



MEMORANDUM

Date: March 15, 2023

To: Prospective Dental Sealant Program Applicants

From: Dyane Gogan Turner, MPH, RD/LD, IBCLC
Chief, Bureau of Child and Family Health Ohio
Department of Health *DGT*

Subject: Notice of Availability of Funds
Competitive Grant Applications for State Fiscal Year
2024, Dental Sealant Program (09/01/2023 to
12/31/2024)

The Ohio Department of Health (ODH), Bureau of Child and Family Health, Oral Health Program announces the availability of grant funds to support 4-6 School-based Dental Sealant Programs. The attached Solicitation will provide guidance in completing the online application for the competitive program period.

All electronic applications and attachments are due by **4 p.m., Monday, April 24, 2023**, for the funding period September 1, 2023 through December 31, 2024. **Applications received after the due date will not be considered for funding.** Faxed, hand-delivered or mailed applications will not be accepted.

Introduction/Background

Dental caries (tooth decay) is a 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 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 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 where 40% or more of the enrolled students are eligible for the Free and Reduced-Price Meal Program. Approximately, 400 of the 1,200 eligible schools are served by ODH funded sealant programs in Ohio. The goal of the ODH is 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 page 3 and page 8 of the solicitation for more information on Purpose and Program-Specific Criteria.

Under the law, created by HB 59 (ORC 4715.22), a dental hygienist working in a public health school-based dental sealant program can place dental sealants without a dentist screening children and providing a written treatment plan first. This does not eliminate the legal requirement for hygienists working in school-based dental sealant programs to be working under the general supervision of a dentist. Sealant programs must work with a dentist to provide this supervision and possibly conduct short and long-term retention checks and be the "rendering" provider for Medicaid billing.

All interested parties must submit a *Notice of Intent to Apply for Funding* (NOIAF) no later than March 22, 2023, to be eligible to apply for funding. The NOIAF form is included with the Solicitation (Appendix A).

Upon receipt of your completed NOIAF, ODH will:

- a. Create the grant application account(s) for your organization¹. The account number(s) will allow you to complete the application(s) via the Internet using the Grant Management Information System (GMIS). All grant applications must be submitted via the Internet using GMIS.
- b. Assess your organization's GMIS training needs (as indicated on the completed *Notice of Intent to Apply for Funding* form). ODH will contact you regarding upcoming GMIS training dates. GMIS training is mandatory if your agency has never been trained on GMIS. Two people from an agency must attend the initial training for that agency.

Once a completed *Notice of Intent to Apply for Funding* form is received, ODH creates the grant application(s) for your organization and finalizes all GMIS training requirements, you may proceed with the application process as outlined in the Solicitation. The Solicitation provides detailed information about the background, intent and scope of the grant, policies and 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 Tuesday, March 21, 2023, at 1 pm via Microsoft Teams virtual meeting platform. While attendance is not required, all potential applicants are encouraged to attend the Bidders' Conference to learn more about the Solicitation.

The ODH will share a screen through the Microsoft Teams platform. To join the meeting, please click on the link below, "Join on your computer or mobile app." If your agency does not have Microsoft Teams, you can join on a videoconferencing device or call in to use audio only. **PLEASE NOTE: Microsoft Teams works best using Google Chrome.**

Microsoft Teams meeting

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 235 947 358 362

Passcode: b5ybwz

[Download Teams](#) | [Join on the web](#)

Join with a video conferencing device

[682042763@t.plcm.vc](tel:682042763)

Video Conference ID: 117 077 745 8

[Alternate VTC instructions](#)

Or call in (audio only)

[+1 614-721-2972](tel:+16147212972), [648150833#](tel:+16147212972) United States, Columbus

Phone Conference ID: 648 150 833#

[Find a local number](#) | [Reset PIN](#)

ODH will attempt to record the Bidders' Conference but cannot guarantee the availability of a recording. Alternately, questions and answers from the session will be posted in the News section of the [Oral Health Program website](#).

Please contact Tina Fulks, RDH, School-based Oral Health Program Coordinator via email at Tina.Fulks@odh.ohio.gov with questions about this Solicitation.

¹Organizations with previous GMIS training will automatically receive a grant application number upon receipt of a completed *Notice of Intent to Apply for Funding* form.

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

BUREAU OF CHILD AND FAMILY HEALTH

Dental Sealant (DS) Program
SOLICITATION FOR FISCAL YEAR 2024
(09/01/23 – 12/31/24)

Local Public Applicant Agencies Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION
100% Deliverable Funding

Revised 9/20/2021
For grant starts 7/1/2022 and thereafter

TABLE OF CONTENTS

I.	APPLICATION SUMMARY and GUIDANCE	
A.	Policy and Procedure	2
B.	Application Name	3
C.	Purpose	3
D.	Qualified Applicants	3
E.	Service Area	3
F.	Number of Grants and Funds Available	4
G.	Due Date	4
H.	Authorization	4
I.	Goals	4
J.	Program Period and Budget Period	4
K.	Public Health Accreditation Board Standards	4
L.	Public Health Impact Statement	4
M.	Human Trafficking	7
N.	Appropriation Contingency	7
O.	Programmatic, Technical Assistance and Authorization for Internet Submission	7
P.	Acknowledgment	7
Q.	Late Applications	7
R.	Successful Applicants	7
S.	Unsuccessful Applicants	7
T.	Review Criteria	7
U.	Freedom of Information Act	10
V.	Ownership Copyright	10
W.	Reporting Requirements	10
X.	Special Condition(s)	12
Y.	Unallowable Costs	12
AA.	Audit	12
AB.	Submission of Application	13
II.	APPLICATION REQUIREMENTS AND FORMAT	
A.	Application Information	15
B.	Budget	15
C.	Assurances Certification	15
D.	Project Narrative	15
E.	Civil Rights Review Questionnaire – EEO Survey	17
F.	Federal Funding Accountability and Transparency Act (FFATA) Requirement	17
G.	Attachment(s)	17
III.	APPENDICES	
A.	Notice of Intent to Apply For Funding	
B.	GMIS Training, User Access, Access Change or Deactivation Request	
C.	Deliverable – Objective Descriptions	
D.	Application Review Form	
E.	Budget Justification Examples	
F.	Program-Required Attachments	

I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required components including an electronic portion submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required components of a specific application must be completed and submitted by the application due date. **If any of the required components are not submitted by the due date indicated in sections D, G and R, the entire application will not be considered for review.**

This is a competitive solicitation; a Notice of Intent to Apply for Funding (NOIAF– Appendix A) must be submitted by March 22, 2023, so access to the application via the Internet website “ODH Application Gateway” can be established.

