

ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

Bureau of Maternal, Child, and Family Health

Dental Sealant Program SOLICITATION FOR FISCAL YEAR 2026 (01/01/2026 – 12/31/2026)

COMPETITIVE GRANT APPLICATION INFORMATION

00% Deliverable Funding



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I. FUNDING APPLICATION GUIDANCE

A. Policy and Procedures: The Funding Application consists of multiple parts: Program Narrative or Updates(if applicable for continuation funding), Program Budget and Budget Narrative, and Other Required Attachments.

An application for an Ohio Department of Health (ODH) grant consists of several required components including utilizing the Grants Management Information System Portal (GMISPP) <https://odh.ohio.gov/about-us/funding-opportunities/resources/ofa-GMISP>. 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, the application will not be considered for review.** In addition to the information maintained in GMISPP, it is also maintained at the following website: <http://supplier.ohio.gov/>.

Submission of the application constitutes acknowledgment and acceptance of ODH policy and procedures, rules, federal, state, and local laws and ordinances and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: January 1, 2026-December 31, 2026 of the total performance project period, January 1, 2026-December 31, 2028. Please note as of October 1, 2024, compliance with Uniform Grant Guidelines (UGG) is required.

First-tier Subrecipient personnel paid using the funding must complete daily timesheets. Time and Effort reporting must be completed if staff are charged to multiple funding sources.

All budget justifications must include the following language and be signed by the agency head listed in GMISPP. Please refer to the budget justification examples listed on the GMISPP bulletin board.

- The First-Tier 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).
- First-Tier Subrecipient's budgeted costs are reasonable, allowable, and allocable under ODH policy and procedures, and federal, state, and local laws, ordinances, rules and regulations.
- The First-Tier Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of ODH policy and procedures, and federal, state, and local laws, ordinances, rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of ODH policy regarding subawards and are prepared to establish the necessary inter-agency agreements consistent with those policies.
- The First-Tier Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under ODH policy and procedures, and federal, state, and local laws, ordinances, 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 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 and to maintain or expand existing programs. 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 should target students in grades 2 and 6 for dental sealants, and follow-up with those same students the next school year when they are in grades 3 and 7. The purpose of conducting follow-up in grades 3 and 7 is to apply sealants to the teeth that had not adequately erupted the previous year or to re-apply sealant to teeth as needed. Applicants may propose serving additional grades in some schools if the dental needs of those students can be demonstrated. An agency’s decision and rationale to serve expanded grades must be part of the Executive Summary, Problem Statement/Need, Methodology and Budget Planning Worksheets (Attachment #4).

Applicants are strongly encouraged to provide fluoride varnish applications to the students as well as dental sealants. Applicants may offer fluoride varnish applications to any grade level. If providing fluoride varnish, it is highly recommended that students receive two applications, approximately 4-6 months apart during the school year.

Technical Assistance Session

A technical assistance session (Bidders’ Conference) will be held on Wednesday, July 9, 2025, at 10:00 am 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. Please see **Appendix B** for information on joining the meeting. 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.

D. Qualified Applicants: *Not for Profit; Hospitals; County Agency; City Agency.*

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

1. Out of State applicants must have an office in the State of Ohio.

2. Out of State applicants must be registered with the Ohio Secretary of States Office.
3. Out of State applicants can only serve Ohio citizens.
4. Ohio applicants will have first consideration for all ODH subgrant programs.

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

1. The Applicant does not owe funds to ODH and/or has repaid any funds due within 45 business days of the invoice date.
2. Applicants have not been certified to the Ohio Attorney General's (AG's) office.
3. First-Tier Subrecipients under any Federal award/contract/cooperative agreement must certify to the pass-through entity whenever applying for funds, requesting payment, and submitting financial reports: "I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812." Each such certification must be maintained pursuant to the requirements of § 200.334.
4. All applicants must abide by Whistleblower Protections as required by CFR **200.217**.
5. Take reasonable cybersecurity and other measures to safeguard information including protected personally identifiable information (PII) and other types of information. This also includes information the Federal agency or pass-through entity designates as sensitive or other information the recipient or First-Tier Subrecipient considers sensitive and is consistent with applicable Federal, State, local, and tribal laws regarding privacy and responsibility over confidentiality.
6. Applicant has submitted an application and all required attachments by **4:00 p.m. on Monday 08/11/2025**

E. Service Area: Clearly define, using governmental subdivisions, i.e., 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: Funding to support the Dental Sealant Program subgrant program is derived from Federal sources. Up to \$651,301.00 from the Health Resources and Services Administration, Maternal and Child Block Grant is available to be awarded to 11 awardees. Eligible agencies may apply for a maximum award of \$150,000.00.

