



# OHIO DEPARTMENT OF HEALTH

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Columbus, Ohio 43215

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Ted Strickland/Governor

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

**Date:** August 13, 2010

**To:** Prospective Dental Sealant Program Applicants

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

**Subject:** **Notice of Availability of Funds**

**Competitive Grant Applications for Calendar Year 2011  
Dental Sealant Program (1/1/2011 to 12/31/2013)**

The Ohio Department of Health (ODH), Division of Family and Community Health Services, Bureau of Community Health Services, Oral Health Section 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 18, 2010 for the funding period January 1, 2011 through December 31, 2011. 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. However, 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. These programs target children at highest risk for developing dental caries and with the poorest access to dental care by going to schools in which 40% or more of the enrolled students are eligible for the Free and Reduced Price Meal Program. Currently 497 of the 1204 eligible schools are served by sealant programs in Ohio. The goal of the ODH is to expand existing sealant programs and to start new sealant programs in

areas where significant numbers of eligible schools are, so that as many eligible schools as possible can be served through this program. Please refer to Section I.C. and I.T., Program Specific Criteria, page 7, of the RFP for more information.

All interested parties must submit a Notice of Intent to Apply for Funding (NOIAF) form, no later than Monday, September 20, 2010 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 organization<sup>i</sup>. 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. If you have questions or need assistance in completing this grant application, every effort should be made to attend this session. Registration information is available by contacting Janet Pierson.

Please contact Janet Pierson, RDH, BS, School-based Oral Health Program Coordinator, by e-mail at [Janet.Pierson@odh.ohio.gov](mailto: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, 4<sup>th</sup> Floor  
246 N. High Street  
Columbus, OH 43215**

<sup>i</sup> 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.

# NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health  
Division of Family and Community Health Services

**Bureau of Community Health Services, Oral Health Section  
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  
School-based Oral Health Program Coordinator  
Bureau of Community Health Services, Oral Health Section  
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 COMMUNITY HEALTH SERVICES**

#### **DENTAL SEALANT PROGRAM REQUEST FOR PROPOSALS (RFP) FOR FISCAL YEAR 2011 (01/01/11 – 12/31/11)**

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

**COMPETITIVE GRANT APPLICATION INFORMATION**

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## I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (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 the ODH grants is governed by the ODH Grants Administration Policies and Procedures (GAPP) Manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all subgrantee applications. The GAPP Manual is available on the ODH Website <http://www.odh.ohio.gov>. (Click on “Funding Opportunities” [located under At a Glance]; click on “ODH Grants” and then click on “GAPP Manual.”)
- B. **Application Name:** Dental Sealant Program
- C. **Purpose:** The primary purpose of the Dental Sealant Program is to prevent dental caries among Ohio schoolchildren through an evidence-based community approach. Based on an analysis of high-risk schools, the Ohio Department of Health has developed a strategic plan for maximizing the prevalence of dental sealants among high-risk children by supporting school-based dental sealant programs that efficiently apply high quality dental sealants. The ODH plan targets higher-risk schools in order to reach higher-risk children. Consistent with the ODH strategic plan, grant funds may be requested to establish new school-based sealant programs and to maintain or expand existing programs. Existing programs, however, may not use these funds to substitute for current budgetary resources. These Ohio Department of Health, Bureau of Community Health Services grant funds are intended to leverage other program resources to provide services. In addition to this primary purpose, agencies operating dental sealant programs are expected to make significant effort to accomplish secondary purposes of increasing enrollment in Medicaid and linking children to sources of dental care with the potential to become dental homes.
- D. **Qualified Applicants:** All applicants must be a local public or non-profit agency, Applicant agencies must attend or document in writing prior attendance at Grants Management Information System 2.0 (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). Applicants with previous ODH Dental Sealant Grants must have demonstrated acceptable performance standards during the previous grant period.
- 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 \$748,000 to \$1,098,000 is available to be awarded to approximately 15 to 20 dental sealant programs. Funding is for continuation and/or expansion of existing school-based dental sealant programs and start-up of new programs that will serve a significant number of high-risk school children in eligible schools (according to a list provided by ODH). The number of grant awards will be determined by available funding and the details of the highest scoring applications (e.g., size of geographic area to be served, number and enrollment of schools, program efficiency).

*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 4:00 pm **Monday, October 18, 2010**. 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, School-based Oral Health Program Coordinator at 614-466-4180 or by e-mail at [janet.pierson@odh.ohio.gov](mailto:janet.pierson@odh.ohio.gov) with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 1 and the *Catalog of Federal Domestic Assistance (CFDA)* Numbers 93.994.