NEW AGENCIES ONLY or if UPDATES are needed: For non-profit agencies, the NOIAF must be accompanied by proof of non-profit status. Both non-profit and local public agencies must submit proof of liability coverage. Potential applicants and current subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information is maintained on the following website: <http://supplier.ohio.gov/>

Note: Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

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

A. Policy and Procedures: Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual and updates in policies that have been posted on the GMIS Bulletin Board. This manual and GMIS Bulletin Board policy updates must be followed to ensure adherence to the rules, regulations, and procedures for preparation of all Subrecipient applications. The OGAPP manual is available on the ODH website: click or copy and paste the following link into your web browser: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grants-administrative-policies-and-procedures-ogapp-manual>.

Updates to policies and procedures can be found on the GMIS bulletin board.

All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the Budget Justification Templates listed on the GMIS bulletin board.

Budget Justification Certification language

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient’s budgeted costs are reasonable, allowable, and allocable under OGAPP and federal rules and regulations.
- The OGAPP manual and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.

- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy with regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. Application Name: Dental Sealant Program

C. Purpose: The primary purpose of the Dental Sealant (DS) Program is to prevent dental caries among Ohio schoolchildren through an evidence-based community approach. Based on an analysis of high-risk schools (those comprised of a student population greater than 40% eligible for free and/or reduced lunch program), the Ohio Department of Health (ODH) 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, including children with special healthcare needs who may or may not be in homeroom or “special education” classes. ORC 4715.22 (D) (3) permits registered dental hygienists working in Ohio school-based dental sealant programs to identify the teeth to be sealed prior to sealant application. This 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 subrecipients must establish a collaborative agreement and/or contract with a dentist to provide the legal requirement of oversight for the dental hygienist(s) working in the program. Programs may elect to have the dentist 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 in one or more of the following counties: Adams, Brown, Clark, Clermont, Clinton, Fayette, Greene, Guernsey Highland, Montgomery, Muskingum, Perry and Summit or any county not currently being served by an [ODH Dental Sealant subrecipient](#). 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.

Applicants may also propose serving expanded grades for some schools they serve. An agency’s decision and rationale to seal expanded grades must be part of the Executive Summary, Problem Statement/Need, Methodology and Budget Planning Worksheets (Attachment #6). Using DS program data, clearly state reasons for expanding into other grades, e.g., there are unerupted or partially erupted permanent molars in target grade 2, so program will target grades 2 and 3 and do follow-up in grades 3 and 4; or., early carious lesions and visible decay are found on 6-year molars in grade 2, so program will target grades 1 and 2 and do follow-up in grades 2 and 3.

D. Qualified Applicants: All applicants must be a local public or non-profit agency. Applicant agencies must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS access, then a GMIS access form must be submitted (Appendix B). **Applicants with a previous ODH Dental Sealant Grant 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 does not owe funds to ODH and has repaid any funds due within 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General’s (AG’s) office.
3. Applicant has submitted application and all required attachments by **4 p.m. on Monday, April 24, 2023.**

E. Service Area: Clearly define, using governmental subdivisions, e.g., identified high-risk schools, school districts, counties, etc., and the specific portion of the state that will receive services as a result of the proposed Dental Sealant Program

activities.

- F. Number of Grants and Funds Available:** A total of \$207,668 is available to be award to approximately 4-6 Dental Sealant Programs. Funding is for start-up of new programs in one or more of the following counties: Adams, Brown, Clark, Clermont, Clinton, Fayette, Greene, Guernsey, Highland, Montgomery, Muskingum, Perry or Summit or any county not currently being served by an [ODH funded Dental Sealant subrecipient](#). 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, including any required attachments, must be completed, and received by ODH electronically via GMIS by **4 p.m. on Monday, April 24, 2023**. Applications and required attachments received after this deadline will not be considered for review.

Contact Tina Fulks, School-based Oral Health Program Coordinator, via email at Tina.Fulks@odh.ohio.gov with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in the *Catalog of Federal Domestic Assistance (CFDA) Number 93.994*.
- I. Goals:** The goal of the Dental Sealant Program is to support programs that efficiently apply high quality sealants to the teeth of high-risk children.
- J. Program Period and Budget Period:** The program period will begin September 1, 2023, and end on December 31, 2025. The budget period for this application is September 1, 2023, through December 31, 2024.
- K. Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s) that will be addressed by grant activities. The PHAB standards are available at the following website:

http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.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 proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities. Please select from the following:

- **Standard 1.3:** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health.
- **Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- **Standard 2.2:** Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- **Standard 3.2:** Provide Information on Public Health Issues and Public Health Functions Through Multiple

Methods to a Variety of Audiences.

- **Standard 4.1:** Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- **Standard 10.2:** Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

The applicant must submit the above summary as part of the 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 point when submitting the program summary with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available.

3. *Evidence of Health Equity Strategies*

The ODH is committed to the elimination of health disparities and achieving health equity for all Ohioans. The items below are requirements for all applicants to ensure health equity is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)

- a. Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment and data.
<https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- b. Identify geographic reference points (e.g. census tracts, census block groups or ZIP codes) to specify where program activities are focused. Consider using the Ohio Health Improvement Zones Dashboard to determine or refine your priority service areas. The dashboard was created to support and aid efforts to reach Ohioans living in communities that may experience barriers to health. The dashboard quantifies specific factors that affect the resilience of individuals and communities to achieve optimal health and overcome a disaster like COVID-19.

