, making classroom presentations)? _____ hrs/school

- a) Who will provide the program coordination? _____
- b) Who will provide the classroom presentation? _____

Attachment #1, Part 1-A, continued

Agency _____ Program Number _____

4. Estimate the number of children to receive sealants and time necessary for sealant placement during the grant period.

	# of Children Enrolled in Target Grades (2+6) in 2007	# of Children Screened in Target Grades (2,6) in 2006	Sealant Rate =	Estimated # To Receive Sealants				
Target Grades (2+6)			x .42*					
Follow-up Grades (3+7)			x .36*					
TOTAL (Target +Follow-up)					/ 15*			
<u>Estimated Total # of Children to Receive Sealants</u>					/ Children sealed per day	= # of Days to / Apply Sealants	# of Days per Typical Week for Sealant Application	= # of Weeks for Sealant Application

*The constants in the equation are based on experience with school-based sealant programs. The applicant may change the constants given, but must justify the changes (add additional pages if necessary).

5. Approximately how many hours/day will be utilized for sealant placement (not travel, clean-up etc.)? _____ hrs/day

a.) Will four-handed sealant application technique be used? _____ Yes _____ No

b.) If yes, how many full-time equivalent (FTE) team(s) will be needed?

(1 FTE Team = 1 Operator + 1 DA, 5 full school days/week): _____ FTE

6. Who will apply sealants? (Check all that apply)

____ Dental hygienists

____ Dentists

____ Expanded function dental auxiliaries (EFDA)

____ Dental students

____ Dental hygiene students

**Attachment #1
COST PROJECTION REPORT
Part 1-B**

GRANT APPLICATION WILL NOT BE CONSIDERED WITHOUT THIS FORM

Agency _____ Program Number _____

1. Compute estimated Medicaid income below.

	X	15% *	=		X	\$88.00	=	
<u>Estimated total # of children to receive sealants</u> (Part 1-A, Item 4)		Estimated percentage of children eligible for Medicaid		Estimated # of Medicaid-eligible children to receive sealants		Estimated reimbursement for each Medicaid eligible child (\$22/tooth)		Estimated Medicaid Income

*The constant in the equation is based on experience with school-based sealant programs. The applicant may change the constant given, but must justify the change.

2. Has your agency made efforts to leverage ODH dollars with funds and resources from other sources? ____ Yes ____ No
a) If yes, describe the efforts and the outcomes. **Attach documentation of other funding commitments to the program.**

Attachment #1, Part 1-B, continued

Agency _____ Program Number _____

3. What is your estimated Total Program Resources?

SOURCE	AMOUNT
ODH Grant Funds Requested	\$
Estimated Medicaid Income (Part 1-B, Item 1)	\$
Applicant Share (Local Appropriations, Gifts and Contributions)	\$
Other (specify)	\$
Total Program Resources	\$

4. Compute the estimated cost per child screened:

$$\frac{\text{Total Program Resources (Part 1-B, Item 3)}}{\text{Estimated total \# of children to be screened (Part 1-A, Item 2)}} = \text{Cost/Child screened}$$

5. Compute the estimated cost per child to receive sealants:

$$\frac{\text{Total Program Resources (Part 1-B, Item 3)}}{\text{Estimated total \# of children to receive sealants (Part 1-A, Item 4)}} = \text{Cost/Child to receive sealants}$$

6. What percentage of the funds from this grant will go toward:

- _____ % Sealant placement
- _____ % Education
- _____ % Administration

Attachment #1
DENTAL SEALANT METHODOLOGY SUPPLEMENT
Part 1-C

GRANT APPLICATION WILL NOT BE CONSIDERED WITHOUT THIS FORM

Agency _____ Program Number _____

ACTIVITIES	STAFF PERSON RESPONSIBLE	TIMETABLE
Describe the process.	Indicate person responsible for each activity	Include specific beginning and ending dates for each
Example 1. Train Personnel (infection control, assembly and use of equipment) 2. Schedule Schools 3. Obtain Parental Consent 4.	1. Program Coordinator (RDH) 2. Program Coordinator (RDH) 3. RDH or DA 4.	1. Mid August (2 days) 2. August 3. Beginning in September each month we will do three schools 4.

(This form may be copied as needed)

Number of additional pages attached _____

Attachment #1
QUALITY ASSURANCE REPORT
Part 1-D

GRANT APPLICATION WILL NOT BE CONSIDERED WITHOUT THIS FORM

Agency _____ Program Number _____

1. The Occupational Safety and Health Administration (OSHA) requires that dental staff receive infection control training annually.
 - a) Who will provide the training? _____
 - b) Date of the training? _____
 - c) Will your staff be provided with written protocol for infection control? Yes No

2. Will your program operate in accordance with the Dental Practice Act: Ohio Revised Code Chapter 4715 (laws), and Ohio Administrative Code Chapter 4715 (rules)? Yes No

3. Will your program comply with ODH quality assurance activities and ODH data collection/reporting mechanisms implemented during the funding period?
 Yes No

4. a) Is your program latex-free (e.g., do not use latex gloves)? Yes (If yes, go to question #4.) No
b) Does the program identify latex sensitive students and make appropriate adjustments? Yes No

5. Will your program comply with all laws and rules that apply to the practice of dentistry/dental hygiene as they relate to school-based sealant programs? Yes No

Attachment #1, Part 1-D, continued

Agency _____ Program Number _____

6. a) Will short-term sealant retention be checked? Yes No
b) Under what conditions will short term retention be checked?
1) when there is new sealant staff
2) when there is a change in sealant placement technique
3) when there is a change in the type of sealant material used
4) low long term retention rate reported
5) short term retention will be routinely checked each quarter for each sealant team.
Short term retention checked:
c) By whom? _____
d) How long after sealant placement? _____
e) How many of the schools will be checked? _____
f) If there is more than one sealant team, will retention be checked for each team? Yes No
g) What is your short-term complete retention objective? _____ %

7. Will long-term retention be checked? Yes No
a) If yes, by whom? _____
b) How long after sealant placement? _____
c) What grades will be checked? _____
d) What is your long-term complete retention rate objective? _____ %

Attachment #1, Part 1-D, continued

Agency _____ Program Number _____

8. What does the dental sealant program do to notify families and appropriate school personnel about children in need of dental treatment?

9. Who will be responsible for follow-up, to see if students receive necessary dental treatment?

10. What assistance is provided for families without a dentist or without means to pay for dental treatment?

(This form may be copied as needed)
Number of additional pages attached _____)