No grant award will be issued for less than **\$30,000.00**. 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.

The Ohio Department of Health reserves the right to adjust the amount applied for by applicants based on the availability of funds.

G. Due Date: All parts of the application, including any required attachments, must be completed, and received by ODH electronically via GMISP by **4:00 p.m. by Monday, 08/11/2025**. 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 or by phone at (740) 688-4263 with any questions.

H. Authorization: Authorization of funds for this purpose is contained in Amended Substitute HouseBill and/or the Assistance Listing Number 440601, *Department of Health and Human Resources*.

I. Period of Performance and Budget Period: The period of performance will begin 01/01/2026 and end on 12/31/2028. The budget period for this application is 01/01/2026 through 12/31/2026.

J. 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: <https://phaboard.org/accreditation-recognition/version-2022/>

K. Public Health Impact Statement: All First-Tier Subrecipients that are not local health districts must communicate, if applicable to the funding, with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.

L. Public Health Impact Statement Summary — First-Tier Subrecipient agencies are required to submit a summary of the proposal to local health districts if applicable prior to submitting the grant application to ODH. 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 or not warranted, note this when submitting the program summary with the grant application. If a First-Tier Subrecipient agency has a regional and/or statewide focus, a statement of support should be submitted from at least one local health district, if available. 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:

- i. 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.
- ii. Standard 1.4: Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Intervention.
- iii. Standard 2.2: Contain/Mitigate Health Problems and Environmental Public Health Hazards.
- iv. Standard 3.2: Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences.
- v. Standard 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes.
- vi. Standard 10.2: Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices with Appropriate Audiences.

M. ODH is committed to addressing health disparities for all Ohioans. The items below are requirements for all First-Tier Subrecipients to ensure optimal health for all Ohioans is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.) As part of the application, First-tier sub-recipients are required to:

- i. 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 Ohio's health data) <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- ii. Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.
- iii. 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.
- iv. Identify measurable health disparity targets that demonstrate reducing disparities and improving health outcomes are critical goals to be achieved through program activities. This information must also be supported by data.
- v. Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or addressing health disparities.
- vi. Develop staffing plans where board members, leadership and program staff proportionally represent the population being served.
- vii. 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 opportunities to collaborate across sectors and may serve as a new source of support for the program.

N. Human Trafficking: The Ohio Department of Health (ODH) is committed to the elimination of human trafficking in Ohio. To support the prevention of human trafficking and service provision for human trafficking survivors, all ODH funding recipients must confirm in their application that within the first year of a new competitive award, they will comply with the following requirements:

- 1) Ensure that one or more staff persons involved in program implementation complete(s) at least one training on human trafficking. Training may be from a local human trafficking service provider, or be fulfilled by completing the Governor's Ohio Human Trafficking Task Force 50-minute online training. This training features information about the signs and indicators of human trafficking, who is impacted in Ohio, and includes interviews with responders and survivors, and how you can help make a difference. (Some professional continuing education credits are available.) Training: <https://httrain.das.ohio.gov/>
- 2) Assess additional human trafficking crisis intervention or prevention training opportunities relevant to the funded program and implement such training as needed.
- 3) Assess the need for human trafficking policies or protocols related to the funded program and implement them as needed.
- 4) Provide a report to ODH listing who received training and the results of the two assessments.

☐ Applicable ☒ Not Applicable to Dental Sealant Program

O. Appropriation Contingency: Any award made through this program is contingent upon the availability of funds for this purpose. **The First-Tier Subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**