- I. Goals:** The goal of the Ohio Department of Health Dental Sealant Program is to support programs that efficiently apply high quality sealants to the teeth of higher-risk children.

- J. Program Period and Budget Period:** The program period will begin January 1, 2011 and end on 12/31/2013. The budget period for this application is January 1, 2011 through December 31, 2011.

- K. Local Health Districts Improvement Standards:** This grant program will address Local Health Districts Improvement Goal: “Promote Healthy Lifestyles,” Standard 3701-36-07-03 – “Prevention, health promotion, early intervention, and outreach services provided directly.” The Local Health District Improvement Standards are available on the ODH Website <http://www.odh.ohio.gov>. (Click on “Local Health Departments” 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:
  - a) The Local Health District Improvement Standard(s) to be addressed by grant activities:
    - A description of the demographic characteristics (e.g., age, race, gender, ethnicity) of the target population and the geographical area in which they live (e.g. census tracts, census blocks, block groups);
    - A summary of the services to be provided or activities to be conducted; and,
    - 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. **(Required for competitive cycle only; not required for continuation cycle, if unchanged).**

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. **(Required for competitive cycle only; not required for continuation cycle, if unchanged).**

#### **M. Statement of Intent to Pursue Health Equity Strategies**

The ODH is committed to the elimination of health inequities. All applicant agencies must submit a statement which outlines the intent of this application to address health disparities. This statement should not exceed 1 ½ pages and must: (1) explain the extent in which health disparities are manifested within the health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) focus of this application; (2) identify specific group(s) who experience a disproportionate burden for the disease or health condition addressed by this application; and (3) identify specific social and environmental conditions which lead to health disparities (social determinants). This statement must be supported by data. The following section will provide a basic framework and links to information to understand health equity concepts. This information will also help in the preparation of this statement as well as respond to

other portions of this application. **(Required for competitive cycle only; not required for continuation cycle, if unchanged).**

**NOTE:** The Ohio Department of Health has determined and extensively documented that the primary social determinant of disparity for dental disease among Ohio children is family income. Because the targeting approach required by ODH for the Dental Sealant Program (percent of children eligible for Free and Reduced Price Meal Program), for which eligibility is income-determined) and ODH's determination that its school-based targeting criterion effectively reaches higher-risk children, applicants must only state their intent to comply with the ODH targeting requirements to comply with this section.

- *Basic Health Equity Concepts:*

Certain groups in Ohio experience a disproportionate burden with regard to the incidence, prevalence and mortality of certain diseases or health conditions. These are commonly referred to as health disparities. Health disparities are not mutually exclusive to one disease or health condition and are measurable through the use of various public health data. Most health disparities affect groups marginalized because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. People in such groups also tend to have less access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as social determinants. Social determinants are necessary to support optimal health. The systematic and unjust distribution of social determinants among these groups is referred to as health inequities. As long as health inequities persist, marginalized groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as health equity. Public health interventions that incorporate social determinants into the planning and implementation of programs will contribute to the elimination of health disparities. For more resources on health equity, please visit the ODH website at:

<http://www.healthyohioprogram.org/healthequity/equity.aspx>.

- N. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **In view of this, the subgrantee agency must be prepared to cover the costs of operating the program in the event of a delay in grant payments.**
- O. Programmatic, Technical Assistance and Authorization for Internet Submission:** Initial authorization for Internet submission will be distributed at your GMIS 2.0 Training Session (new agencies). 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](mailto:Janet.Pierson@odh.ohio.gov) about questions regarding this RFP.

Applicant must attend or must document, in writing, prior attendance at 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.

- P. Acknowledgment:** An 'Application Submitted' status will appear in GMIS 2.0 that acknowledges ODH system receipt of the application submission.
- Q. 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 **Monday, October 18, 2010**.

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.**

- R. 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.
- S. 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.
- T. 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 ODH, considering the anticipated results;

6. Indicates 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. Is responsive to the special concerns and program priorities specified in the request for proposal;
9. **Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;**
10. **Has demonstrated compliance to Grants Administration Policy and Procedures (GAPP), Chapter 100; and**
11. **Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases or health condition(s) and explains the root causes of health disparities.**

**--Dental Sealant Program Targeting Criteria**

To ensure that the Ohio Department of Health Dental Sealant Program targets higher-risk children [Medicaid consumers, Free and Reduced Price Meal Program participants, uninsured with no recent dental visit], the following criterion must be used to determine eligibility:

- Free and Reduced Price Meal Program (FRPMP) eligibility at a school is **40%** or more of the children enrolled (2009-10).