By understanding where these populations are located and what factors contribute to their levels of risk and overall health outcomes, subrecipients can collectively and holistically develop strategies to improve health in the communities that need it most. Interactive maps, census tract information and more can be found on the Ohio Health Improvement Zones Dashboard here: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones>.

- c. Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- d. Identify measurable health equity targets that demonstrate reducing disparities and improving health equity as critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](#).

- e. Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

The following are best practices toward eliminating disparities and achieving health equity and are not required, but highly encouraged.

- f. Link proposed activities to health equity strategies identified in local, state, or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in [Healthy People 2030](#), the [State Health Improvement Plan \(SHIP\)](#) and local Community Health Assessments.
 - State Health Improvement Plan - <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship>
 - Healthy People 2030 - <https://health.gov/healthypeople>
- g. Develop staffing plans where board members, leadership, and program staff reflect the race, ethnicity, background, and/or culture of the population being served.
- h. Identify up- and downstream approaches to address social determinants of health and reduce disparities. Upstream factors like food, housing, and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes.
- i. Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, local industries, businesses, universities, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunity to collaborate across sectors and may serve as a new source of support for the program.

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity: The following information is provided to explain key health equity concepts and terms.

Racial and ethnic minorities, those living in rural communities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. 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, learn, work, play, and age. Health disparities are unnatural and occur because of low 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, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

- M. Human Trafficking:** The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:
1. Victims of human trafficking are included in your agency's target population:
 - a. At-risk population.
 - b. Mental health population.
 - c. Homeless population.
 2. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

 X Not applicable to Dental Sealant Program

- N. Appropriation Contingency:** Any award made through this program is contingent upon the availability of funds for this purpose. **The subrecipient 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 Solicitation to the ODH website and the receipt of the NOIAF. Please contact Tina Fulks, School-based Oral Health Program Coordinator, via email at Tina.Fulks@odh.ohio.gov for questions regarding this Solicitation.

- P. Acknowledgment:** An Application Submitted status will appear in GMIS that acknowledges ODH system receipt of the application submission.

- Q. Late Applications:** GMIS automatically provides a time and date system for grant application submissions. 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, April 24, 2023, at 4 p.m.**

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 (GSU), via the front desk at 246 N. High St., Columbus, Ohio; but they must be delivered by **4 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 over the signature of the Director of the Ohio Department 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, written notification, issued over 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. Includes a workplan and/or logic model that demonstrates how activities reduce health disparities and inequities.
2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available.
3. Is well executed and is capable of attaining program objectives.
4. Describes Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to timelines 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 reflect the communities served through grant funds.
7. Provides an evaluation plan, including a design for determining program success and demonstrates that the community being served will be meaningfully engaged in formative and outcome evaluations.
8. Is responsive to the special concerns and program priorities specified in the Solicitation.
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds.
10. Has demonstrated compliance to OGAPP.
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.
12. Describes activities which support the requirements outlined in sections I. thru M. of this Solicitation.
13. **Dental Sealant Targeting School Criteria**

To ensure that the ODH Dental Sealant Program targets higher-risk children, one of the following criteria must be used to determine eligibility:

- Free and Reduced-Price Meal Program (FRPMP) eligibility at a school is 40% or more of children enrolled.
- High priority schools identified in the Ohio Health Improvement Zones Dashboard (see p.5, Evidence of Health Equity Strategies, b.)

A list 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 #6-Budget Planning Worksheets.

Dental Sealant Program-Specific Criteria

Applications must document commitments to maximizing the reach and impact of the dental sealant program and to the efficiency and the assurance of clinical quality. The ODH encourages all applicants to include as many eligible schools as possible in its application. Approximately 50% of children served by previously funded sealant programs are 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 uninsured children.

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

The proposal must:

1. Describe a program that is school-based, using portable dental equipment and employing one or more dental hygienists with appropriate support for sealant application and have adequate staff for scheduling and making logistical arrangements with schools. Best case scenario includes a sealant team (dental hygienist and assistant) dedicated specifically to the dental sealant program either part time or full time, as opposed to a team from a dental clinic working when their schedule allows.
2. Describe how families and appropriate school personnel will be effectively notified about children, including those with special healthcare needs, in homeroom and in special education classes, who need dental treatment and are encouraged to obtain needed care.

3. Target only schools identified as eligible. 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. One way to target local alternative school students could be to transport them to the school sealant program to be sealed.
4. Comply with the requirements (policies, procedures, standards, targets and benchmarks) of this solicitation and those specified in the [ODH School-based Dental Sealant Program Manual](#) available on the ODH website. Furthermore, applicants must document their commitment to comply with the manual, including participation in all ODH quality assurance-related activities, and by completing Attachment #4, School-Based Dental Sealant Manual Verification.
5. Assure completion of quality assurance training developed by ODH. Specifically, subrecipients must submit documentation with their application (see Attachment #3: Distance Learning Report) that appropriate dental sealant program staff (supervising dentists, dental hygienists, and dental assistants) have completed the on-line dental sealant program training. The training is available at <https://www.mchoralhealth.org/Dental-Sealant/>.
6. Provide 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, including children with special healthcare needs, and will bill Medicaid or the appropriate Medicaid Managed Care Plan for all dental sealants provided to their covered members. To bill Medicaid for dental sealants placed, the program must ensure that a dentist(s) is credentialed in all managed care plans in which children served are enrolled. In addition, the application must document the program's commitment to providing families with culturally and linguistically appropriate information about Medicaid and how to get assistance in applying for it. The funds collected from these billings must only be used to support the dental sealant program. Proposed Medicaid income must be included in the Budget Narrative and in the Budget Planning Worksheets (Attachment #6). Do not show Medicaid income in the GMIS budget.
8. Accurate information about all sources of revenue and expenses must be reflected on the Budget Planning Worksheets (Attachment #6).
9. If known, list schools declining to participate in the DS program and reasons for declining. In addition, applicants must describe efforts to meet the 50% student participation benchmark e.g., early distribution of consent forms, classroom presentations and any feedback from parents or caregivers.

