



**MEMORANDUM**

Date: August 1, 2012

To: Sub-grantee agencies

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

Subject: Sub-grantee Dental Sealant Program (1/1/2013 – 12/31/13 continuation)

The Ohio Department of Health (ODH), Division of Family and Community Health Services, Bureau of Community Health Services and Patient-Centered Primary Care announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., October 1, 2012. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System 2.0 (GMIS 2.0). For new staff requiring GMIS 2.0 access, you must successfully complete GMIS 2.0 training.

Any award made through this program is contingent upon the availability of funds for this purpose. The sub-grantee agency must be prepared to support the costs of operating the program until receipt of grant payments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (GAPP) Manual rules and any other program-specific requirements as outlined in the competitive Request for Proposal (RFP). Budget Period: January 1, 2013 through December 31, 2013; for total program period, January 1, 2011 through December 31, 2013. Reference the competitive RFP for more information. The competitive RFP for this grant program can be found on the ODH Web site <http://www.odh.ohio.gov/en/about/grants/grants.aspx>.

If you have questions, please contact Janet Pierson at 614-466-4180 or e-mail at

janet.pierson@odh.ohio.gov.

## CONTINUATION FUNDING APPLICATION GUIDANCE

The Continuation Funding Application consists of three parts: Program Progress Reports (if applicable), Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP manual rules and any other program-specific requirements as outlined in the competitive RFP. Budget Period: January 1, 2013 through December 31, 2013 for total program period, January 1, 2011 through December 31, 2013. Reference the competitive RFP for more information. The competitive RFP for this grant program can be found on the ODH Web site <http://www.odh.ohio.gov/en/about/grants/grants.aspx>.

**Number of Grants and Funds Available:** Maternal and Child Health Block Grant and HRSA funds support this sub-grant program (Catalog of Federal Domestic Assistance [CFDA] Number 93.236 and Number 93.994). A total of \$957,054 is available to be awarded to up to 18 dental sealant programs. Only those agencies currently funded under the ODH Dental Sealant Grant Program are eligible to apply. Funds support the continuation and/or expansion of existing programs that will serve high-risk elementary school children, in 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.*

## FORMATTING REQUIREMENTS FOR ATTACHMENTS

- Properly label each item of the application packet (ex. budget narrative, program narrative, etc.).
- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation and on 8 ½ x 11 paper.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

### I. PROGRAM UPDATES:

**Program Progress Report: 1) Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application.** The required Attachment #1: Year 2013 Dental Sealant Program Information Reports (Parts 1-A through 1-F) must be completed and submitted via GMIS 2.0 as a component of the

grant application. For a school to be eligible for the Dental Sealant Program, the Free and Reduced Price Meal Program (FRPMP) eligibility at a school must be 40% or more of the children enrolled. *A listing of schools that are eligible for the Free and Reduced Price Meal Program will be e-mailed to the current Dental Sealant Program subgrantee agencies. This data is to be used in completing Attachment #1. The grant application will not be considered without this form.*

**Please note:** *An electronic version of these forms will be e-mailed to applicant agencies. Complete and submit the electronic version of the form, not the example provided in this RFP.*

- a. Program Narrative:** Complete and submit a narrative statement (do not exceed , including the one-page Executive Summary, 3 pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the sub-grantee wishes to share for continuation funding. 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, 2012), 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., schools consolidated or closed, dental sealant program proposed expansion). Specify the program's objectives; at a minimum, these should include realistic estimates of (Attachment #1, Part D, Budget Planning Worksheets):
- 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
- b. Objectives and Work Plan:** Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and submit an updated work plan. Reference the competitive RFP for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed. (Attachment #1, Part 1-A: Dental Sealant Methodology Supplement).
- c. Health Disparity/Inequity Activities:** Complete and submit a short summary statement of how program activities over the last year addressed health disparities and/or health inequities based on the focus of your application. This should include: specific objectives to address disparities/inequities; a summary of data to support your statement; and future plans to address this issue. This information should also be reflected in past program

reports. Programs can state: “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 serve school children who are at high-risk for dental caries.”