A listing of schools that are eligible for the FRPMP will be e-mailed upon receipt of the Notice of Intent to Apply for Funding. These data are to be used to complete Attachment #1. **The completed Attachment #1 must be submitted via GMIS 2.0 as a component of the grant application.**

**--Program Specific Criteria**

Applications must document commitments to maximizing the reach and impact of the dental sealant program and to efficiency and the assurance of clinical quality. The ODH encourages all applicants to include as many eligible schools as possible in its application. Approximately 40 percent of children served by previously funded sealant programs were found to be Medicaid consumers. Programs must maximize the extent to which ODH funds are leveraged (e.g., by Medicaid dollars) in order to serve more children.

ODH gives significant consideration to past performance (e.g., meeting or exceeding targets and benchmarks provided by ODH) in its review of applications submitted by previously funded agencies.

The proposal must:

1. Describe a program that is school-based, using portable dental equipment and employing one or more dental hygienists with appropriate support for sealant application and have adequate staff for scheduling and making logistical arrangements with schools, including those for tooth assessment by a dentist.
2. Describe how families and appropriate school personnel will be effectively notified about specific children in need of dental treatment and encouraged to obtain needed care.
3. Target only schools identified as eligible by ODH (according to the list provided by ODH upon receipt of the Notice of Intent to Apply for Funding) or for which official documentation of a school meeting the ODH eligibility criteria, contrary to the ODH list, is included with the application. ODH will review and approve schools in the applications and may revise an applicant's list of targeted schools during the review and approval process.
4. Comply with the requirements (policies, procedures, standards, targets and benchmarks) of this request for proposals and those specified in the ODH [School-based Dental Sealant Program Manual](#) available on the ODH Web site. Furthermore, applicants must document their commitment to comply with the manual, including participation in all ODH quality assurance-related activities, by completing Attachment #2: Verification of reading and compliance with the ODH School-based Dental Sealant Program Manual.
5. Assure completion of training developed by ODH. Specifically, current subgrantees must submit documentation with their application (see Attachment #1, Part 1-C: Distance Learning Report) that appropriate dental sealant program staff (screening dentists, dental hygienists and dental assistants) have completed the on-line dental sealant program training developed by ODH. The training is available at <http://www.ohiodentalclinics.com/curricula/sealant/index.html>. Free continuing education credit will be provided for successful completion of this training. Applicants that did not have an ODH Dental Sealant subgrant in 2010 will be provided detailed instructions for completing this requirement following receipt of their Notice of Award and must document their commitment that all sealant program staff will have completed the curriculum prior to implementing the program.
6. Document commitment of schools to participate. Either previous participation in the program or, for schools that did not participate in 2010, letters of commitment from school administrators.
7. Describe how the program will make a concerted effort to identify all children receiving sealants who are Medicaid consumers and will bill Medicaid or the appropriate Medicaid Managed Care Plan for all dental sealants provided to their covered members. In addition, the application must document the program's commitment to providing families with information

about applying for Medicaid and how to get assistance in making application. The funds collected from these billings must be used to support the dental sealant program. Proposed Medicaid income must be included in the Budget Narrative and in Attachment #1. Do not show Medicaid income in the GMIS 2.0 budget.

8. Accurate information about all sources of revenue and expenses must be reflected on the Budget Planning Worksheets (Attachment #1, Part D).

**IMPORTANT:** Grant applications will not be considered without the Year 2011 Dental Sealant Program Information Reports in Attachment #1. **NOTE: This required form must be completed and submitted via GMIS 2.0 attachment by the application due date.**

Part 1-A: Dental Sealant Methodology Supplement

Part 1-B: Quality Assurance Report

Part 1-C: Distance Learning Report

Part 1-D: Budget Planning Worksheets (includes Target Grades, Follow-up Grades, Time and Cost Estimates, Sources of Revenue, Cost per Child and Overall Budget)

***Please note:*** An electronic version of this form will be emailed to applicant agencies upon receipt of their Notice of Intent to Apply. Complete and submit the electronic version of this form, not the example provided in this RFP.

Further details of how proposals will be evaluated are provided in Appendix A, Review Criteria.

The ODH 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.**

- U. 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.
- V. 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 ODH. All material(s) must clearly state:

Funded by Ohio Department of Health/Federal Government  
Bureau of Community Health Services  
Dental Sealant Program

- W. Reporting Requirements:** Successful applicants are required to submit subgrantee program and expenditure reports. Reports must adhere to the ODH, 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 agency flexibility status and/or further payments.**

Reports shall be submitted as follows:

- 1. Program Reports:** Subgrantee Program Reports **must** be completed and submitted **via the Subgrantee Performance Evaluation System (SPES)** by the following dates: July 15, 2011 and January 15, 2012. Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. Electronic report forms will be provided to funded agencies following release of the Notices of Approval for funding. **Program Reports that do not include required attachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

*Submission of Subgrantee Program Reports via the ODH's SPES indicates acceptance of the ODH GAPP.*

Budget Reporting Worksheets will be provided to subgrantees electronically for reporting actual revenues, program expenditures and progress toward meeting program benchmarks (refer to School-Based [Dental Sealant Program Manual](#)). These year-end reports must be completed and submitted to Janet Pierson by February 15, 2012.

