



Department of Health

Mike DeWine, Governor
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Date: June 18, 2019

To: Prospective Dental Sealant Program Applicants

From: Anna Starr
Acting Chief
Bureau of Child and Family Health Services
Ohio Department of Health

Subject: **Notice of Availability of Funds**
Competitive Grant Applications for Calendar Year 2020
Dental Sealant Program (01/01/20-12/31/20)

The Ohio Department of Health (ODH), Bureau of Maternal, Child and Family Health Oral Health Program announces the availability of grant funds to support 13 - 15 School-based Dental Sealant Programs. The solicitation will provide you guidance in completing the online application for the competitive program period. **Proposals are due Monday, July 29, 2019 for the funding period January 1, 2020 through December 31, 2020.**
Late applications will not be accepted.

Introduction/Background

Dental caries (tooth decay) are the most widespread chronic disease of childhood, affecting about half (51 %) of Ohio children by grade 3. Many of these children, particularly those from lower-income families, have untreated dental caries and are considered to be at high risk for dental problems. Although tooth decay is preventable, most school children have not had the opportunity to benefit from the proven methods that prevent the most common types of carious lesions: those of the pits and fissures. Dental sealants have been shown to be the most effective means to protect the chewing surfaces of the permanent molar teeth where children's cavities are concentrated. However, many of these children, particularly those of lower socioeconomic status, have difficulty accessing preventive and restorative care.

In Ohio, a network of school-based dental sealant programs, targeting high-risk schools based on income criteria, represent a significant resource for children from low-income and minority families by providing dental sealants to children in the school setting. These programs target children at highest risk for developing dental caries and with the poorest access to dental care by going to schools where 40% or more of the enrolled students are eligible for the Free and Reduced-Price Meal Program. Currently, 829 of the 1,290 eligible schools are served by sealant programs in Ohio. The goal of the ODH is to expand existing sealant programs and to start new sealant programs in areas where significant numbers of eligible schools are, so that as many eligible schools as possible can be served through this program. Please refer to page 3 and page 9 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 is able to 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 sealant programs to be working under the general supervision of a dentist. Sealant programs must work with a dentist to provide this supervision, conduct short and long-term retention checks and possibly to be the “rendering” provider for Medicaid billing.

All interested parties must submit a Notice of Intent to Apply for Funding (NOIAF) form, no later than Tuesday July 2, 2019 to be eligible to apply for funding (Appendix A).

Upon receipt of your completed NOIAF, ODH will:

- A. Create the grant application account for your organization. This account number will allow you to apply via the Internet using the Grants Management Information System (GMIS 2.0). All grant applications must be submitted via the Internet using the GMIS 2.0.
- B. Assess your organization's GMIS 2.0 training needs (as indicated on the completed Notice of Intent to Apply for Funding form). If your agency needs training (Appendix B), ODH will contact you regarding upcoming GMIS 2.0 training dates. GMIS 2.0 training is mandatory if your organization has never been trained on GMIS 2.0. Two people from an agency must attend the initial GMIS 2.0 training for that agency.

Once ODH receives your completed Notice of Intent to Apply for Funding form, creates the grant application account for your organization, and finalizes all GMIS 2.0 training requirements, you may proceed with the application process as outlined in the solicitation. The solicitation will provide detailed information about the background, intent and scope of the grant, policy, procedures, performance expectations, general information and requirements associated with the administration of the grant.

Technical Assistance Session

A technical assistance session (Bidders’ Conference) is scheduled for Tuesday June 25, 2019 at 1:30 p.m. Bidders Conference registration and information can be found on Appendix E. The questions and answers from the session will be available on the Oral Health Program Webpage @ <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/oral-health-program>, under the News section. Please contact Shannon L. Cole, RDH, BS, School-based Oral Health Program Coordinator, by e-mail at Shannon.Cole@odh.ohio.gov or by phone at (614) 728-2302, if you have any questions regarding this application. Mail the original and two (2) copies of the materials not electronically filed to:

Ohio Department of Health
Office of Financial Affairs
Central Master Files, 4th Floor
35 E. Chestnut Street
Columbus, OH 43215



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

BUREAU OF Maternal, Child and Family Health

Dental Sealant (DS) Program

SOLICITATION FOR FISCAL YEAR 2020 (01/01/20 – 12/31/20)

Local Public Applicant Agencies
Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION
100% Deliverable Funding

Revised 02/11/2019
For grant starts 10/1/2019 and thereafter

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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 Tuesday July 2, 2019 so access to the application via the Internet website “ODH Application Gateway” can be established. The bidders conference is Tuesday June 25, 2019 at 1:30 p.m. (Attachment E is the bidders conference registration.)