NOTE: These required forms must be completed and submitted via GMIS attachment by the application due date. Grant applications will not be considered without them.

- Attachment #1-Dental Sealant Methodology Supplement.
- Attachment #2-Quality Assurance Report.
- Attachment #3-Distance Learning Report.
- Attachment #4-School-based Dental Sealant Manual Verification.
- Attachment #5-Review of Proposal Verification Form.
- Attachment #6-Budget Planning Worksheets*: includes target and follow-up grades, time and cost estimates, sources of revenue and overall budget. The program specific worksheets will be sent electronically from Tina Fulks, RDH, BA.

***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 solicitation.

Further details of how proposals will be evaluated are provided in Appendix D, Application Review Form.

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 Solicitations. **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 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 Child and Family Health, Oral Health Program, and as a sub-award of a grant issued by Health and Human Services under Title V, Maternal and Child Health Block Grant, CFDA number 93.994.”

W. Reporting Requirements: Successful applicants are required to submit Subrecipient program and expenditure reports. Reports must adhere to the requirements of the OGAPP manual. Reports must be received in accordance with the requirements of the OGAPP manual and this Solicitation before the department will release any additional funds.

Note: Failure to ensure the quality of reporting by 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: Subrecipients' Program Reports must be completed and submitted via GMIS, as required by the subgrant program by the following dates. **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.

☒ Program Reports Required

☐ No Program Reports Required

Period	Report Due Date
September 1-30, 2023	October 10, 2023
October 1-December 31, 2023	January 10, 2024
January 1-March 31, 2024	April 10, 2024
April 1-June 30, 2024	July 10, 2024
July 1-September 30, 2024	October 10, 2024
October 1-December 31, 2024	January 10, 2025

Submission of Subrecipient Program Reports via GMIS indicates acceptance of the OGAPP.

2. **Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose either monthly or quarterly reimbursement (expenditure report submission) from ODH (please check the reimbursement type on the attached NOIAF). Please note that no changes can be made to the reimbursement type during the fiscal year once the project numbers have been established in GMIS. Subrecipient Monthly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
September 1-30, 2023	October 10, 2023
October 1-31, 2023	November 10, 2023
November 1-30, 2023	December 10, 2023
December 1-31, 2023	January 10, 2024
January 1-31, 2024	February 10, 2024
February 1-29, 2024	March 10, 2024
March 1-31, 2024	April 10, 2024
April 1-30, 2024	May 10, 2024
May 1-31, 2024	June 10, 2024
June 1-30, 2024	July 10, 2024
July 1-31, 2024	August 10, 2024
August 1-31, 2024	September 10, 2024
September 1-30, 2024	October 10, 2024
October 1-31, 2024	November 10, 2024
November 1-30, 2024	December 10, 2024
December 1-31, 2024	January 10, 2025

Note: If choosing monthly expenditure reporting, program will be required to submit a monthly program report.

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
September 1-30, 2023	October 10, 2023
October 1-December 31, 2023	January 10, 2024
January 1-March 31, 2024	April 10, 2024
April 1-June 30, 2024	July 10, 2024
July 1-September 30, 2024	October 10, 2024
October 1-December 31, 2024	January 10, 2025

Note: Obligations not reported on the final monthly or fourth quarter expenditure report will not be considered for payment with the final expenditure report.

- 3. Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4 p.m.** on or before February 5, 2025. The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

Submission of the Monthly/Quarterly and Final Subrecipient Expenditure reports via the GMIS system indicates acceptance of OGAPP. Clicking the "Approve" button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations.

- X. Special Condition(s):** A Special Conditions link is available for viewing and responding to special conditions within GMIS. The 30-day time period, in which the subrecipient must respond to special conditions will begin when the link is viewable. Subsequent payments will be withheld until satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied is submitted in GMIS.

- 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.
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. Contributions to a contingency fund.
6. Entertainment.
7. Fines and penalties.
8. Membership fees — unless related to the program and approved by ODH.
9. Interest or other financial payments (including but not limited to bank fees).
10. Contributions made by program personnel.
11. Costs to rent equipment or space owned by the funded agency.
12. Inpatient services.
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building.
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants.

Applicants may not use Dental Sealant Program funds to supplant existing funds.

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to Subrecipients for purposes later discovered to be prohibited.

- AA. Audit:** Subrecipients currently receiving funding from the ODH are responsible for submitting an independent audit report. Every subrecipient will fall into one of two categories which determine the type of audit documentation required.

Subrecipients that expend \$750,000 or more in federal awards per fiscal year are required to have a single audit which meets OMB's Federal Uniform Administrative Requirements. The subrecipient must submit 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 no later than nine months after the end of the Subrecipient's fiscal year. 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's Federal Uniform Administrative Requirements.

Subrecipients that expend less than the \$750,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The Subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 days of the receipt of the auditor's report, but no later than nine months after the end of the Subrecipient's fiscal year. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent to <https://harvester.census.gov/facweb/> or to the ODH, Grants Services Unit, (GSU) within 30 days. Reference: OGAPP and OMB's Omni Circular Federal Uniform Administrative Requirements regarding Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

Subrecipient 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 subgrants passed through ODH.
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

AB. Submission of Application:

Formatting Requirements:

- Properly label each item of the application packet (e.g., 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" x 11" paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed 11 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
 - Justification
 - Personnel

- Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section
 - Summary
5. Civil Rights Review Questionnaire
 6. Assurances Certification
 7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
 8. Change request in writing on agency letterhead [**Existing agency with tax identification number, name and/or address change(s)**].
 9. Health Equity Module
 10. Public Health Impact Statement Summary (non-health department only)
 11. Statement of Support from the Local Health Districts (non-health department only)
 12. Required Attachments #1-6

One copy of the following document(s) must be e-mailed to <https://harvester.census.gov/facweb/> or mailed to the address listed below:

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

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
35 E. Chestnut Street
Columbus, Ohio 43215

II. APPLICATION REQUIREMENTS AND FORMAT

Agencies will receive GMIS access after the Notice of Intent to Apply for Funding for is submitted to ODH.