- 2. Subgrantee Program Expenditure Reports:** Subgrantee Program Expenditure Reports **must** be completed and submitted **via GMIS 2.0** by the following dates: April 15, 2011, July 15, 2011, October 15, 2011 and January 15, 2012.

*Submission of Subgrantee Program Expenditure Reports via the ODH's GMIS 2.0 system indicates acceptance of ODH GAPP. Clicking the "Approve" 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 Expenditure Reports:** A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS 2.0** by 4:00 P.M. on or before February 15, 2012. 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 an invoice to return unused funds.

*Submission of the Subgrantee Final Expenditure Report via the GMIS 2.0 system indicates acceptance of ODH GAPP. Clicking the "Approve" button signifies authorization of the submission by an agency official and constitutes 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 GMIS 2.0 as part of the Subgrantee Final Expenditure 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. **An Equipment Inventory Form (Attachment #3) provided by the Oral Health Section, must be submitted as a GMIS 2.0 attachment by February 15, 2012.**
- X. 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 ODH's GMIS 2.0 system indicates acceptance of ODH GAPP. Checking the "selection" box and clicking the "approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.*

- Y. 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 fees 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://obm.ohio.gov/MiscPages/Publish/TravelPolicy.aspx>
17. 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; and
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 and/or recovery of those funds.**

- Z. Audit:** *Subgrantees currently receiving funding from the ODH 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 form (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.*

Subgrantees that have an agency fiscal year that ends on or after January 1, 2004 (and expend \$500,000 or more in federal awards per 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 an 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.*

**Subgrantee audit reports** (finalized and published, and including the audit

Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious findings, must include a cover letter which:**

- Lists and highlights the applicable findings;
- Discloses the potential connection or effect (direct or indirect) of the findings on sub-grants passed-through the ODH;
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

**AA. Submission of Application:**

The GMIS 2.0 application submission must consist of the following:

<b>Complete &amp; Submit Via Internet</b>
---

1. Application Information
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. Attachments as required by Program
  - Attachment #1:
    - Part 1-A: Dental Sealant Methodology Supplement
    - Part 1-B: Quality Assurance Report
    - Part 1-C: Distance Learning Report
    - Part 1-D: Budget Planning Worksheets (includes: Target Grades, Follow-up Grades, Time and Cost Estimates, Sources of Revenue, Cost per Child and Overall Budget)
  - Attachment #2: Verification Form (staff have read and will comply with requirements of the ODH S-BSP Dental Sealant Program Manual)
  - Position Descriptions
  - Documentation of current licensure, required for dentists and dental hygienists working in the program
  - Letters of Support from schools that are not already participating in the dental sealant program.

An original and one copy of the following forms, available on GMIS 2.0, must be completed, printed, signed in blue ink with original signature by the Agency Head or Agency Financial Head and mailed to the address listed below:

**Complete,  
Sign &  
Mail To  
ODH**

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 when tax identification number or agency address information has 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).**)
  - c. Change request in writing on Agency letterhead (**Existing Agency with tax identification number, name and/or address change(s).**)

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

**Copy &  
Mail To  
ODH**

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. Statement of Intent to Pursue Health Equity Strategies (**for competitive cycle only; not required for continuation cycle, if unchanged**)
4. Liability Coverage (**Non-Profit Organizations only; proof of current liability coverage and thereafter at each renewal period**)
5. Evidence of Non-Profit Status (**Non-Profit Organizations only; for competitive cycle only; for continuation, only if changed**).

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

**Complete  
Copy &  
Mail To  
ODH**

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 copies of **Attachments** (non-Internet compatible) as required by program: NONE

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

## II. APPLICATION REQUIREMENTS AND FORMAT

Access to the on-line GMIS 2.0, will be provided after GMIS 2.0 training for those agencies requiring training. All others will receive access after the 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 ODH's GMIS 2.0 system indicates acceptance of ODH GAPP. Submission of the Application signifies authorization by an agency official and constitutes 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. 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 11-12 of the RFP for unallowable costs.

Match or Applicant Share is not required by this program. Do not include match or Applicant Share in the GMIS 2.0 budget and/or the Applicant Share column of the Budget Summary. Identify additional funding sources, such as Medicaid, in the budget narrative and Budget Planning Worksheets (Attachment #1, Part 1-D). Do not show Medicaid income in the GMIS 2.0 budget.