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 Procedure:** 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: <https://odh.ohio.gov/wps/portal/gov/odh/home>. (Click on Grant/Contracts, ODH Grants, Grants Administrative Policies and Procedures Manual (OGAPP)) 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-manual>

Please refer to Policy and Procedure updates 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 examples 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 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.

B. Application Name: *Dental Sealant (DS) Program*

- C. Purpose:** *The primary purpose of the Dental Sealant Program is to prevent dental caries among Ohio schoolchildren through an evidence-based community approach. Based on an analysis of high-risk schools (those comprised of a student population greater than 40% eligible for free and/or reduced lunch program), the Ohio Department of Health has developed a strategic plan for maximizing the prevalence of dental sealants among high-risk children by supporting school-based dental sealant programs that efficiently apply high quality dental sealants. The ODH plan targets higher-risk schools in order to reach higher-risk children. 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 retentions 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, i.e., Marion County, 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.*

New for 2020: *1. Funding for expansion into or a new start-up school-based dental sealant program in Marion County. A data brief from the Make Your Smile Count! Third Grade Oral Health Screening Survey, 2013-15, identified eleven counties in Ohio with the highest rates of children with a history of tooth decay and untreated cavities. These identified counties are Brown, Carroll, Clark, Coshocton, Fayette, Highland, Knox, Marion, Meigs, Pike, and Scioto. The oral health of children in these counties could be characterized as the poorest, because they experienced more tooth decay and had more decay left untreated, indicating they were less likely to receive regular dental care. All these counties are currently served by a school-based dental sealant program with the exception of Marion. A*

deliverable has been written specifically for applicants applying to serve this county (Appendix #C.)

2. Applicants may now propose serving expanded grades for some schools they serve. An agencies decision and rationale to seal expanded grades must be part of the Executive Summary, Problem Statement/Need, Methodology and Budget Planning Worksheets (Attachment #8). Using DS program data, clearly state reasons for expanding into other grades, i.e., there are unerupted or partially erupted permanent molars in target grade 2, so target grades 2 and 3 and do follow-up in grades 3 and 4; i.e., you are finding early lesions and visible decay on 6-year molars in grade 2, so target grades 1 and 2 and do follow-up in grades 2 and 3.

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.

- D. *Qualified Applicants:*** *All applicants must be a local public or non-profit agency. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). If an applicant agency needs GMIS training prior to the establishment of access to the application, then a GMIS training 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 **4:00 p.m. on Monday, July 29, 2019.***

- 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:*** *A total of \$705,000 is available to be awarded to approximately 13-15 Dental Sealant Programs. Funding is for continuation and/or expansion of existing school-based dental sealant programs and start-up of new programs, i.e. Marion, Pike, Scioto and Ross Counties, that will serve a significant number of high-risk school children in eligible schools (according to a list provided by ODH). The number of grant awards will be determined by available funding and the details of the highest scoring applications, e.g., size of geographic area to be served, number and enrollment of schools, program efficiency.*

No grant award will be issued for less than \$30,000. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.

- G. *Due Date:*** *All parts of the application, including any required attachments, must be*

completed and received by ODH electronically via GMIS or via ground delivery to the Ohio Department of Health, 246 N. High St., Columbus, OH 43215 by **4:00 p.m. by Monday, July 29, 2019**). Applications and required attachments received after this deadline will not be considered for review.

Contact Shannon L. Cole RDH, BS, School-based Oral Health Program Coordinator at 614-728-2302 or by e-mail at Shannon.Cole@odh.ohio.gov with any questions.