All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP 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 12 of the Solicitation 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 budget justification narrative outlining how the deliverable will be met. A budget justification example can be found on the GMIS Bulletin Board or in Appendix E.
 - 2. Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period September 1, 2023 to December 31, 2024.

The applicant shall retain all original fully executed contracts on file.

- 3. Compliance Section:** Answer each question on this form in GMIS as accurately as possible. *Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.*
- C. Assurances Certification:** Each subrecipient must submit the Assurances (Federal and State Assurances for subrecipients) form within GMIS. 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 subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- D. Project Narrative:**
- 1. Executive Summary:** (Two-page limit) Identify the target population, services and programs to be offered and what agency or agencies will provide those services and describe the burden of health disparities and health inequities related to this grant funding. Describe the public health problem(s) that the program will address. Outline the program goals and objectives. In addition, describe how the program will be evaluated and the agency's plan for quality assurance. Indicate total amount of funding requested.

Describe the general approach to reach and serve the target (grades 2 and 6), follow-up (grades 3 and 7) and/or expanded grades and what agency or agencies will provide those services. Using the completed Budget Planning Worksheets (Attachment #6), specify the total program budget and the portion requested from ODH through this grant. Be specific in program objectives and include realistic estimates of the number of school districts and schools to be served; the number of children with consent; the number of children to receive sealants; and the estimated Medicaid income.

- 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 accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) and Americans with disabilities Act (ADA) Standards for Effective Communication in a manner and method 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.

- National CLAS Standards
<https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,culturally%20and%20linguistically%20appropriate%20services>.
- ADA Standards for Effective Communication, <https://www.ada.gov/effective-comm.htm>

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; describe roles of each staff person involved in the program.

- 3. Problem/[Need]:** Identify and describe the local health status concern(s) that will be addressed by the program. Only provide 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 disparity (e.g., population, location), health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness, quality of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which evaluation will be based.

Clearly identify the target population. Explicitly describe segments of the target population who experience a disproportionate burden of dental disease or who are at increased risk of dental disease.

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

- 4. Methodology:** In narrative form, identify the program goals, **SMART** process, impact, or outcome objectives and activities. Describe in detail steps to be taken to reach student participation goals. Indicate how they will be evaluated to determine the level of success of the program. Describe how program activities are designed to address health disparities and/or health inequities identified in the proposal. Complete a program activities timeline (Attachment #1) to identify program objectives and activities and the start and completion dates and staff responsible for each. The following SMART objectives pertain to all ODH Dental Sealant subrecipients and must be submitted as the SMART objectives the program will be working toward accomplishing (insert appropriate numbers specific to your program):

- Program will receive (percent) positive consents from the children enrolled in target grades by December 31, 2024.
- Program will provide sealants to (number) children in target grades (2nd and 6th) by December 31, 2024.
- Program will provide sealants to (number) children in follow-up grades (3rd and 7th) by December 31, 2024.
- Program will apply sealants to (number) teeth in target and follow-up grades combined by December 31, 2024.

E. Civil Rights Review Questionnaire — EEO Survey: The Civil Rights Review Questionnaire Survey is a part of the Application Section of GMIS. Subrecipients 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): All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an applicant's information does not successfully upload into the federal system.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to www.dnb.com. For information about System for Award Management (SAM) go to <https://beta.sam.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 <https://www.whitehouse.gov/>.

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. Attachment(s): Attachments are documents which are not part of the standard GMIS application but are deemed necessary to a given grant program. All attachments must clearly identify the authorized program name and program number. All attachments submitted to GMIS must be attached in the "Project Narrative" section and be in one of the following formats: PDF, Microsoft Word or Microsoft Excel. 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 p.m. on or before Monday, April 24, 2023.**

Program Specific Attachments:

Complete and submit the following attachments. Completed attachments must be submitted electronically via GMIS.

- Attachment #1-Dental Sealant Methodology Supplement
- Attachment #2-Quality Assurance Report
- Attachment #3-Distance Learning Report
- Attachment #4 School-based Dental Sealant Manual Verification
- Attachment #5-Review of Proposal Verification Form
- Attachment #6-Budget Planning Worksheets: includes target, follow-up and/or expanded grades, time and cost estimates, sources of revenue, and overall budget. The program specific worksheets will be sent electronically from Tina Fulks, RDH, BA.

Note: If funded, programs will be required to submit an annual equipment inventory list.

A minimum of an original and one copy of non-Internet attachments are required.

III. APPENDICES

- A. Notice of Intent to Apply for Funding
- B. GMIS Training, User Access, Access Change or Deactivation Request
- C. Deliverable – Objective Descriptions
- D. Application Review Form
- E. Budget Justification Examples
- F. Program-Required Attachments

Appendix A

Reimbursement
Type

Select one of the
options below:

☐ Monthly

☐ OR
Quarterly

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health

Bureau of Child and Family Health

Dental Sealant Program (DS24)

Submission Required

See due date below.

New Applicants must submit the
GMIS Access form with the Notice
of Intent to Apply for Funding Form

ALL INFORMATION REQUESTED MUST BE COMPLETED.

County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

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

Type of Applicant Agency
(Check One)

☐ County Agency

☐ Hospital

☐ Local Schools

☐ City Agency

☐ Higher Education

☐ Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

Agency Head (Print Name)

Agency Head (Signature)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS. If the agency head needs updated in GMIS, please include a letter on agency letterhead outlining the change. The new agency head's signature will be accepted with receipt of the update letter.