**II. PROGRAM BUDGET:** Prior to completion of the budget section, reference the competitive RFP for unallowable costs and review criteria.

**a. Budget Narrative:**

Provide a detailed budget justification in a narrative that describes how categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including plans for out-of-state travel), supplies and training costs. If you have shared costs refer to GAPP Chapter 100, Section 103 and the Compliance Section D (9) of the original RFP for additional information. Please refer to the GMIS 2.0 bulletin board for attachment instructions.

For your convenience, a budget justification narrative example is available at <https://odhgateway.odh.ohio.gov/gmis/forms/AttachmentForm.aspx?id=77946>

Match or Applicant Share is not required by this program. Do not include match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative and Budget Planning Worksheets (Attachment 1, Part 1-D) may be used to identify additional funding information from other resources, e.g., Medicaid income.

**b. 2013 Budget via GMIS 2.0:** Complete requested budget information as follows:

- **Funding, Cash Needs and Justification Sections:** Enter information about the funding sources and forecasted cash needs for the program.
- **Personnel, Other Direct Costs, Equipment and Contracts Sections:** Submit a new budget completed as necessary to support costs for the period January 1, 2013 to December 31, 2013; funds may be used to support personnel, staff training, travel (see OBM Web site <http://obm.ohio.gov/MiscPages/TravelRule>), and supplies directly related to planning, organizing and conducting the program activity. Itemize all equipment (minimum \$300 unit cost value) to be purchased with grant funds in the Equipment Section.
- Retain all contracts on file; do not send contracts 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. CCAs must not be submitted until after the 1st quarter grant payment has been issued.

- **Compliance:** Answer each question on this form. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.
- **Summary:** Review for accuracy.

### III. OTHER APPLICATION REQUIREMENTS:

**Program Specific Attachments:** Complete and submit the following attachments.

- a. Grant applications will not be considered without the Year 2013 Dental Sealant Program Information Reports in Attachment #1. *This required form must be completed and submitted via GMIS 2.0 attachment by the application due date, October 1, 2012. All attachments must clearly identify the authorized program name and program number.*

1. Part 1-A: Dental Sealant Methodology Supplement
2. Part 1-B: Quality Assurance Report
3. Part 1-C: Distance Learning Report (**only for new staff added since 2012 proposal was submitted**)
4. Part 1-D: Budget Planning Worksheets  
(Excel spreadsheet, includes Target Grades, Follow-up Grades, Time and Cost Estimates, Sources of Revenue, Cost per Child and Overall Budget)
5. Part 1-E: DS Manual Verification Form (read and comply with manual) (**only for new staff added since 2012 proposal was submitted**)
6. Part 1-F: Review of Proposal Verification Form

***Please note:** An electronic version of this form will be e-mailed to applicant agencies upon release of the RFP. Complete and submit the electronic version of this form, not the example provided in this RFP.*

The applicant must also submit (via GMIS 2.0 attachment) to ODH by the filing due date:

1. Biographical Sketches/Resumes/Curricula Vitae (**only for new staff added since 2012 proposal was submitted**)
2. Position descriptions (**only if new or changed from the FY 2012 application**)
3. Documentation of current licensure, required for dentists and dental hygienists working in the program
4. 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 2012 application**).

**b. Other Required Documentation:**

- The following items or forms must be reviewed and submitted only if there are changes since the last grant application was submitted: **Electronic Funds Transfer (EFT) Form, Internal Revenue Service (IRS) W-9 and Vendor Information Change Form.**
- **Audit:** Sub-grantee agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via [audits@odh.ohio.gov](mailto:audits@odh.ohio.gov). Reference the GMIS 2.0 Bulletin Board for more information.