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill 166 and/or the *Catalog of Federal Domestic Assistance (CFDA) Number* 93.994.
- I. Goals:** *The goal of the Ohio Department of Health Dental Sealant Program is to support programs that efficiently apply high quality sealants to the teeth of high-risk children.*
- J. Program Period and Budget Period:** The program period will begin January 1, 2020 and end on December 31, 2022. The budget period for this application is January 1, 2020 through December 31, 2020.
- 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 health inequities. All applicants are required to:

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation.
- 2) Identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities. This must be based on data and include geographic reference points (i.e., census tracts, census block groups) to specify where program activities are focused.
- 3) Identify measurable health equity targets to be achieved through program activities. This information must also be supported by data.
- 4) Outline specific evaluation strategies to measure the impact of program activities to decrease and/or eliminate health disparities and health inequities.
- 5) Link proposed activities to health equity strategies identified in local, state or national planning documents. These documents include, but not limited to, current Healthy People goals and objectives; local Community Health Assessments; State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; The Health Opportunity and Equity (HOPE) Initiative.
- 6) The above items should be explicitly incorporated into key components of the application (i.e., Goals, Program Narrative, Objectives, Deliverables and Review Criteria). The applicant cannot decide where to insert this information. Care should be taken to avoid repetition to keep the responses focused and specific.

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, 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, work and play. 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, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are the 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**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

M. GMIS Health Equity Module (There are some functionality issues in GMIS and this module may not function properly. Applications can still be submitted without this being marked complete):

- 1) The GMIS Health Equity Module links important program interventions in grant proposals to health equity strategies identified in local, state or national strategies. These include, but are not limited to, the most current Healthy People goals and objectives; health equity targets in the State Health Improvement Plan (SHIP); National Stakeholder Strategy for Achieving Health Equity; Ohio Health Opportunity Index and/or the Health Opportunity and Equity (HOPE) Initiative. Applicants are required to select the goals and strategies from the module that best reflect how their particular grant proposal addresses health disparities and/or health inequities. Applicants can choose more than one goal and/or strategy.

N. 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:

- a. Victims of human trafficking are included in your agency's target population;
 1. At-risk population
 2. Mental health population
 3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

☐ 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 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: *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 Shannon Cole at 614-728-2302 or by e-mail at Shannon.Cole@odh.ohio.gov.

Applicant must attend or must document in the NOIAF prior attendance at GMIS training in order to receive authorization for internet submission.

- Q. Acknowledgment:** An “**Application Submitted**” status will appear in GMIS that acknowledges ODH system receipt of the application submission.
- R. 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, July 29, 2019 at 4:00 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 **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

- S. 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.
- T. 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.
- U. Review Criteria:** All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:
1. Contributes to the advancement and/or improvement of the health of Ohioans;
 2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
 3. Is well executed and is capable of attaining program objectives;
 4. Describe Specific, Measurable, Attainable, Realistic & Time-Phased (S.M.A.R.T.) objectives, activities, milestones and outcomes with respect to time-lines and resources;
 5. Estimates reasonable cost to the ODH, considering the anticipated results;
 6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
 7. Provides an evaluation plan, including a design for determining program success;
 8. Is responsive to the special concerns and program priorities specified in the 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; and,

12. -DS Program Targeting School Criteria

To ensure that the Ohio Department of Health DS Program targets higher-risk children. The following criterion must be used to determine eligibility:

- Free and Reduced- Price Meal Program (FRPMP) eligibility at a school is **40%** or more of the children enrolled (2017-18).

A listing of schools that are eligible for the FRPMP will be e-mailed upon receipt of the Notice of Intent to Apply for Funding. These data are to be used to complete Attachment #8- Budget Planning Worksheets.

-DS Program Specific Criteria

Applications must document commitments to maximizing the reach and impact of the dental sealant program and to efficiency and the assurance of clinical quality. The ODH encourages all applicants to include as many eligible schools as possible in its application. Approximately 50 percent 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:

- a. Describe a program that is school-based, using portable dental equipment and employing one or more dental hygienists with appropriate support for sealant application and have adequate staff for scheduling and making logistical arrangement with schools.
- b. Describe how families and appropriate school personnel will be effectively notified about specific children, including those with special healthcare needs, who need dental treatment and encouraged to obtain needed care.
- c. Target only schools identified as eligible by ODH (according to the list provided by ODH upon receipt of the Notice of Intent to Apply for Funding) or for which official documentation of a school meeting the ODH eligibility criteria, i.e. local alternative school, 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. One way to target local alternative school students could be to transport them to the school sealant program to be sealed.
- d. 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 Web site. 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: Verification of reading and compliance with the ODH School-based Dental Sealant Program Manual.
- e. 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 developed by ODH. The training is available at <https://www.mchoralhealth.org/Dental-Sealant/> Free continuing education credit will be

provided for successful completion of this training. Applicants that did not have an ODH Dental Sealant subgrant in 2019 will be provided detailed instructions for completing this requirement following receipt of their Notice of Award and must document their commitment that all the program team complete the training.