Does your agency have at least two staff members who currently have access to the ODH GMIS system? YES ☐ NO ☐

If yes, no further action is needed. If no, ODH Grants Services Unit staff will email the GMIS reference guide to the email addresses listed on the GMIS Access Request form.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable) and Proof of Liability Coverage (if applicable). Potential applicants and current subrecipients are required to set-up and maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

This information must be set-up and maintained in the following website: <http://supplier.ohio.gov/>.

Note: Subrecipients future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO Tina.Fulks@odh.ohio.gov BY **March 22, 2023**.

NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by NEW AGENCIES by the due date. NOIAF's considered late will not be accepted.

Appendix B

If new applicant, this form must be submitted with the Notice of Intent to Apply for Funding Form.

GMIS Training, User Access, Access Change or Deactivation Request

One request per person. Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *Refresher guides can be found on the ODH web site: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>. ODH Grants Page – “GMIS Training Resource” Section.*

Date: _____

Check the type of access and complete the information requested:

☐ Employee —needs GMIS Training

☐ New Employee —needs GMIS Access. Effective Date of Activation: _____

☐ Existing Employee —New GMIS User or GMIS User Access Change

Effective/Change Date: _____

☐ Deactivation —User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only:

Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): _____

Or Effective Date of Deactivation (GMIS 2.0 access only): _____

Agency Name & Address: _____

Employee Name (no nicknames)

Employee Job Title:

Employee Office Phone Number:

Employee Office Fax Number:

Employee Office Email Address:

User Access Section: Please check all that apply and enter requested information:

Email Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to: _____

Authorization Signature for User Access/Change/Deactivation:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY—Date Received: _____ Date Processed: _____

Deliver Requests to Kathryn Berkemeyer, Grants System Officer, 614-644-7546

Mail: ODH/OFA, 35 E. Chestnut St., 4th Floor, Columbus, Ohio 43215 Or

Scan & Email: Kathryn.Berkemeyer@odh.ohio.gov

Appendix C

Name of Subgrant Program: Dental Sealant Program

Budget Period: September 1, 2023 – December 31, 2024

of Deliverables: 1

Use Budget Justification Scenario: #3

X Deliverables Only

Deliverable 1 — Objective 1: Total number of efficiently applied high quality dental sealants to the teeth of high-risk children.

- a. Total number of teeth newly sealed for non-Medicaid students (target and follow-up grades) @ \$19 each.
- b. Total number of teeth sealed elsewhere that received add-on sealant (target and follow-up grades) @ \$13 each.
- c. Total number of teeth sealed elsewhere that received complete add-on sealant AND denied Medicaid reimbursement @ \$13 each.
- d. Total number of students assessed but not sealed (target and follow-up grades) @ \$10.

Deliverable 1 — Objective 2: Purchase portable dental sealant program equipment and needed supplies, if not provided by ODH (Up to \$15,000).

**SFY 2024 DENTAL SEALANT
PROGRAM APPLICATION REVIEW
FORM**

Applicant Agency _____		Total Budget Request _____	
Grant Number _____		Reviewer Name _____	

Application Quality	Maximum Score	Reviewer Score	Notes
<input type="checkbox"/> Proposal is well organized and clearly written.	2		
<input type="checkbox"/> Proposal is complete with all required attachments, including: <ul style="list-style-type: none"> Attachment #1: Dental Sealant Methodology Supplement. Attachment #2: Quality Assurance Report. Attachment #3: Distance Learning Report. Attachment #4: School-based Dental Sealant Manual Verification. Attachment #5: Review of Proposal Verification. Attachment #6: Budget Planning Worksheets. 	6		
<input type="checkbox"/> Proposal adheres to solicitation guidance regarding formatting requirements (see Solicitation Section 1, AB).	2		
Total Application Quality	10		

Project Narrative: Executive Summary	Maximum Score	Reviewer Score	Notes
<input type="checkbox"/> Outlines the program's goals and objectives.	2		
<input type="checkbox"/> Describes a program that is school based, uses portable equipment and employs team(s) of dental hygienist/dental assistant to complete the objectives.	2		
<input type="checkbox"/> Provides a realistic estimate of the number of schools to serve, number of children to receive sealants and Medicaid income.	2		
<input type="checkbox"/> Describes how the program will be evaluated and the agency's plan for quality assurance.	2		
<input type="checkbox"/> Specifies total amount of funding requested for this project.	2		

APPENDIX D

Total Executive Summary	10		
Project Narrative: Description of Applicant Agency/ Documentation of Eligibility/Personnel	Maximum Score	Reviewer Score	Notes
<input type="checkbox"/> Adequately summarizes agency's eligibility to apply and its structure as it relates to management of this grant program.	2		
<input type="checkbox"/> Describes agency's experience and capacity to fulfill the needs and requirements of the project.	2		
<input type="checkbox"/> Effectively describes all personnel who will be involved in this project and their qualifications to implement and carry out the project, including their roles.	3		
<input type="checkbox"/> Notes any personnel or equipment deficiencies in carrying out this project and describes plans for hiring and training.	3		
<input type="checkbox"/> Describes the capacity of the organization to communicate effectively and convey information in a manner that is easily understood by diverse audiences, including those who have limited proficiency in English, those who are not literate or have low literacy skills, and individuals with disabilities.	3		
<input type="checkbox"/> Demonstrates agency's commitment to cultural and linguistic competency.	2		
Total Applicant Agency/Documentation of Eligibility/Personnel	15		
Project Narrative: Problem/Need	Maximum Score		Notes
<input type="checkbox"/> Identifies, describes, and provides data on the local health concern to be addressed by the program.	2		
<input type="checkbox"/> Effectively describes access to dental care issues in the agency's service area.	2		
<input type="checkbox"/> Describes the segments of the population who experience oral health disparities and who are at high risk for dental disease.	3		
<input type="checkbox"/> Identifies geographic location where services will be provided and whether these areas have higher dental needs, e.g., dental health professional shortage area (HPSA), Appalachia or an area with limited resources.	3		