- **Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS 2.0. Sub-grantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- **Assurances Certification:** Each sub-grantee must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in 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 sub-grantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS 2.0.
- **For Non-Profit Organizations Only:**
  1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. **Attach the current Certificate of Insurance Liability in GMIS 2.0.**
  2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS 2.0 the Internal Revenue Services (IRS) letter approving non-tax exempt status.
- **For Non-Government Agencies Only:**
  1. **Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) Questionnaire:** The DMA must be completed in its entirety to certify that agency has 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 and mailed to ODH. The DMA questionnaire is located at the Ohio Public Safety/Ohio Homeland Security Web site: <http://www.publicsafety.ohio.gov/links/HLS0038.pdf>

**POST SUBMISSION REQUIREMENTS:** Continuation applicants are required to submit sub-grantee program and expenditure reports.

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

Reports shall be submitted as follows:

- a. Program Reports: Sub-grantee Program Reports must be completed and submitted via GMIS** by the following dates: April 15, 2013, July 15, 2013, October 15, 2013 and January 15, 2014. Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. [The required electronic Budget Reporting Worksheets are due on or before February 15, 2014. These will be provided near the end of the grant year. **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.
- b. Sub-grantee Expenditure Reports:** Sub-grantee Expenditure Reports **must** be completed and submitted **via GMIS 2.0** by the following dates: April 15, 2013, July 15, 2013, October 15, 2013 and January 15, 2014.
- c. Final Expenditure Reports:** A Sub-grantee 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, 2014. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Sub-grantee Final Expense Report. The Sub-grantee Final Expense Report serves as an invoice to return unused funds.

*Submission of ALL Sub-grantee Program and Expenditure Reports via the ODH's GMIS 2.0 system indicates acceptance of ODH GAPP. Clicking the "Submit" or "Approve" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of GAPP rules and regulations.*

**Ohio Department of Health  
Bureau of Community Health Services and Patient-Centered Primary Care  
Oral Health Section**

**Year 2013 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** – only for new staff in 2013

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

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

**Part 1-E: School-based Dental Sealant Manual Verification** – only for new staff in 2013

**Part 1-F: Review of Proposal Verification Form**

***Please note:*** An electronic version of these forms will be emailed to applicant agencies. 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

<b>Activities</b>	<b>Staff Person Responsible</b>	<b>Timetable (for calendar year)</b>
Describe the process. <b>Example:</b> <ol style="list-style-type: none"> <li>1. Complete contracts – sealant team</li> <li>2. Re-distribute consent forms for students with no form returned (orig. distributions in August 2012)</li> <li>3. Order supplies/keep inventory</li> </ol>	Indicate person responsible for each activity. <b>Example:</b> <ol style="list-style-type: none"> <li>1. Program Coordinator , Fiscal</li> <li>2. Program Coordinator or RDH or DA (or clerk, if by mail)</li> <li>3. Program Coordinator, Fiscal</li> </ol>	Include specific beginning and ending dates for each <b>Example:</b> <ol style="list-style-type: none"> <li>1. January 2-31, 2013</li> <li>2. January 2013 – May 2013</li> <li>3. Ongoing (prefer prior to 4<sup>th</sup> quarter)</li> </ol>

(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 term?  Yes  No
- b) If "No", under what conditions will short term retention be checked?
- 1)  when there is a 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)  when a low long term retention rate is 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?

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b) Who will provide the classroom presentation?

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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):

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

- Dental hygienists
- Dentists
- Expanded function dental auxiliaries (EFDA)
- 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.**

  
  

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

<input type="text"/>	% Sealant placement
<input type="text"/>	% Education
<input type="text"/>	% Administration

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

  
  

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

**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?

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

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

(This form may be copied as needed)

Number of additional pages attached



## Instructions

1. Be sure to scroll down in each of the budget worksheets to be sure all information is completed.
2. Enter data into the lightly colored boxes. The dark colored boxes contain formulas and will automatically populate, based on your entries made in the light-colored boxes.

### **3. To paste data into the budget worksheet file:**

- a. Open the Budget Planning Worksheet file.
- b. Select and copy your schools from the quarterly program report worksheet or the Sealant Grantee RFP Data.
- c. Select the first cell where you want to copy these schools into the Budget Worksheet.
- d. Go to Edit, Paste Special (or the Paste drop-down menu on the Home tab in Excel 2007).
- e. Select Paste as: **text** from the different paste options.
- f. Your schools should now appear in the boxes and the light-colored shading should remain.  
This has copied the information in those cells from your source (e.g., program report spreadsheets) without copying formatting and cell protection settings. You should be able to select and edit this information.