- f. Document commitment of schools to participate. Either previous participation in the program or, for schools that did not participate in 2019, letters of commitment from school administrators.
- g. 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 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 provided to their covered members. In addition, the application must document the program’s commitment to providing families with information about applying for Medicaid and how to get assistance in making application. The funds collected from these billings must be used to support the dental sealant program. Proposed Medicaid income must be included in the Budget Narrative and in the Budget Planning Worksheets (Attachment #8). Do not show Medicaid income in the GMIS 2.0 budget.
- h. Accurate information about all sources of revenue and expenses must be reflected on the Budget Planning Worksheets (Attachment #8).

NOTE: These required forms must be completed and submitted via GMIS 2.0 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- 2020 ODH Owned Equipment Inventory; and,

Attachment #7- 2020 Subrecipient Owned Equipment Inventory.

Attachment #8- Budget Planning Worksheets*: includes target and follow-up grades, time and cost estimates, sources of revenue, cost per child and overall budget. The program specific worksheets will be sent electronically from Shannon L. Cole, RDH, BS;

*** 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, Review Criteria. The ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given Solicitations; **There will be no appeal of the Department's decision.**

V. Freedom of Information Act: The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 34 CFR Part 5 for funds from the U.S. Department of Education.

W. 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 Maternal, Child and Family Health, Dental Sealant Program and as a sub-award of a grant issued by U.S. Department of Health and Human Services under the Title V Maternal and Child Health Block Grant, CFDA number 93.994.”

X. 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:

- a. 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 (non-Internet submitted) 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

<i>Period</i>	<i>Report Due Date</i>
<i>January 1 – March 31, 2020</i>	<i>April 10, 2020</i>
<i>April 1 – June 30, 2020</i>	<i>July 10, 2020</i>
<i>July 1 – September 30, 2020</i>	<i>October 10, 2020</i>
<i>October 1 – December 31, 2020</i>	<i>January 10, 2021</i>

- b. Subrecipient Reimbursement Expenditure Reports:** Subrecipients can choose 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:

<i>Period</i>	<i>Report Due Date</i>
<i>January 1 – 31, 2020</i>	<i>February 10, 2020</i>
<i>February 1 – 29, 2020</i>	<i>March 10, 2020</i>
<i>March 1 – 31, 2020</i>	<i>April 10, 2020</i>
<i>April 1 – 30, 2020</i>	<i>May 10, 2020</i>
<i>May 1 – 31, 2020</i>	<i>June 10, 2020</i>
<i>June 1 – 30, 2020</i>	<i>July 10, 2020</i>
<i>July 1 – 31, 2020</i>	<i>August 10, 2020</i>
<i>August 1 – 31, 2020</i>	<i>September 10, 2020</i>
<i>September 1 – 30, 2020</i>	<i>October 10, 2020</i>
<i>October 1 – 31, 2020</i>	<i>November 10, 2020</i>
<i>November 1 – 30, 2020</i>	<i>December 10, 2020</i>
<i>December 1 – 31, 2020</i>	<i>January 10, 2020</i>

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: **(please see example below)**

<i>Period</i>	<i>Report Due Date</i>
<i>January 1 – March 31, 2020</i>	<i>April 10, 2020</i>
<i>April 1 – June 30, 2020</i>	<i>July 10, 2020</i>
<i>July 1 – September 30, 2020</i>	<i>October 10, 2020</i>
<i>October 1 – December 31, 2020</i>	<i>January 10, 2021</i>

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 Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS by 4:00 p.m.** on or before February 5, 2021. 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.

- Y. 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.

- Z. 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;

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 the ODH; and,
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

AB. Submission of Application

Formatting Requirements:

- Properly label each item of the application packet (e.g., Budget Narrative, Program Narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget Narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program Narrative should not exceed 10 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:

<p>Complete & Submit Via Internet</p>

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)

||

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

GMIS access will be provided to an agency after it has completed the required ODH sponsored training. Agencies who have previously completed GMIS training will receive 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 GMIS).
 - 2. Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period January 1, 2020 to December 31, 2020.

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:** 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 #8), specify the total program budget and the portion requested from ODH through this grant. Describe any accomplishments for this program, to-date (for budget year 2019), 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. 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 a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members., staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions for these staff.

3. **Problem/Need:** Identify and describe the local health status concern(s) that will be addressed by the program. Only restate national and state data if local data is not available. The specific health status concerns that the program intends to address may be stated in terms of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population.

Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.

Include a description of other agencies/organizations, 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. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed to address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates 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, 2020.
 - Program will provide sealants to (number) children in target grades (2nd and 6th) by December 31, 2020.
 - Program will provide sealants to (number) children in follow-up grades (3rd and 7th) by December 31, 2020.
 - Program will apply sealants to (number) teeth in target and follow-up grades combined by December 31, 2020. |

- 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 Narratives” 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 **4:00 p.m. on or before Monday July 29, 2019.**

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- 2020 ODH Owned Equipment Inventory; and,

Attachment #7- 2020 Subrecipient Owned Equipment Inventory.

Attachment #8- Budget Planning Worksheets: includes target, follow-up and/or expanded grades, time and cost estimates, sources of revenue, cost per child and overall budget. The program specific worksheets will be sent electronically from Shannon L. Cole, RDH, BS;

III. APPENDICES

- A. Notice of Intent to Apply for Funding
- B. GMIS Training Form
- C. C1 Deliverable – Objective Descriptions
C2 Deliverable – Objective Allocations
- D. Application Review Form
- E. Bidders Conference Registration Form

Submission Required

See Due Date Below

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

Reimbursement Type
Select one of the options below:

- ☐ Monthly
OR
☐ Quarterly

NOTICE OF INTENT TO APPLY FOR FUNDING

Ohio Department of Health

Bureau of Maternal, Child and Family Health

ODH Program Title:
Dental Sealant (DS) Program

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 have been trained in and currently have access to the ODH GMIS system? ☐ YES ☐ NO

If yes, no further action is needed.

If no, at least two people from your agency are **REQUIRED** to complete the training before you will be able to access the ODH GMIS system and submit a grant proposal. Complete the GMIS training request form in the Request for Proposal.

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 Shannon.Cole@odh.ohio.gov BY Tuesday July 2, 2019

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.

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. *Please note: GMIS Training is only required for New Agencies to ODH. If you are new to your agency someone there should train you. 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. Confirmation of your GMIS training session will be e-mailed once a date has been assigned by ODH. Also use this form when user changes are needed.*

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 applies 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 Karen Tinsley, Grants System Officer, 614-644-7546

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

Scan & Email: karen.tinsley@odh.ohio.gov

Name of Subgrant Program: Dental Sealant

Budget Period: 01/01/20 – 12/31/20

of Deliverables: 1

Use Budget Justification Scenario#:

X Deliverables Only

1. 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.\$19

b. Total number of teeth sealed elsewhere that received add-on sealant.\$13

c. Total number of teeth sealed elsewhere that received complete add-on sealant AND denied Medicaid reimbursement. \$13

2. Deliverable – Objective 2: Purchase portable dental sealant program equipment and needed supplies for the subrecipient agency selected to implement a DS program in eligible Marion County schools.
\$15,000

Appendix C2**Name of Subgrant Program: Dental Sealant****Budget Period: January 1, 2020 - December 31, 2020****# of Deliverables: 2****Use Budget Justification Scenario #:****X Deliverables Only**

	Deliverable 1. – Objective 1.a.-Total number of teeth newly sealed for non- Medicaid students (\$19).	Deliverable 1. – Objective 1.b.-Total number of teeth sealed elsewhere that received add-on sealant (\$13).	Deliverable 1. – Objective 1.c.-Total number of teeth sealed elsewhere that received complete add-on sealant AND denied Medicaid reimbursement (\$13).	Deliverable 2. – Objective 2: Purchase portable dental sealant program equipment and needed supplies for the subrecipient agency selected to implement a DS program in eligible Marion County schools. (Marion County DS program must be operational for 5 years or purchased equipment becomes property of the Ohio Dept. Health.)	Total
13-15 Funded Subrecipients		\$689,000		\$15,000	\$705,000

Agency Name: _____ Agency #: _____

Total points awarded out of 100: _____ Reviewer: _____

A. Overall quality of application 10 pts. max. _____

1. Clarity
2. Completeness
3. Adherence to RFP guidance

B. Program will contribute to the improved health of Ohioans 10 pts. max. _____

1. Target population (schools/school districts meet OHS eligibility criteria)
2. Assurance that all schools will be served during the year
3. Number of children served (number screened, number to receive sealants)

C. Program has well-developed plan for accomplishing objectives 25 pts. max. _____

1. Includes SMART objectives
2. Describes a reasonable and efficient plan for accomplishing objectives
3. Provides a timeline through which proposed activities can reasonably be accomplished within the budget period.