APPENDIX D

<input type="checkbox"/> Describes how schools qualify for participation in the dental sealant program and provides letters of commitment from administrators/staff of schools new to the program. <input type="checkbox"/> Effectively describes dental resources in the service area to be used as referral networks for children with dental needs.	3 2		
Total Problem/Need	15		
Project Narrative: Methodology	Maximum Score	Reviewer Score	Notes
<input type="checkbox"/> Clearly identifies SMART objectives (see page 16 of solicitation) and activities designed to accomplish program goals. <input type="checkbox"/> Describes plan for accomplishing objectives, including timelines and staff responsible for activities (Attachment #1). <input type="checkbox"/> Indicates how objectives will be evaluated in order to determine the program's success, including specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities. <input type="checkbox"/> Describes measurable health equity targets that demonstrate reducing disparities and improving health inequities. <input type="checkbox"/> Describes how families and appropriate school personnel will be notified about children who need dental treatment and are encouraged to obtain needed care (Attachment #2).	6 6 6 6 6		
Total Methodology	30		
Budget	Maximum Score	Reviewer Score	Notes
<input type="checkbox"/> The proposed budget, including staffing, is adequate to accomplish program objectives and deliverables. <input type="checkbox"/> Budget elements are consistent with other information in application (e.g., executive summary, program narrative, GMIS budget and budget justification). <input type="checkbox"/> The required Budget Planning Worksheets (Attachment #6) are completed.	5 5 5		

APPENDIX D

<input type="checkbox"/> Correct Budget Justification is utilized (Scenario #3, Appendix E), all deliverables and deliverable funding amounts are included, and form is signed by the agency head.	5		
Total Budget	20		
Past Performance	Maximum Score	Reviewer Score	
<p>Program demonstrated acceptable past performance, if previously funded (i.e., in the past five years). Acceptable past performance includes:</p> <p><input type="checkbox"/> Meeting objectives/targets or making acceptable progress toward objectives/targets as outlined in the agency's proposal or agreed to with the Oral Health Program.</p> <p><input type="checkbox"/> Spending ODH grant funds in accordance with approved budget.</p> <p><input type="checkbox"/> Submitting timely, complete, accurate and reasonable program and expenditure reports.</p> <p><input type="checkbox"/> Responding to special conditions in a timely manner.</p>	<p>4</p> <p>2</p> <p>2</p> <p>2</p>		
Total Past Performance	10		
TOTAL POINTS	110		

BRIEF SUMMARY OF APPLICATION:

ANY SIGNIFICANT STRENGTH OR WEAKNESS OF APPLICATION:

BUDGET JUSTIFICATION EXAMPLE (Deliverable Funding Only)

NOTES:

1. Budget justification line items **MUST** be in the same order as in the GMIS budget.

OTHER DIRECT COSTS

Deliverable – Objectives

(PLEASE REFER TO SUBGRANT SOLICITATION FOR THE REQUIRED SCENARIO) (Note: Budget leverage cannot be used to move funding into or out of any Deliverables – Objective line item. Also, indirect cannot be charged against this line item.)

Scenario 1 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1 \$10,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 2 \$45,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 3 \$75,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Scenario 2 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1

Franklin County	\$40,000
Union County	\$11,000
Madison County	\$20,000
Licking County	\$15,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 2

Franklin County	\$52,500
Union County	\$9,500
Madison County	\$12,500

APPENDIX E

Licking County

\$16,500

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 3

Franklin County	\$78,750
Union County	\$16,750
Madison County	\$8,750
Licking County	\$38,750

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Scenario 3 (please refer to the solicitation to determine which scenario to use)

- Deliverable – Objective 1

Objective A	\$10,000
Objective B	\$20,000
Objective C	\$30,000
Objective D	\$40,000

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 2

Objective A	\$12,500
Objective B	\$2,500
Objective C	\$1,500
Objective D	\$16,500

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 3

Objective A	\$28,750
Objective B	\$8,750
Objective C	\$1,750
Objective D	\$38,050

Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

Total Other Direct Costs

\$Total

Budget Grand Total**\$****Notes:**

- 1. The budget justification must be signed by the agency head listed in GMIS.**
- 2. Budget revisions that do not include a signed budget justification by the agency head listed in GMIS will be disapproved.**
- 3. Authorized representative certification language must also be included with agency head signature.**

Subrecipient's authorized representative certifies the foregoing:

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Sub-recipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

[Signature]_____
[Print Name & Title]_____
[Date]

**OHIO DEPARTMENT OF HEALTH
BUREAU of CHILD and FAMILY HEALTH**

SFY 2024 DENTAL SEALANT PROGRAM

Program Forms Required: Attachments 1-6

Attachment forms 1-6 must be completed and submitted as an attachment via GMIS

Grant Application will not be considered without these forms:

Attachment #1: Dental Sealant Methodology Supplement

Attachment #2: Quality Assurance Report

Attachment #3: Distance Learning Report

Attachment #4: School-based Dental Sealant Manual Verification

Attachment #5: Review of Proposal Verification Form

Attachment #6: Budget Planning Worksheets*

**Please note:* An electronic version of the Budget Planning Worksheets (Attachment #6) will be emailed to applicant agencies following receipt of the agency's Notice of Intent to Apply for Funds.

