



OHIO DEPARTMENT OF HEALTH

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Columbus, Ohio 43215

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John R. Kasich / Governor

Theodore E. Wymyslo, M.D. / Director of Health

Date: August 12, 2013

To: Prospective Dental Sealant Program Applicants

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

Subject: **Notice of Availability of Funds**
Competitive Grant Applications for Calendar Year 2014
Dental Sealant Program (1/1/2014 to 12/31/2014)

The Ohio Department of Health (ODH), Division of Family and Community Health Services, Bureau of Community Health Services & Patient-Centered Primary Care, 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 7, 2013 for the funding period January 1, 2014 through December 31, 2014. Late applications will not be accepted.

Introduction/Background

Dental caries (tooth decay) is the most widespread chronic disease of childhood, affecting about half (51%) 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 the most 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 670 of the 1492 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.

Under new law, created by HB 59 (ORC 4715.22), a dental hygienist working in a public health school-based dental sealant program is able to place dental sealants without a dentist screening children and providing a written treatment plan first. This statutory change goes into effect October 1, 2013, ninety days after the bill

was signed. This change does not eliminate the legal requirement for hygienists working in school-based sealant programs to be working under the general supervision of a dentist. Sealant programs must continue to work with a dentist to provide this supervision, conduct short and long-term retention checks and possibly to be the “rendering” provider for Medicaid billing.

All interested parties must submit a Notice of Intent to Apply for Funding (NOIAF) form, no later than Monday, September 16, 2013 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. 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 on Thursday, September 12, 2013 at 1:30 p.m. at the Ohio Department of Health. Please return a registration form (included) to the Oral Health Program to confirm your attendance at this session. You may also participate via conference call and instructions for participating are on the registration form. If you have questions or need assistance in completing this grant application, every effort should be made to attend this session.

Please contact Shannon L. Cole, RDH, BS, School-based Oral Health Program Coordinator, by e-mail at Shannon.Cole@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 materials not electronically filed to:

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

■ 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.

SCHOOL-BASED DENTAL SEALANT GRANT

Bidders' Conference Registration Form

BIDDERS' CONFERENCE

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

When: Thursday, September 12, 2013 @ 1:30 p.m.
Where: Conference Room A/B in the basement of the 35 East Chestnut Bldg.
The Ohio Department of Health
35 East Chestnut Street
Columbus, OH 43215
(614) 466-4180

TO PARTICIPATE via conference call the meeting number is 649 177 054 and meeting password is 64180.

To start your meeting, go to: <https://odh-ohio.webex.com/odh-ohio/j.php?ED=227963637&UID=493475992&PW=NMGI4MDAxYWQw&RT=MIMxMQ%3D%3D>
Ctrl+Click to follow link

Audio Info: Call In Numbers:

4-8005 Internal Participants (ODH, LHD's & District Office)
(614) 644-8005 Local number to call
(866) 961-9227 External Participants (Non-ODH)

Meeting ID: 64180
Password: 64180

Participants are highly encouraged to use their VoIP phone. (* Your conference call may be reduced based on the number of External Non-ODH Participants.) NOTE: The TOLL FREE number for the conference call is available and should only be used when "NO" Voice over Internet Protocol (VoIP) phone is available. Participants are highly encouraged to use their VoIP phone.

REGISTER to attend the Bidders' Conference by e-mailing the form to Shannon Cole at Shannon.Cole@odh.ohio.gov or by faxing the form to the Oral Health Program at (614) 564-2421.