- 1. **Primary Reason and Justification Pages:** Provide a detailed budget justification narrative 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 the Compliance Section D (9) of the application for additional information.
- 2. **Personnel, Other Direct Costs, Equipment and Contracts):** Submit a budget with these sections and form(s) completed as necessary to support costs for the period January 1, 2011 to December 31, 2011.

Funds may be used to support personnel, their training, travel (see OBM Web site <http://obm.ohio.gov/MiscPages/Publish/TravelPolicy.aspx>) and supplies directly related to planning, organizing and conducting the Initiative/program activity described in this announcement.

When 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 ODH’s GMIS 2.0 system indicates acceptance of ODH GAPP. Clicking the “Approve” button signifies authorization of the submission by an agency official and constitutes electronic acknowledgement and acceptance of GAPP rules and regulations. CCAs cannot be submitted until after the 1<sup>st</sup> quarter grant payment has been issued.*

Where appropriate, itemize all equipment (**minimum \$300 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 and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete and balance this section will cause delays in receipt of grant funds.
- C. Assurances Certification:** Each subgrantee must submit the Assurances (Federal and State Assurances for Subgrantees) form. This form is submitted as a part of each application via GMIS 2.0. 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. Review the form and then press the “Complete” button. By submission of an application, the subgrantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- D. Project Narrative:**
- 1. Executive Summary:** Describe the general approach to reach and serve the target population and what agency or agencies will provide those services. Specify the total program budget and the portion requested from ODH through this grant. Describe any accomplishments for this program, to date (current budget year, 2010), that are not reflected in the quarterly program reports. Clearly include the reasons for less-than-expected progress toward accomplishing planned activities or achieving 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 (Attachment #1, Part 1-D):
    - the number of school districts and schools to be served
    - the number of children to be screened

- the number of children to receive sealants
- the estimated Medicaid income
- the cost per child to be screened
- the cost per child to receive sealants

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

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

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. The specific **health status concerns that the program intends to address may be stated in terms** of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population.

**Explicitly describe segments of the target population who experience a disproportionate burden of the local health status concern** (this information must correlate with the Statement of Intent to Pursue Health Equity Strategies.)

Include a description of other agencies/organizations also addressing this problem/need.

**4. Methodology:** In narrative form, identify the program objectives as **Specific, Measureable, Attainable, Results-oriented & Time-Phased (SMART)** *The following SMART objectives pertain to all ODH Dental Sealant Subgrantees and must be submitted as the SMART objectives the subgrantee will be working toward accomplishing* (insert appropriate numbers specific to your program):

- a) Program will screen (percent) of the children enrolled in target grades by December 31, 2011.
- b) Program will provide sealants to (number) children in target grades (2<sup>nd</sup> and 6<sup>th</sup>) by December 31, 2011.
- c) Program will provide sealants to (number) children in follow-up grades (3<sup>rd</sup> and 7<sup>th</sup>) by December 31, 2011.

Indicate how the objectives 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 using Attachment #1, Part 1-A. If any eligible grade level at a school is not being served in either target or follow-up grades, identify the grade level and provide the rationale. As necessary, **describe how program activities will address health disparities beyond those addressed by the ODH-required targeting approach.**

- 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 the application due date. 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 by 4:00 P.M. on or before Monday, October 18, 2010. All attachments must clearly identify the authorized program name and program number. A minimum of an original and one copy of non-Internet attachments are required.
- 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 copy. **(Required only if new agency, thereafter only when banking information has changed.)**
- H. **Internal Revenue Service (IRS) W-9 and Vendor Forms:** 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 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).)**
  - 3. **Change request in writing on Agency letterhead (Existing Agency with tax identification number, name and/or address change(s).)**

Print in PDF format and mail to ODH, 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 copy of each.

- I. Public Health Impact Statement Summary:** Submit two 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 & Intent to Pursue Health Equity Statements:** Submit two copies of the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the Local Health Districts Improvement Standards and Intent to Pursue Health Equity Statements. 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 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 copies of the Internal Revenue Services (IRS) letter approving 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 non-governmental 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 Department of Public Safety /Ohio Homeland Security website:
- <http://www.publicsafety.ohio.gov/links/HLS0038.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. Attachments as Required by Program:**
1. Attachment #1, Part 1-A: Dental Sealant Methodology Supplement
  2. Attachment #1, Part 1-B: Quality Assurance Report
  3. Attachment #1, Part 1-C: Distance Learning Report
  4. Attachment #1, Part 1-D: Budget Planning Worksheets (includes Target Grades, Follow-up Grades, Time and Cost Estimates, Sources of Revenue, Cost per Child and Overall Budget)