- P. Programmatic, Technical Assistance and Authorization for Internet Submission:** Agencies will receive their authorization after the posting of the Solicitation to the ODH website. Please contact Tina Fulks, School-based Oral Health Program Coordinator, via email at tina.fulks@odh.ohio.gov or by phone at for questions regarding this Solicitation.
- Q. Acknowledgment:** An application submitted status will appear in GMISP that acknowledges ODH system receipt of the application submission.
- R. Late Applications:** GMISP automatically provides a time and date system for grant application submissions. Required attachments and/or forms must be uploaded into GMISP by **Monday, 08/11/2025 at 4:00 p.m**
- S. Successful First Tier Subrecipients:** Successful First Tier Subrecipients will receive official notification in the form of a Notice of Award (NOA) via email and sent to the primary user in GMISPP.
- T. Unsuccessful First Tier Subrecipients:** Within 30 calendar days after a decision to not fund a grant application, a notification shall be sent via GMISPP to the unsuccessful First-Tier Subrecipient.
- 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 to be an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific federal 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
- 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 as a 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 Maternal, 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, and CFDA number 93.994.”*
- W. Review Criteria:** All proposals will be graded on the quality, clarity, and completeness of the application. Applications will be graded according to the extent to which the proposal illustrates the following:

- i. Workplan and/or logic model demonstrate how activities address health disparities.
- ii. Is responsive to policy issues and program objectives of the initiative/program/activity for which grant dollars are being made available.
- iii. Can attain program objectives.
- iv. Describe Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones, and outcomes with respect to timelines and resources.
- v. Budget and budget narrative are aligned with the program activities
- vi. Program personnel are well qualified by training and/or experience for their roles in the program, and the First-Tier Subrecipient organization has adequate facilities and personnel to reflect the communities served through grant funds.
- vii. Have an evaluation plan, including a design for determining program success and demonstrate that the community being served will be meaningfully engaged in formative and outcome evaluations.
- viii. Respond to the special conditions and program priorities specified in the Solicitation.
- ix. Have acceptable past performance related to programmatic and financial stewardship of grant funds.
- x. Explicitly identify specific groups in the service area who experience a disproportionate burden of diseases; health condition(s); or who are at an increased risk for problems addressed by this funding opportunity.

ODH will make the final determination and selection of successful/unsuccessful First-Tier Subrecipients and reserves the right to reject any or all applications for any given solicitations. All decisions are final and not appealable.

X. Reporting Requirements: Successful applicants are required to submit First-Tier Subrecipient program and expenditure reports. The reports must be received in accordance with the requirements of the OGAPP manual and this solicitation before the department releases 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:

- a. **Program Reports:** First-Tier Subrecipients program reports must be completed and submitted via GMISP, 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.

X ___ Program Reports Required ___ No Program Reports Required

Period	Report Due Date
January 1 - March 31, 2026	April 10, 2026

April 1 - June 30, 2026	July 10, 2026
July 1 - September 30, 2026	October 10, 2026
October 1 - December 31, 2026	January 10, 2027

Submission of First-Tier Subrecipient program reports via GMISP indicates acceptance of the OGAPP.

See section X for mandatory meeting requirements, if applicable.

- b. First-Tier Subrecipient Reimbursement Expenditure Reports:** First Tier Subrecipients can choose monthly or quarterly reimbursements (expenditure report submission) from ODH. Please note that no changes can be made to the reimbursement type during the fiscal year once the project numbers have been established in GMISP. First-Tier Subrecipient monthly reimbursement expenditure reports **must** be completed and submitted **via GMISP** by the following dates:

Period	Report Due Date
January 1-31, 2026	February 10, 2026
February 1-28, 2026	March 10, 2026
March 1-31, 2026	April 10, 2026
April 1-30, 2026	May 10, 2026
May 1-31, 2026	June 10, 2026
June 1-30, 2026	July 10, 2026
July 1-31, 2026	August 10, 2026
August 1-31, 2026	September 10, 2026
September 1-30, 2026	October 10, 2026
October 1-31, 2026	November 10, 2026
November 1-30, 2026	December 10, 2026
December 1-31, 2026	January 10, 2027

First-Tier Subrecipient quarterly reimbursement expenditure reports **must** be completed and submitted **via GMISP** by the following dates: **(please see example below)**.

Period	Report Due Date
January 1 - March 31, 2026	April 10, 2026
April 1 - June 30, 2026	July 10, 2026
July 1 - September 30, 2026	October 10, 2026
October 1 - December 31, 2026	January 10, 2027

Note: Obligations not reported on the final monthly or 4th quarter expenditure report will not be considered for payment with the final expenditure report.

- c. **Final Expenditure Reports:** A First-Tier Subrecipient final expenditure report reflecting total expenditures for the fiscal year must be completed and submitted **via GMISP by 4:00 p.m.** on or before 02/05/2027.