Please respond by Monday, September 9, 2013 with the following information:

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

Agency Name/County

Contact person's name (_____) _____
Phone number

Contact person's e-mail address: _____

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health
Division of Family and Community Health Services

Bureau of Community Health Services & Patient-Centered Primary Care,
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)

<input type="checkbox"/> County Agency	<input type="checkbox"/> Hospital	<input type="checkbox"/> Local Schools
<input type="checkbox"/> City Agency	<input type="checkbox"/> Higher Education	<input type="checkbox"/> 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: Shannon L. Cole, RDH, BS
School-based Oral Health Program Coordinator
Bureau of Community Health Services & Patient-Centered Primary Care
Oral Health Section
Ohio Department of Health
246 N. High Street
Columbus, OH 43215
E-mail: Shannon.Cole@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 & PATIENT-CENTERED PRIMARY CARE

DENTAL SEALANT PROGRAM REQUEST FOR PROPOSALS (RFP) FOR FISCAL YEAR 2014 (01/01/14 – 12/31/14)

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

COMPETITIVE GRANT APPLICATION INFORMATION

Table of Contents

I. APPLICATION SUMMARY and GUIDANCE

A.	Policy and Procedure	1
B.	Application Name	1
C.	Purpose.....	1
D.	Qualified Applicants	2
E.	Service Area.....	2
F.	Number of Grants and Funds Available	2
G.	Due Date	2
H.	Authorization	2
I.	Goals	2
J.	Program Period and Budget Period.....	3
K.	Public Health Accreditation Board Standards.....	3
L.	Public Health Impact Statement.....	3
M.	Incorporation of Strategies to Eliminate Health Inequities.....	4
N.	Appropriation Contingency	5
O.	Programmatic, Technical Assistance and Authorization for Internet Submission	5
P.	Acknowledgment	5
Q.	Late Applications	5
R.	Successful Applicants	6
S.	Unsuccessful Applicants	6
T.	Review Criteria	6
U.	Freedom of Information Act	8
V.	Ownership Copyright.....	9
W.	Reporting Requirements.....	9
X.	Special Condition(s).....	10
Y.	Unallowable Costs	10
Z.	Audit	11
AA.	Submission of Application.....	12

II. APPLICATION REQUIREMENTS AND FORMAT

A.	Application Information.....	14
B.	Budget	14
C.	Assurances Certification	16
D.	Project Narrative	16
E.	Civil Rights Review Questionnaire – EEO Survey	17
F.	Federal Funding Accountability and Transparency Act (FFATA) Requirement	17
G.	Electronic Funds Transfer (EFT) Form	18
H.	Internal Revenue Service (IRS) W-9 Form and Vendor Forms	18
I.	Public Health Accreditation Board Standards	18
J.	Public Health Impact.....	18
K.	Liability Coverage	18
L.	Non-Profit Organization Status.....	19
M.	Attachment(s).....	20

III. APPENDICES

- A. GMIS Training Form
- B. Application Review Form (*required*)
- C. Other Program Documents Reference Material, Executive Summary Sample)
- D. Notice of Intent to Apply

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” and 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 by the due date indicated in sections I, D, and G 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”) Please refer to Policy and Procedure updates found on the GMIS bulletin board.

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. The statutory changes of H.B. 59 that go into effect on October 1, 2013, will permit registered dental hygienists working in Ohio school-based dental sealant programs to identify the teeth to be sealed prior to sealant application. This change does not eliminate the requirement for dental hygienists in school-based dental sealant programs to work under the general supervision of a dentist. Dental sealant program subgrantees must establish a collaborative agreement and/or contract with a dentist to conduct short and long term sealant retention checks and may need to utilize the dentist’s Medicaid number for Medicaid billing purposes. 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 & Patient-Centered Primary Care 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.

The following criteria must be met for grant applications to be eligible for review:

1. Applicant doesn't owe funds in excess of \$1,000 to the ODH.
2. Applicant isn't certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by 4:00 p.m. on **Monday**, October 7, 2013.

- 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 \$599,973 to \$905,923 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:** All parts of the application must be completed and received by ODH electronically via GMIS or via ground delivery by 4:00 p.m. on Monday October 7, 2013). Applications and required attachments received late will not be considered for review.

Contact Shannon L. Cole, RDH, BS, School-Based Oral Health Program Coordinator at 614-466-4180 or by e-mail at Shannon.Cole@odh.ohio.gov with any questions. Enter the contact name listed under "Programmatic, Technical Assistance and Authorization for Internet Submission."