5. Attachment #2: School-based Dental Sealant Manual Verification
6. Attachment #3: (*due February 15, 2012*) ODH Dental Sealant Subgrantee 2011 Equipment Inventory

The applicant must submit (via GMIS 2.0 attachment) OR mail an original and one (1) collated copy of the following to ODH by the filing due date:

1. Biographical Sketches/Resumes/Curricula Vitae
2. Position descriptions
3. Letters of commitment: Include letters from schools which indicate their commitment of full cooperation with the program. (**only for schools not approved for the FY 2010 application**)

### **III. APPENDICES**

- A. Application Review Form
- B. Reference Material
- C. Executive Summary Sample
- D. GMIS 2.0 Training Form

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

**YEAR 2011 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.**

**Part 1-A: Dental Sealant Methodology Supplement**

**Part 1-B: Quality Assurance Report**

**Part 1-C: Distance Learning Report**

**Part 1-D: Budget Planning Worksheets**

(includes tabs for: Target Grades, Follow-up Grades,  
Time and Cost Estimates, Sources of Revenue,  
Cost per Child and Overall Budget)

***Please note:*** An electronic version of these forms will be emailed to applicant agencies upon receipt of their Notice of Intent to Apply. Complete and submit the electronic version of the form, not the example provided in this RFP.

*Attachment #1*  
**DENTAL SEALANT METHODOLOGY SUPPLEMENT**  
**Part 1-A**

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
<b>Example</b> 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-B**

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. a) Will your program comply with the ODH Dental Sealant Program Manual, ODH quality assurance activities, and ODH data collection/reporting mechanisms implemented during the funding period?    \_\_\_\_Yes    \_\_\_\_No  
b) This program will adhere to all standards set by ODH.    \_\_\_\_Yes    \_\_\_\_No
  
4. Appropriate program staff will complete additional training that ODH requires, upon notification by ODH.    \_\_\_\_Yes    \_\_\_\_No
  
5. a) What is the name/manufacturer of the sealant material used by this program? \_\_\_\_\_  
b) Is it \_\_\_\_ auto-cure or \_\_\_\_ light cure?  
c) What is the name/manufacturer of the etchant used by this program? \_\_\_\_\_
  
6. Is your program latex-free?    \_\_\_\_Yes    \_\_\_\_No

**Attachment #1, Part 1-B, continued**

Agency \_\_\_\_\_ Program Number \_\_\_\_\_

7. a) Will short-term sealant retention be checked routinely for each quarter for each sealant team? \_\_\_\_\_ Yes \_\_\_\_\_ No  
b) If “No,” 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

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? \_\_\_\_\_ %
8. 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-B, continued**

Agency \_\_\_\_\_ Program Number \_\_\_\_\_

9. 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? \_\_\_\_\_

10. 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

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

\_\_\_\_ Dental hygienists

\_\_\_\_ Dentists

\_\_\_\_ Expanded function dental auxiliaries (EFDA)

\_\_\_\_ Dental students

\_\_\_\_ Dental hygiene students

**Attachment #1, Part 1-B, continued**

Agency \_\_\_\_\_ Program Number \_\_\_\_\_

12. 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.**

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

\_\_\_\_\_ % Sealant placement  
\_\_\_\_\_ % Education  
\_\_\_\_\_ % Administration

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

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

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**Attachment #1, Part 1-B, continued**

Agency\_\_\_\_\_ Program Number\_\_\_\_\_

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

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17. What efforts are made to identify children receiving sealants who have Medicaid coverage?

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18. What is the program doing to provide families with information about applying for Medicaid and how to get assistance in making the application?

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







**School Based Dental Sealant Program  
Time and Cost Estimates**

<b>Grantee Name:</b>	0
<b>Grantee ID Number:</b>	0

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

	# of Children		Screening Rate*	Estimated # of Children to Be Screened	Children Screened Per Hour*	Total Hours to Screen
	Enrolled in Target Grades (1+5) in 2009	Screened in Target Grades (2,6) in 2009				
<b>Target Grades (2+6)</b>	0		50%	0		
<b>Follow-up Grades (3+7)</b>		0	74%	0		
<b>TOTAL (Target + Follow-up):</b>					40	0

\*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).

**Justification:**

## School Based Dental Sealant Program Time and Cost Estimates

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

	# of Children		Sealant Rate*	Estimated # To Receive Sealants	Children Sealed Per Day	# Days to Apply Sealants	# Days per Typical Week for Sealant Application	# of Weeks for Sealant Application
	Enrolled in Target Grades (1+5) in 2009	Screened in Target Grades (2,6) x in 2009						
Target Grades (2+6)	0		42%	0				
Follow-up Grades (3+7)		0	38%	0				
<b>TOTAL (Target +Follow-up)</b>					15	0		#DIV/0!