The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the First-Tier Subrecipient final expense report, which serves as an invoice to return unused funds.

- *Submission of the Monthly/Quarterly and Final First-Tier Subrecipient expenditure reports via the GMISP system indicates acceptance of OGAPP. Clicking the "Approve" button constitutes an authorization of the submission by the agency official and serves as electronic acknowledgment and acceptance of OGAPP rules and regulations*

- d. **Special Condition(s):** Special Conditions, if applicable, are available for viewing and responding to conditions within GMISPP. The 30 business-day period, in which the First Tier Subrecipient must respond to special conditions, will begin when the link is viewable in the portal. 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 GMISPP.

Submission of ALL First-Tier Subrecipient program and expenditure reports via the ODH's GMISPP system indicates acceptance of rules, regulations, policy and procedures, laws, and local ordinances of ODH, state, local and federal agencies.

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

First-Tier Subrecipients that spend \$1,000,000 or more in federal awards per fiscal year are required to have a single audit which meets 200 CFR. The First-Tier 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 calendar days of the receipt of the auditor's report, but no later than nine months after the end of the First-Tier 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.

First-Tier Subrecipients that expend less than the \$1,000,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. The First-Tier Subrecipient must submit a copy of the audit report, the auditor's management letter, and a corrective action plan (if applicable) within 30 calendar days of the receipt of the auditor's report, but no later than nine months after the end of the First-Tier Subrecipient's fiscal year.

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 calendar days.

I. APPLICATION REQUIREMENTS AND FORMAT

- 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 ODH.
- B. Program Budget:** Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria. Any award made through this program is contingent upon the availability of funds for this purpose. The First-tier Subrecipient agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.
- **Budget Narrative:** Provide a budget justification narrative outlining how the deliverables will be met. (A budget justification example can be found in GMISPP).
 - **Primary Reason and Justification Pages (For Deliverable Grants):** Provide a detailed budget narrative describing how the categorical costs are derived. 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. (A budget justification example can be found on GMISPP).
 - **Personnel, Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period [(Date) to (Date)]. Funds may be used to support personnel, training, travel (see OBM website) <https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule> and supplies directly related to planning, organizing, and conducting the initiative/program/activity described in this announcement. Participant engagement and project evaluation costs can also be included as direct costs.
 - All First-Tier Subrecipient personnel paid using any portion of this subaward must complete daily timesheets. Time & Effort reporting must be completed if staff are charged to multiple funding sources.
 - The First-Tier Subrecipient shall retain all original fully executed Notice of Award Acceptance (NOAA) on file. A completed "Confirmation of NOAA Agreement" (CCA) must be submitted via GMISPP for each NOAA once it has been signed by both parties. All NOAA's must be signed and dated by all parties prior to any service being rendered and must be attached to the NOAA section in GMISPP. The submitted NOAA must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued. The first-tier Subrecipient shall itemize all equipment (minimum \$10,000, unit cost value) to be purchased with grant funds in the Equipment Section.

- **Indirect Costs (Facilities and Administration):** Note to First-Tier Subrecipient position: please select one of the three options that apply. These options are available in GMISPP.
 - Use the indirect cost rate included in the agency's Indirect Cost Rate Agreement as negotiated with and approved by the federal funder. If the First-Tier Subrecipient chooses this option, then the agreement must be submitted in GMISPP as an attachment to the application.
 - If the First-Tier Subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the First-Tier Subrecipient may elect to charge a de minimis rate of 15% of modified total direct costs (MTDC) which may be used indefinitely.
 - Base the budget solely upon direct costs
- **Cost-Sharing** is not required by this program. Do not include a cost 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.

OR

% is required by this program. This Cost Sharing amount must be included in the applicant share screen of the application page with a cost share plan in the narrative.

1. [2025] Budget via GMISPP: Complete requested budget information as follows:

- **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period (insert dates)

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

- **Compliance:** Answer each question on this form. Completion of the form ensured agency's compliance with the administrative standards of ODH and if applicable state and federal grants.

2. 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 (unless allowable by the grant).
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.

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

C. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments. (these are actually built into GMISPP each time a program area submits a new solicitation or should be)

- Attachment #1: Dental Sealant Methodology Supplement
- Attachment #2: Quality Assurance Report
- Attachment #3: Verification Form
- Attachment #4: Budget Planning worksheets
- Attachment #5: Fluoride Varnish worksheets
- Attachment #6: Budget Justification and Approval

NOTE: Competitive grant applications will not be considered without completion of Attachments 1-6.