**2013 School-Based Dental Sealant Program  
Target Grades**

County	School District	School Name	Number Enrolled in Target Grades			Free/Reduced Price Meal Participation %
			Estimated 2nd Grade Enrollment (1st Grade Enrollment Previous Year)	Estimated 6th Grade Enrollment (5th Grade Enrollment Previous Year)	Both	
List alphabetically by county, then by school district, then by school.		Put an X in front of the name of any expansion (new) school.			0	[See Free/Reduced Price Meal Participation for Ohio Schools-- Reference Material will be e-mailed upon receipt of the Notice of Intent to Apply for Funding]
					0	
					0	
					0	
					0	

<b>Total:</b>			<b>0</b>	<b>0</b>	<b>0</b>	
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2013 School-Based Dental Sealant Program  
Follow-Up Grades

County	School District	School Name	Number Screened in Target Grades Previous Year		
List alphabetically by county, then by school district, then by school.			2nd Grade Screened Previous Year	6th Grade Screened Previous Year	Both
<b>Total:</b>			<b>0</b>	<b>0</b>	<b>0</b>

2013 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 2010	Screened in Target Grades (2,6) in 2010				
Target Grades (2+6)	0		50%	0		
Follow-up Grades (3+7)		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:

**2013 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:

**2013 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>

2013 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!

2013 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
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**Annual Total**

<b>Expenses</b>				
	Hours per Week	Weeks per Year	Hourly Rate	
Personnel (Salary, non-contract)				
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		Percentage=	0.0%	\$0.00
<b>Personnel Total</b>				\$0.00
Contracts (please specify below)			Total:	\$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				
Mileage	Reimbursement Rate per mile		\$0.00	\$0.00
	Number of Miles		0	
Support Costs (office supplies, postage, phone, copying, etc)				
Insurance				
Staff Training/ CE				
Medicaid Billing Costs (if not included in personnel)				
Maintenance (for equipment)				
<b>Equipment (over \$300 per item, please specify below)</b>				

2013 School-Based Dental Sealant Program  
Budget Planning Worksheet

Other (please specify below)		

Revenues				
	Percent of Children To Be Sealed	Number of Children To Be Sealed	Dollars per Child To Be Sealed	
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>



Attachment #1, Part 1-E  
School-based Dental Sealant Manual Verification

Ohio Department of Health  
Bureau of Community Health Services and Patient-Centered Primary Care  
SCHOOL-BASED DENTAL SEALANT MANUAL

VERIFICATION for

[Empty box for name and program number of subgrantee agency]

Dental Sealant Program

(name and program number of subgrantee agency)

Subgrantees must adhere to the requirements in the ODH 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 2013 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 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: \_\_\_\_\_



Attachment #1, Part 1-F  
Review of Proposal Verification Form

Ohio Department of Health  
Bureau of Community Health Services and Patient-Centered Primary Care  
2013 Review of Proposal Verification for

**Dental Sealant Program**

(name and program number of subgrantee agency)

The 2013 Dental Sealant Program proposal must be reviewed prior to submission to ODH by the applicant agency's dental sealant teams, so they are aware of the obligations stated in the proposal. Applicant agencies must submit documentation (multiple forms may be used) via GMIS 2.0 attachment with the grant application documenting that the dental sealant program teams (dental hygienists and dental assistants) reviewed the proposal. By reading and signing, sealant team members are recognizing their commitment to serve the schools as listed in the proposal. Teams should review the proposal to ensure that they understand their role in achieving the targeted number of students to receive sealants.

Originals should be kept on file by the subgrantee.

**I verify that I have reviewed the proposal and understand the schools to be served and the number of students to receive sealants during 2012, based on this Dental Sealant Program application.**

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

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

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Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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