\*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).

Justification:

**School Based Dental Sealant Program  
Sources of Revenue**

<b>Grantee Name:</b>	0
<b>Grantee ID Number:</b>	0

Compute estimated Medicaid income below.

Estimated # of children to receive sealants	Estimated percentage of children eligible for Medicaid* (Include both Fee-For-Service and Managed Care)	Estimated # of Medicaid-eligible children to receive sealants (Include both Fee-For-Service and Managed Care)	Estimated reimbursement for each Medicaid eligible child (\$22/tooth)	Estimated Medicaid Income
0	30%	0	\$88.00	\$0.00

\*The constant in the equation is based on experience with school-based sealant programs. The applicant may increase the constant given, but may not decrease it.

Revenue Source	Amount
ODH Grant Funds Requested	
Estimated Medicaid Income	\$0.00
Estimated Private Insurance Income	\$0.00
Agency Funds	
Other (other grants, gifts, contributions) (please specify below)	
<b>Total Program Resources</b>	<b>\$0.00</b>

School Based Dental Sealant Program  
Cost Per Child

<b>Grantee Name:</b>	0
<b>Grantee ID Number:</b>	0

Estimated cost per child screened:

Total Program Resources	Estimated Total Number to be Screened	Cost Per Child Screened
\$0	0	#DIV/0!

Estimated cost per child sealed:

Total Program Resources	Estimated Total Number to be Sealed	Cost Per Child Sealed
\$0	0	#DIV/0!

**School-Based Dental Sealant Program  
Budget Planning Worksheet**

<b>Grantee Name:</b>	0
<b>Grantee ID Number:</b>	0

Target Number of Children to Receive Sealants	0
---	---

**Annual Total**

<b>Expenses</b>				
	Hours per Week	Weeks per Year	Hourly Rate	
<b>Personnel (Salary, non-contract)</b>				
RDH 1			\$0.00	\$0.00
RDH 2			\$0.00	\$0.00
RDH 3			\$0.00	\$0.00
Dental Assistant 1			\$0.00	\$0.00
Dental Assistant 2			\$0.00	\$0.00
Dental Assistant 3			\$0.00	\$0.00
Sealant Coordinator (if applicable)			\$0.00	\$0.00
Other Administration (please specify below)				\$0.00
			\$0.00	\$0.00
			\$0.00	\$0.00
			\$0.00	\$0.00
DDS (if salaried)			\$0.00	\$0.00
Fringe Benefits		<b>Percentage=</b>	0.0%	\$0.00
<b>Personnel Total</b>				\$0.00
<b>Contracts (please specify below)</b>				
			<b>Total:</b>	\$0.00
			\$0.00	\$0.00
			\$0.00	\$0.00
			\$0.00	\$0.00
			\$0.00	\$0.00
<b>Other Direct Costs</b>				
Clinical Supplies				\$0.00
Mileage	Reimbursement Rate per mile		\$0.00	\$0.00
	Number of Miles		0	
Support Costs (office supplies, postage, phone, copying, etc)				\$0.00
Insurance				\$0.00
Staff Training/ CE				\$0.00
Medicaid Billing Costs (if not included in personnel)				\$0.00
Maintenance (for equipment)				\$0.00
<b>Equipment (over \$300 per item, please specify below)</b>				
				\$0.00
				\$0.00

School-Based Dental Sealant Program  
Budget Planning Worksheet

Other (please specify below)		

<b>Revenues</b>				
	Percent of Children To Be Sealed	Number of Children To Be Sealed	Estimated Dollars per Child To Be	
Medicaid (Fee-for-Service and Managed Care)	30.0%	0	\$88.00	\$0.00
Private Insurance/Other 3rd Party	0.0%	0	\$0.00	\$0.00
Local Agency Funds				\$0.00
ODH Grant Funds				\$0.00
Other (please specify)				\$0.00
				\$0.00
				\$0.00

Total Expenses		\$0.00
Total Revenues		\$0.00
<b>Bottom Line</b>		<b>\$0.00</b>



**Ohio Department of Health  
Bureau of Oral Health Services  
SCHOOL-BASED DENTAL SEALANT MANUAL**

**VERIFICATION for**

**Dental Sealant Program**

\_\_\_\_\_ (name of subgrantee agency)

Subgrantees must adhere to the requirements in the ODH/BOHS [School-based Dental Sealant Program Manual](#), available on the ODH Web site.