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 59 and/or the *Catalog of Federal Domestic Assistance (CFDA) Number 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, 2014 and end on December 31, 2016. The budget period for this application is January 1, 2014 through December 31, 2014.

K. Public Health Accreditation Board (PHAB) Standard(s): *Identify the PHAB Standard(s) that will be addressed by grant activities. (An example is: This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness.) The PHAB standards are available at the following website:*

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-Overview-Version-1.0.pdf>

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 PHAB 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 Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities:
 - A description of the demographic characteristics (e.g., age, race, gender, ethnicity, socio-economic status, educational levels) 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 PHAB Standards.

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

M. Incorporation of Strategies to Eliminate Health Inequities

Health Equity Component (Standard Health Equity Language)

The ODH is committed to the elimination of health inequities. Racial and ethnic minorities and Ohio's economically disadvantaged residents experience health inequities and, therefore, do not have the same opportunities as other groups to be healthy. Throughout the various components of this application (Program Narrative, Objectives, and Workplan), applicants are required to:

- 1) Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) which experiences a disproportionate burden of disease or health condition (This information must be supported by data.);
- (2) Explain how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities; and
- (3) Explain how proposed program interventions will address this problem.

The following section will provide basic framework and links to information to understand health equity concepts.

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity:

Certain groups in Ohio face significant barriers to achieving the best health possible. These groups include Ohio's poorest residents and racial and ethnic minority groups. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, work and play. Health disparities are unnatural and can occur because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities 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 of health**. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as **health inequities**. As long as health inequities persist, those aforementioned 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 programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.*

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. **The subgrantee agency must be prepared to support 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, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the RFP to the ODH website and the receipt of the Notice of Intent to Apply for Funding (NOIAF). Please contact *Shannon Cole* at 614-466-4180 or by e-mail at *Shannon.Cole@odh.ohio.gov* to whom the applicant agency can contact for questions regarding this RFP.
- Applicant must attend or must document in the NOIAF prior attendance at GMIS training in order to receive authorization for Internet submission.
- P. Acknowledgment:** An ‘Application Submitted’ status will appear in GMIS 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. 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 7, 2013**.

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 Services Unit, 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 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 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. Describe 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 RFP;
 9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
 10. Has demonstrated compliance to GAPP, Chapter 100;
 11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases, health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
 12. Applicant describes activities which supports the requirements outlined in sections I. thru M. of this RFP.

-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 (2011-12).

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 arrangement 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 2013 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 2013, 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 2014 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 B, 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 RFPs. **There will be no appeal of the Department's decision.**

- U. Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations 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 being an unwarranted invasion of personal privacy will not be

disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 34 CFR Part 5 for funds from the U.S. Department of Education; or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture. 45 CFR Part 5 for funds from the U.S. Department of Health and Human Services.

- V. Ownership Copyright:** Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Community Health Services & Patient-Centered Primary Care, School-based Dental Sealant Program and as a sub-award of a grant issued by U.S. Department of Health and Human Services under the Maternal and Child Health Block grant, grant award number], and CFDA number [CFDA number].”

- 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 future agency payments.

Reports shall be submitted as follows:

- 1. Program Reports:** Subgrantees Program Reports must be completed and submitted via GMIS or the Subgrantee Performance Evaluation System (SPES), as required by the Subgrant program by the following dates: *(List all required program reports, submission method (i.e., GMIS or SPES and due dates.)* Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. **Program Reports that do not include required attachments 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 (GMIS or SPES) indicates acceptance of the ODH GAPP.

2. **Periodic Expenditure Reports:** Subgrantee Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: 1st Qtr. ends March 15, 2014- report due April 15, 2014; 2nd Qtr. ends June 15, 2014- report due July 15, 2014; 3rd Qtr. ends September 15, 2014- report due October 15, 2014; 4th Qtr. ends January 15, 2015- report due February 15, 2015.
3. **Final Expenditure Reports:** A Subgrantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before February 15, 2015. 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 periodic and final Subgrantee expenditure reports via the GMIS 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 list of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS 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.
- X. **Special Condition(s):** Responses to all special conditions **must be submitted via GMIS 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.
- 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/TravelRule> then click on OBM Travel Rule.)
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;
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;
22. *Include any additional program specific unallowable costs per CFDA, program regulations and directives or state law specifications.*

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 nine months after the end of the subgrantee's fiscal year.