All attachments must be completed and submitted electronically. All attachments must clearly identify the authorized program name and GMISPP project number.

a. Other Required Documentation:

- First-Tier 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: First-Tier Subrecipients future payments will be held if the EFT information is not being properly maintained in the supplier portal.

- **Audit:** First-Tier Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov.
- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section. First-Tier Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted online automatically with each application.
- **Assurances Certification:** Each First-Tier Subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantee) form in GMISPP. 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 First-Tier Subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- **Federal Funding Accountability and Transparency Act (FFATA):** All new applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMISPP. 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 first-tier applicants for ODH grants are required to register in SAM.gov and submit the information in the grant application. For information about System for Award Management (SAM) and Federal Funding Accountability and Transparency Act go to <https://sam.gov/fsrs>.

- **Participant Engagement:** Community engagement activities can lead to more effective grantmaking; improved trust, transparency, accountability; and meaningful incorporation of the knowledge, needs, and lived experiences of the affected individuals and communities into program design, implementation, and evaluation. The Uniform Grant Guidance 2 CFR 200.202 allows recipients to charge participant support as a direct cost the subaward. Participant is defined as: An individual participating in or attending program activities under a federal award, such as training or conferences, but who is not responsible for implementation of the Federal award. Individuals committing effort to the development or delivery of program activities under a federal award (such as consultants, project personnel, or staff members of a recipient or First-Tier Subrecipient) are not participants. Examples of participants may include community members participating in a community outreach program, members of the public whose perspectives or input are sought as part of a program, students, or conference attendees. Participant Support is defined as: Costs means direct costs that support participants (see definition for Participant in § 200.1) and their involvement in a federal award, such as stipends or, subsistence allowances, travel allowances, registration fees, temporary dependent care, and per diem paid directly to or on behalf of participants. Under the revised Uniform Guidance (2 CFR §§ 200.407 and 200.456), federal grant recipients no longer need prior approval to charge participant support costs as direct costs to Federal funds.

- **For Non-Profit Organizations Only:**

1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMISPP.
2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating status. If changed, attach in GMISPP the Internal Revenue Services (IRS) letter approving non-tax-exempt status.

The applicant shall retain all original fully executed contracts on file. A completed “Confirmation of Contractual Agreement” (CCA) must be submitted via GMISP for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any service being rendered and must be attached to the CCA section in GMISP. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.

D. Required Application Appendices

1.

E. Subgrant Deliverables (if applicable)

1. ***Deliverable-Objective1***

2. ***Deliverable-Objective 2***

III APPENDICES

Additional Appendix documents can be found in GMISP under the Solicitation’s ‘Resources’ section

APPENDIX A

Dental Sealant Program-Specific Criteria

Applications must document commitments to maximizing the reach and impact of the 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.

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

- Free and Reduced-Price Meal Program (FRPMP) eligibility at a school is 40% or more of children enrolled. October 2023 (FY24) data for the FRPMP can be found at: <https://education.ohio.gov/Topics/Student-Supports/Food-and-Nutrition/Resources-and-Tools-for-Food-and-Nutrition/Data-for-Free-and-Reduced-Price-Meal-Eligibility>. These data are to be used to complete Attachment #4-Budget Planning Worksheets.
- The overall Social Vulnerability Index (SVI) score or the SVI score for one of the 4 themes (socioeconomic, household characteristics, racial and ethnic minority status, or housing type and transportation) is .75-1.0 **for the census tract where a school is located**. This information can be found on the Ohio Health Improvement Zones Dashboard at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones>.