Subgrantees must submit documentation (multiple forms may be used) via GMIS 2.0 attachment with the 2011 grant application documenting that dental sealant program staff, including dentists, dental hygienists and dental assistants, have read the manual. Documentation for new staff must be submitted when changes in staff occur. Originals should be kept on file by the subgrantee.

**I/We, the undersigned, verify that I/we have read and will comply with the requirements in the ODH/BOHS School-based Dental Sealant Program Manual.**

Name (please print): \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_



APPENDIX A  
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 OHS eligibility criteria)
2. Assurance that all schools will be served during the year
2. Number of children served (number screened, number to receive sealants)

**C. Program has well-developed plan for accomplishing objectives**

1. Includes specific measurable 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. The required Budget Planning Worksheets are completed.
3. Budget is appropriate for completing the proposed plan.
4. Budget elements are consistent with other information in application (e.g., staff time budgeted is consistent with amount of time needed to accomplish objectives).
5. Cost/child for dental screenings and for students to receive dental sealants is reasonable.
6. Program proposal does not supplant existing funds (excluding current ODH dental sealant program funding).
7. Extent to which program documents a commitment and a plan for appropriately maximizing Medicaid reimbursement for which it is eligible

**F. Evidence of commitment and support**

1. Letters from school districts commit full cooperation (if new for 2011)
2. Letters of support from community agencies and partners in this grant program

**G. Evidence of commitment to program quality**

1. Program will operate in accordance with OSHA, OSDB requirements
2. Adequate quality assurance mechanisms are in place
3. Documentation that staff have read and agree to comply with requirements as explained in the School-based Dental Sealant Program Manual
4. Documentation that the dental team (including screening dentists) for the sealant program has successfully completed the Dental Sealant distance learning modules

APPENDIX B  
**REFERENCE MATERIAL**

**Reference Material**

- A. Free/Reduced Price Meal Program Participation for Ohio Schools (as of 2008– 2009) and School enrollment data by building, by grade (2009-10) will be e-mailed upon receipt of the Notice of Intent to Apply for Funding.
  
- B. Valuable Reference Material available on the Web:  
Ohio Department of Health, Bureau of Oral Health Services School-based Dental Sealant Program Manual, available at <http://www.odh.ohio.gov/odhPrograms/ohs/oral/oralfeatures/dentsealants.aspx>  
and  
*Seal America: The Prevention Invention*, 2<sup>nd</sup> edition,  
available at [www.mchoralhealth.org/seal/contents.html](http://www.mchoralhealth.org/seal/contents.html)

## APPENDIX C EXECUTIVE SUMMARY

The total project budget for currently served schools and expansion schools will be \$107,539, of which \$45,355 will come from the ODH Sealant Program grant and \$62,184 from Medicaid collections.

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 criteria of 40% or more enrollment in the Free and Reduced Price Meal Program (FRPMP). 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. 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 enrollment information will be supplied, as appropriate. Medicaid managed care will be billed for dental sealants, as appropriate, and pursued aggressively. 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). Staff have read the School-based Dental Sealant Program Manual and successfully completed the dental sealant distance learning course (documentation being submitted with this application). The project will comply with all applicable federal, state, and local codes related to the provision of dental care. The equipment inventory will be submitted by 2/15/2012.

The 2010 program is operating as described above and plans to continue operating in this manner in 2011, with the following changes:

- Two additional eligible schools, Elm Street and Oak Avenue Elementary Schools, in the Forest Local School District (Pence Co.) will be served.
- Miller and Guthman Elementary Schools have closed and students will attend Meadow Lawn Elementary (opening Fall 2010). School construction/consolidation projects continue in the Roberts School District (Kaye County).

### Project Objectives:

1. 37 schools will be served in 5 school districts.
2. 2160 (60% of the 3600 enrolled) second and sixth grade students will be screened in target grades.
3. 1944 (90%) of those screened will receive sealants.
4. 1250 (78%) of 1600 third and seventh grade students who participated in 2010 will be screened for follow-up. 475 (38%) of these students who are screened will receive sealants.
5. Income from Medicaid and/or Medicaid managed care plans will be \$62,184.
6. The cost per child (target & follow-up) receiving sealants will be \$44.46.
7. The target for the one year retention rate is 98%.

The Dental Sealant Program addresses health disparities by requiring that targeted schools have a minimum of 40% of the enrollment participating in the Free and Reduced Price Meal Program and serves school children who are at high-risk for dental caries.

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.  
(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: 1<sup>st</sup> choice \_\_\_\_\_, 2<sup>nd</sup> choice \_\_\_\_\_, 3<sup>rd</sup> 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](mailto:gail.byers@odh.ohio.gov)      Fax: [614-752-9783](tel:614-752-9783)