

SUBGRANTEE AWARD APPROVAL NOTICE

Initial Submission	X
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To: Director of Health

From: Karen Hughes

Chief - Family

DIRECTORS APPROVAL
50659

Total Applicants Considered:	4	Program Title: DENTAL OPTIONS
Number of Projects Awarded:	4	Grant Year: 2012 Award Period: 7/1/2011 thru 6/30/2012

APPLICANTS TO BE FUNDED:						
COUNTY	CITY	PROJECT	AGENCY NAME	AMOUNT	ADJUSTMENT	AWARDED
Cuyahoga	Parma	01810011DO0512	Cuyahoga County Health Department	\$133,209.00	(\$25,700.00)	\$107,509.00
Franklin	Columbus	02560081DO0512	HandsOn Central Ohio	\$97,686.00	\$6,011.00	\$103,697.00
Hamilton	Cincinnati	03160061DO0512	Cincy Smiles Foundation	\$145,000.00	\$0.00	\$145,000.00
Lucas	Toledo	04860011DO0512	Dental Center of Northwest Ohio	\$62,823.27	\$0.00	\$62,823.27
			TOTAL AWARDS			\$419,029.27

SOURCE OF FUNDS SUPPORTING GRANT:	
FUND	DESCRIPTION
320	Maternal Child Health Block Grant
GRF	General Revenue
3920	Federal Public Health Programs

OVERALL ACTIVITIES COVERED BY FUNDS SOURCE:

The Dental OPTIONS (Ohio Partnership To Improve Oral health through access to Needed Services) Program is designed to assist local agencies in referring individuals to resources such as Medicaid and safety net dental care programs in their communities and when no local resources exist, to match qualified individuals with dentists participating in the Dental OPTIONS Program.

Grant funds are used to pay for referral coordinators (case managers) and costs related to them implementing the program (e.g., phone, printing, dental lab fees, etc.). Referral coordinators (RCs) receive applications from Ohioans who are uninsured and cannot afford to pay for dental care. The RCs review applications, refer applicants to Medicaid or local dental safety net programs, as appropriate and when there is no other source of care, matches the patient with a volunteer OPTIONS dentist in their community. The program is administered statewide via four regional subgrant programs. Approximately 900 dentists participate, discounting or donating over \$1M in dental care each year in their offices.

REVIEW CRITERIA USED FOR SELECTION:

Review Criteria: evaluations were based on the extent to which each proposal:

1. Describes specific objectives and activities consistent with the RFP guidance;
2. Estimates a reasonable cost to the Ohio Department of Health;
3. Demonstrates that program personnel are qualified by training and/or experience for their roles in the program;
4. Has demonstrated acceptable past performance and
5. Has demonstrated compliance to GAPP, Chapter 100.

REVIEW PROCESS:	Display Name
Internal	Carrie Farquhar
Internal	Mona Taylor
Internal	Denise Jacoby

APPLICANTS DENIED:						
COUNTY	CITY	PROJECT	AGENCY NAME	AMOUNT	ADJUSTMENT	AWARDED

REMARKS:

Additional source of federal funding:

TITLE OF PROJECT(OR PROGRAM): Grants to States to Support Oral Health Workforce Development Activities
 CFDA # 93.236
 BUDGET PERIOD: 09/01/2010 through 08/31/2011
 REPORTING/GRANT: DOH46P1/DOHF46P1F1

General Revenue payments will be made from Fund 416 and 511