Subgrantees that 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 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 Services Unit,

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.

Sub-grantee 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; and,
- 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

Formatting Requirements:

- 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 on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program narrative should not exceed 2 pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

Complete & Submit Via Internet

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. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Electronic Funds Transfer (EFT) form **(Required if new agency, thereafter only if banking information has changed.)**
9. 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).)**
10. Public Health Impact Statement
11. Statement of Support from the Local Health Districts
12. Liability Coverage **(Non-Profit organizations only; proof of current liability coverage and thereafter at each renewal period.)**
13. Evidence of Non-Profit Status **(Non-Profit organizations only)**
14. 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 SBSP 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.

One copy of the following documents must be e-mailed to audits@odh.ohio.gov or mailed to the address listed below.

**Complete
Copy &
E-mail or
Mail to
ODH**

1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)

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

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

**Complete
Copy &
Mail To
ODH**

1. An original and **1 copies** of **Attachments** (non-Internet compatible) as required by program: “NONE”

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

II. APPLICATION REQUIREMENTS AND FORMAT

Access to GMIS, will be provided after GMIS 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. Submission of all parts of the grant application via the ODH's GMIS 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 page 10-11 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 budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

- 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 allowability 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, 2014 to December 31, 2014.

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

The applicant shall 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 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 cannot be submitted until after the 1st quarter grant payment has been issued.

The applicant shall 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 Sub-grantees) form. This form is submitted as a part of each application via GMIS. 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, 2013), 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: Briefly discuss the applicant agency’s eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

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. Only restate national and state data if local data is not available. 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 for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.

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

- 4. Methodology:** In narrative form, identify the program goals, **Specific, Measureable, Attainable, Realistic & Time-Phased (SMART) process.** *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, 2014.
- b) Program will provide sealants to (number) children in target grades (2nd and 6th) by December 31, 2014.
- c) Program will provide sealant to (number) children in follow-up grades (3rd and 7th) by December 31, 2014.

E. Civil Rights Review Questionnaire - EEO Survey: The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subgrantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.

F. Federal Funding Accountability and Transparency Act (FFATA) Requirements: FFATA was signed on September 26, 2006. FFATA requires ODH to report all subgrants receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds are required to complete the FFATA Reporting Form in GMIS.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS) and a Central Contractor Registration Number (CCR) and submit the information in the grant application, Attachment B. For information about the DUNS, go to <http://fedgov.dnb.com/webform>. For information about CCR go to www.ccr.gov.

Information on Federal Spending Transparency can be located at www.USAspending.gov or the Office of Management and Budget's website for Federal Spending Transparency at www.whitehouse.gov/omb/open.

(Required by all applicants, the FFATA form is located on the GMIS Application Page and must be completed in order to submit the application.)

- G. Electronic Funds Transfer (EFT) Form:** Print in PDF format and attach in GMIS. **(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 attach in GMIS. **(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 Services Unit, 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 Accreditation Board Standards:** Attach in GMIS the PHAB Standards that will be addressed by grant activities.
- J. Public Health Impact:** Only for applicants which are not local health departments, attach in GMIS 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 PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s).
- K. Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Attach in GMIS 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. Attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.