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/FV applications and have adequate staff for scheduling and making logistical arrangements with schools. Best case scenario includes a team (dental hygienist and assistant) dedicated specifically to the 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 will be assisted in obtaining additional dental care.
3. Target only schools identified as eligible by ODH, or those schools for which official

documentation of ODH eligibility criteria, e.g., local alternative school, 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 solicitation and those specified in the [ODH School-based Dental Sealant Program Manual](#). Furthermore, applicants must document their commitment to comply with the manual, including participation in all ODH quality assurance- related activities, and by completing Attachment #3, Verification Form.
5. Assure completion of quality assurance training developed by ODH. Specifically, subrecipients must submit documentation with their application (see Attachment #3: Verification Form) 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/>. Subrecipients must also submit documentation that they have taken the required infection prevention and control training, "Foundations: Building the Safest Dental Visit" training offered by the Association for Dental Safety. This training is available through CDC TRAIN and Ohio TRAIN.
6. Document commitment of schools to participate, either previous participation in the program or, for schools that did not participate in 2025, letters of commitment from school district administrators.
7. Describe how the program will make a concerted effort to identify all children receiving sealants and/or fluoride varnish, who are Medicaid consumers, including children with special healthcare needs who may or may not be in "special education" classes or programs in the area, and will bill Medicaid or the appropriate Medicaid Managed Care Plan for all dental sealants/FV provided to their covered members. To bill Medicaid for dental services, the program must ensure that a dentist(s) is credentialed in all managed care plans in which children served were 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 receive assistance in applying for it. **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 the Budget Planning Worksheets (Attachment #4). 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 #4).
9. If known, list schools declining to participate in the 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.

10. If choosing to provide fluoride varnish applications, the Fluoride Varnish Worksheets (Attachment #5) must be completed. Warren City HD, Lawrence Co. HD, and Washington Co. HD may request up to \$20,000 each for fluoride varnish applications. Other subrecipients choosing to begin a fluoride varnish program in Fall 2026 may request up to \$10,000 each.

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 Program Methodology Supplement
- Attachment #2-Quality Assurance Report
- Attachment #3-Verification Form
- Attachment #4- Budget Planning Worksheets: includes target and follow-up grades, time and cost estimates, sources of revenue and overall budget.
- Attachment #5- Fluoride Varnish Worksheets
- Attachment #6-Budget Justification and Approval

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

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.**

APPENDIX B

Technical Assistance

Microsoft Teams [Need help?](#)

[Join the meeting now](#)

Meeting ID: 297 757 995 464

Passcode: pE6vf6pL

Dial in by phone

[+1 614-721-2972,,424794237#](#) United States, Columbus

[Find a local number](#)

Phone conference ID: 424 794 237#

Join on a video conferencing device

Tenant key: 682042763@t.plcm.vc

Video ID: 113 337 192 7

[More info](#)

For organizers: [Meeting options](#) | [Reset dial-in PIN](#)

**DS26 Dental Sealant Program
APPLICATION REVIEW FORM**

Applicant Agency _____ Grant Number _____	Total Budget Request _____ 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: Verification Form Attachment #4: Budget Planning Worksheets Attachment #5: Fluoride Varnish Worksheets 	6		
<input type="checkbox"/> Proposal adheres to solicitation guidance regarding formatting requirements.	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 the total amount of funding requested for this project.	2		

APPENDIX C

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"/> Organization adheres to CFR 200.204 by using plain language and communication outlets that are accessible to eligible participants.	3		
<input type="checkbox"/> Demonstrates the agency's commitment to reflect the communities they serve, increasing health access to underserved populations.	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 are disproportionately impacted by tooth decay and who are at 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 C

<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 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 to determine the program's success, including specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating differences in oral health outcomes. <input type="checkbox"/> Describes measurable health targets that demonstrate reducing or eliminating tooth decay and improving access to dental care across demographic groups. <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). <input type="checkbox"/> Proposal aligns with the intention of the solicitation to provide dental sealants and 2 applications of fluoride varnish during the school year.	6 6 6 6 10		
Total Methodology	40		
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 #4) and Fluoride Varnish Worksheets (Attachments #5) are completed.	5 5 5		

APPENDIX C

<input type="checkbox"/> Correct Budget Justification is utilized (Scenario #3), all deliverables and deliverable funding amounts are included, and the form is signed by the agency head.	5		
Total Budget	20		
Past Performance	Maximum Score	Reviewer Score	Notes
<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>8</p> <p>4</p> <p>4</p> <p>4</p>		
Total Past Performance	20		
TOTAL POINTS	130		

BRIEF SUMMARY OF APPLICATION:

ANY SIGNIFICANT STRENGTH OR WEAKNESS OF APPLICATION:

APPENDIX D

Project Narrative

- 1. Executive Summary:** Identify the target population, services, and programs to be offered and the agency or agencies that will provide those services and describe ways in which the population of focus is disproportionately impacted 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.