Attachment #1

DENTAL SEALANT METHODOLOGY SUPPLEMENT

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. Distribute consent forms 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 #2
QUALITY ASSURANCE REPORT

GRANT APPLICATION WILL NOT BE CONSIDERED WITHOUT THIS FORM

Agency _____

Program Number _____

1. The Occupational Safety and Health Administration (OSHA) requires that dental staff receive infection control training annually.
 - a) Who will provide the training? _____
 - b) Date of the training? _____
 - c) Will your staff be provided with written protocol for infection control? ☐ Yes ☐ No
2. Will your program operate in accordance with the Dental Practice Act: Ohio Revised Code Chapter 4715 (laws), and Ohio Administrative Code Chapter 4715 (rules)? ☐ Yes ☐ No
3. Will your program comply with the ODH Dental Sealant Program Manual, ODH quality assurance activities, and ODH data collection/reporting mechanisms implemented during the funding period? ☐ Yes ☐ No
 - a) 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. What is the name/manufacture of the sealant material used by this program? _____
 - a) Is it ☐ glass ionomer sealant or ☐ resin-based sealant?
 - b) What is the name/manufacture of the conditioner/etchant use by this program? _____

6. Is your program latex-free? ☐ Yes ☐ No

Attachment #2 continued

Agency _____

Program _____

7. Will short-term sealant retention be checked routinely each quarter for each sealant team? ☐ Yes ☐ No

a) 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. _____

b) Short term retention checked:

- 1) By whom? _____
- 2) How long after sealant placement? _____
- 3) How many of the schools will be checked? _____
- 4) If there is more than one sealant team, will retention be checked for each team? ☐ Yes ☐ No
- 5) What is your short-term complete retention? %

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? %

9. Will four-handed sealant application technique be used? ☐ Yes ☐ No

a) 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

Attachment #2 continued

Agency _____

Program _____

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

☐ Dental hygienist

☐ _

11. 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.

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

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

Attachment #2 continued

Agency _____

Program Number _____

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

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

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

Attachment #3

DISTANCE LEARNING REPORT

GRANT APPLICATION WILL NOT BE CONSIDERED WITHOUT THIS FORM

Agency _____ Program Number _____

List all the dental sealant program personnel, their position and indicate when the dental sealant distance learning course was completed.

[illegible]

Attachment #4

Ohio Department of Health
Bureau of Child and Family Health

SCHOOL-BASED DENTAL SEALANT MANUAL

VERIFICATION for

Dental Sealant Program

(Name of subrecipient agency)

Subrecipients must adhere to the requirements in the ODH School-based Dental Sealant Manual.

Subrecipients must submit documentation (multiple forms may be used) via GMIS attachment with the SFY 2024 grant application confirming that dental sealant program staff, including dental hygienists, dental assistants, and supervising dentists have read the manual. Documentation for new staff must be submitted when changes in staff occur. Originals should be kept on file by the subrecipient.

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 #5

**Ohio Department of Health
Bureau of Child and Family Health
Review of Proposal**

Verification for

Dental Sealant Program

(Name of Subrecipient agency)

The SFY 2024 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 attachment with the grant application documenting that the dental sealant program teams (dental hygienists and dental assistants) reviewed the proposal. Teams should review the proposal to ensure that they understand their role in serving schools and achieving the targeted number of students to receive sealants. Originals should be kept on file by the subrecipient.

I/We verify that I/we have reviewed the proposal and understand the schools to be served and the number of students to receive sealants during SFY 2024, based on this Dental Sealant Program application.

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 #6

Grantee ID Number:[illegible]

SFY 2024 School-Based Dental Sealant Program

Attachment #6

[illegible]

Attachment #6

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

[illegible]

2024 School-Based Dental Sealant Program Follow-Up Grades

Attachment #6

[illegible]

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

	# of Children							
	Enrolled in Target Grades (2+6)	Consent in Target Grades (2+6) previous year						
			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
Target Grades (2+6)	0		42%	0				
Follow-up Grades (3+7)		0	38%	0				
				0 (Target +Follow-up)	19	0		#DIV/0!

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

Justification:

2024 School Based Dental Sealant Program Planning Worksheet

Attachment #6

Grantee Name:

Grantee ID Number:

Compute estimated Medicaid income below.

	Estimated # of children to receive sealants	Estimated % 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 # of teeth sealed per child	Estimated # of teeth sealed	Estimated Medicaid reimbursement for each tooth sealed	Estimated Medicaid Income
Target Grades (2 + 6)	0	50%	0	3.6	0	\$22.00	\$ -
Follow-up Grades (3 + 7)	0	50%	0	1.8	0	\$22.00	\$ -
Total							\$ -

*The applicant may increase the constant given but may not decrease it.

Compute estimated ODH grant funds for Deliverable 1a.

	Estimated # of children to receive sealants	Estimated % of non-Medicaid eligible children	Estimated # of non-Medicaid eligible children to receive sealants	Estimated # of teeth sealed per child	Estimated # of teeth sealed	Reimbursement for each tooth sealed	ODH Grant funds requested for Deliverable 1a
Target Grades (2 + 6)	0	50%	0	3.6	0	\$19.00	\$ -
Follow-up Grades (3 + 7)	0	50%	0	1.8	0	\$19.00	\$ -
Total							\$ -

Compute estimated ODH grant funds for Deliverable 1b.

	Estimated # of teeth sealed (target & follow-up)	Estimated % of total # of teeth sealed elsewhere that received add-on sealant	Estimated # of teeth sealed elsewhere that received add-on sealant.	Reimbursement for each tooth	ODH Grant funds requested for Deliverable 1b
	0	6%	0	\$13.00	\$0.00

2024 School Based Dental Sealant Program Planning Worksheet

Attachment #6

Compute estimated ODH grant funds for Deliverable 1c.

	Estimated# of teeth sealed (target & follow-up)	Estimated % of total# of teeth sealed elsewhere that received complete add-on sealant AND denied Medicaid reimbursement	Estimated# of teeth sealed elsewhere that received complete add-on sealant AND denied Medicaid reimbursement	Reimbursement for each tooth	ODH Grant funds requested for Deliverable 1c
	0	4%	0	\$13.00	\$ -

Compute Estimated ODH Grant Funds for Deliverable 1d.

	50% of #enrolled in target grades and # of children in f/u grades with consent	Estimated# of children to receive sealants	Estimated# children assessed but not sealed	Reimbursement for each child assessed but not sealed	ODH Grant funds requested for Deliverable 1d
	0	0	0	\$10.00	\$ -

Total Revenue	Amount
ODH Grant Funds Requested for Deliverables 1a, 1b, 1c and 1d.	\$ -
Estimated Medicaid Income	\$ -
Applicant Agency Funds	\$
Other (other grants, gifts, contributions) (please specify below)	\$
Total Program Resources	\$ -