Attachment(s): Attachments are documents deemed necessary to the application that are not a part of the GMIS system. All attachments must clearly identify the authorized program name and program number. All attachments must be submitted as a PDF, Microsoft Word or Microsoft Excel document. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. 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 Services Unit, Central Master Files address by 4:00 p.m. on or before **Monday, October 7, 2013**

- **Attachments 1A – 1D; 2 and 3.**

III. APPENDICES

- A. GMIS Training Form**
- B. Application Review Form**
- C. Reference Materials**
- D. Executive Summary Sample**

**OHIO DEPARTMENT OF HEALTH BUREAU OF
COMMUNITY HEALTH SERVICES & PATIENT-
CENTERED PRIMARY CARE ORAL HEALTH
SECTION**

**YEAR 2014 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
Example 1. Train Personnel (infection control, assembly and use of equipment) 2. Schedule Schools 3. Obtain Parental Consent 4.	1. Program Coordinator (RDH) 2. Program Coordinator (RDH) 3. RDH or DA 4.	1. Mid-August (2 days) 2. August 3. Beginning in September each month we will do three schools 4.

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

Attachment #1
QUALITY ASSURANCE REPORT
Part 1-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.**

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?

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_____)

Attachment #1
DS Budget Worksheets
Part 1-D

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 e.g., 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; the light green 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 now should be able to select and edit this information.

Grantee Name:	0
Grantee ID Number:	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				
Target Grades (2+6)	0		50%	0		
Follow-up Grades (3+7)		0	74%	0		
TOTAL (Target + Follow-up):					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:

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				
TOTAL (Target +Follow-up)					19	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:

Grantee Name:	0
Grantee ID Number:	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)	
Total Program Resources	\$0.00

<u>Grantee Name:</u>	0
<u>Grantee ID Number:</u>	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!

Grantee Name:	0
Grantee ID Number:	0

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

Expenses				Annual Total
Personnel (Salary, non-contract)	Hours per Week	Weeks per Year	Hourly Rate	
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
Personnel Total				\$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
Other Direct Costs				
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)		
Equipment (over \$300 per item, please specify below)		
Other (please specify below)		

Revenues				
	Percent of Children To Be Sealed	Number of Children To Be Sealed	Estimated 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
Bottom Line		\$0.00



**Ohio Department of Health
Bureau of Community Health
Services & Patient-Centered
Primary Care Oral Health
Section
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 2014 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: _____



ODH Dental Sealant Subgrantee 2014 Equipment Inventory

(Submit with Final Expenditure Report, due 2/15/2015)

Agency Name: _____

Project Number: _____

List all dental sealant equipment (\$300 or more cost per item) purchased with ODH funds (either "on loan" from ODH or purchased by program with ODH grant funds at any time). If any of the items are older equipment kept for back up purposes, please indicate.

Item Description	For Back up use only (x)	Serial #	Cost (if subgrantee purchased with ODH funds)	Date item loaned by ODH	Date Purchased by subgrantee, if item not "on loan" from ODH	Tagged as Purchased with ODH Funds (Y/N)
TOTAL EQUIPMENT COST						

**APPENDIX A
Ohio Department of Health
GMIS TRAINING**

**ALL INFORMATION REQUESTED MUST BE COMPLETED FOR EACH EMPLOYEE FROM
YOUR AGENCY WHO WILL ATTEND A GMIS 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 Training Authorized by: _____
(Signature of Agency Head or Agency Fiscal Head)

Required

Please Check One:

_____ Yes – I ALREADY have access to the
ODH GATEWAY (SPES, ODRS, LHis, etc.)

_____ No – I DO NOT have access to the ODH GATEWAY

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

Mail, E-mail, or Fax To:

Gail Byers

Grants Services Unit

Ohio Department of Health

246 N. High Street

Columbus, Ohio 43215

E-mail: gail.byers@odh.ohio.gov

Fax: 614-752-9783

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

APPENDIX B
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
3. 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 C REFERENCE MATERIAL

Reference Material

- A. Free/Reduced Price Meal Program Participation for Ohio Schools (as of 2011– 2012) and School enrollment data by building, by grade (2011-12) 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 Community Health Services and Patient-Centered Primary Care Oral Health Section 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*, 2nd edition, available at www.mchoralhealth.org/seal/contents.html

APPENDIX D

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 reimbursement.

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 enrollments 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. 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 obtained, 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 2/15/2015.

The 2014 program is operating as described above and plans to continue operating in this manner in 2015, 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 2015). 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.