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 #4), specify the total program budget and the portion requested from ODH through this grant.

For current Dental Sealant Program subrecipients, describe any accomplishments for this program, to date (for budget year 2025), 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 SMART objectives. Describe problems encountered and planned approaches to overcome them. Describe any changes regarding the schools to be served, e.g., school consolidations, closings, and dental sealant program proposed expansion.

- 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 audiences from multiple demographics. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities. (see standards below)

- National CLAS Standards
[https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,](https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,culturally%20and%20linguistically%20appropriate%20services.)
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 program. 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 oral 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 oral health status concerns that the program intends to address should be stated in terms of demographic differences (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.

A new resource for collecting local data is the [Youth Wellbeing dashboard](#). This dashboard helps to gain insights into various community conditions that impact the overall health of Ohio's youth.

Explicitly describe segments of the target population who experience a disproportionate burden of dental disease or who are at an 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. If factors resulting in the population being disproportionately impacted have been identified, describe how program activities are designed to address these issues. 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, see Attachments #4 and #5):
 - Program will receive (percent) positive consents from the children enrolled in target grades, including those in special education classes, at schools with at least 40% enrollment in FRPMP or have an SVI score of .75- 1.0, by December 31, 2026.
 - Program will provide sealants to (number) children in target grades (2nd and 6th),

including those in special education classes, at schools with at least 40% enrollment in FRPMP or have an SVI score of .75-1.0, by December 31, 2026.

- Program will provide sealants to (number) children enrolled in follow-up grades (3rd and 7th), including those in special education classes, at schools with at least 40% enrollment in FRPMP or have an SVI score of .75- 1.0, by December 31, 2026.
- Program will apply sealants to (number) teeth of children in target and follow-up grades, including special education classes, at schools with at least 40% enrollment in FRPMP or have an SVI score of .75-1.0, by December 31, 2026.
- Program will provide fluoride varnish applications to (number) children, including those in special education classes, at schools with at least 40% enrollment in FRPMP or have an SVI score of .75-1.0, by December 31, 2026.

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 used by this program? _____

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

Attachment #2 (continued)

Agency _____

Program Number _____

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 are new sealant staff.

_____ 2) When there is a change in sealant placement technique.

_____ 3) When there is a change in the type of sealant material used.

_____ 4) When 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 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? %

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 Number _____

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 the necessary dental treatment?
14. What assistance is provided for families without a dentist or without means of paying 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?

Verification Form

Subrecipients must provide confirmation that dental sealant program staff, including dental hygienists, dental assistants, supervising dentists and dental sealant program coordinators have completed the School-Based Dental Sealant Program Training **and** read the ODH School-Based Dental Sealant Program Manual. Dental sealant program staff must adhere to the requirements in the ODH School-Based Dental Sealant Program Manual. Documentation for new staff must be submitted when changes in staff occur.

[illegible]

Attachments #4 and #5

Budget Planning Worksheet and Fluoride Varnish Worksheet

Electronic versions of the Budget Planning Worksheet (Attachment #4) and Fluoride Varnish Worksheet (Attachment #5) will be emailed to applicant agencies. Please contact Tina Fulks, Tina.Fulks@odh.ohio.gov to receive these attachments.

Budget Justification and Approval

Name of Applicant Agency: _____

Budget Period: January 1, 2026-December 31, 2026

of Deliverables (1 or 2) _____

Other Direct Costs

Deliverable – 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) at \$24 each.

_____ x \$24 = _____

- b. Total number of teeth sealed elsewhere that received add-on sealant (target and follow-up grades) at \$16 each.

_____ x \$16 = _____

- c. Total number of teeth sealed elsewhere that received complete add-on sealant AND denied Medicaid reimbursement at \$16 each.

_____ x \$16 = _____

- d. Total number of students assessed but did not receive sealants nor fluoride varnish application (target and follow-up grades) at \$13 each.

_____ x \$13 = _____

Deliverable – Objective 2: Total number of high-risk children that receive a fluoride varnish (FV) application.

- a. Total number of non-Medicaid students that received a FV application at \$16 each.

_____ x \$16 = _____

- b. Total number of students that received the FV application AND denied Medicaid reimbursement at \$11 each.

_____ x \$11 = _____

Total Other Direct Costs _____

Budget Justification Approval

- 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 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 the agency's 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.

(Signature)

(Print Name & Title)

(Date)