D. Qualified applicant 10 pts. max. _____

1. Agency has demonstrated ability to manage grant funds
2. Staff/contractors have a combination of training, credentials and experience that should enable them to successfully accomplish program objectives.

E. Budget and narrative 25 pts. max. _____

1. Anticipated program expenditures are clearly explained and application provides detail on how calculations for individual budget items were determined.
2. The required Budget Planning Worksheets are completed.
3. Budget is appropriate for completing the proposed plan.
4. Budget elements are consistent with other information in application (e.g., staff time budgeted is consistent with amount of time needed to accomplish objectives).
5. Program proposal does not supplant existing funds (excluding current ODH dental sealant program funding).
6. Extent to which program documents a commitment and a plan for appropriately maximizing Medicaid reimbursement for which it is eligible

F. Evidence of commitment to program quality 10 pts. max. _____

1. Program will operate in accordance with OSHA, OSDB requirements
2. Adequate quality assurance mechanisms are in place
3. Documentation that staff have read and agree to comply with requirements as explained in the School-based Dental Sealant Program Manual
4. Documentation that the dental team (including supervising dentists) for the sealant program has successfully completed the Dental Sealant distance learning modules.

G. Evidence of commitment and support for new schools 10 pts. max. _____

1. Letters from school districts commit full cooperation (if new for 2020)
2. Letters of support from community agencies and partners in this grant program

SCHOOL-BASED DENTAL SEALANT GRANT CY2020

Bidders' Conference Registration Form

BIDDERS' CONFERENCE

A Bidders' Conference will be held for those interested in the Ohio Department of Health, School-based Dental Sealant Program Grant. Potential applicants are strongly encouraged to participate via the scheduled “Join Skype Meeting” link below. At this meeting, Oral Health Program staff will provide detailed information on the goals and objectives of the dental sealant grant program and the criteria that will be used to score proposals. This meeting will also provide an opportunity for applicants to ask questions that may arise while working on proposals. Questions and answers will be posted under the “News” on the Oral Health Program Webpage: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/oral-health-program/welcome-to>

When: Tuesday June 25, 2019 @ 1:30 p.m.

TO PARTICIPATE: Ctrl+click to follow the link below:

[Join Skype Meeting](#)

Trouble Joining? [Try Skype Web App](#)

[Help](#)

REGISTER to participate in the Bidders' Conference by e-mailing the form to Susan Anderson at Susan.Anderson@odh.ohio.gov.

Please respond by Monday, June 24, 2019 with the following information:

Agency Name/County	() _____
_____	_____
Contact person's name	Phone number

Contact person's e-mail address: _____

**OHIO DEPARTMENT OF HEALTH
BUREAU MATERNAL, CHILD AND FAMILY
HEALTH**

YEAR 2020 DENTAL SEALANT PROGRAM

Program Forms Required: Attachments 1-8

Attachment forms 1-8 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: ODH DS Equipment Inventory 2019

Attachment #7: Subrecipient Owned DS Equipment Inventory 2019

Attachment #8: Budget Planning Worksheets*

****Please note:*** An electronic version of the Budget Planning Worksheets (Attachment 4) 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 ☐ auto-cure or ☐ light cure?
 - b) What is the name/manufacture of the 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 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 objective? %

8. Will long-term retention be checked? ☐ Yes ☐ No

- a) If yes, by whom? _____
- b) How long after sealant placement? _____
- c) What grades will be checked? _____
- d) What is your long-term complete retention rate objective? %

Attachment #2 continued

Agency_____ Program Number_____

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

If yes, how many full-time equivalent (FTE) team(s) will be needed?

(1 FTE Team = 1 Operator + 1 DA, 5full school days/week): _____FTE

10. Who will apply sealants?

☐ Dental hygienist

☐ Other_____

Attachment #2 continued

Agency_____ Program Number_____

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?

(This form may be copied as needed)

Number of additional pages attached _____

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 who has completed the dental sealant distance learning course.

[illegible]

Attachment #4

**Ohio Department of Health
Bureau of Maternal, 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 2.0 attachment with the 2020 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 Maternal, Child and Family Health**

2020 Review of Proposal Verification for

Dental Sealant Program

(name of Subrecipient agency)

The 2020 Dental Sealant Program proposal must be reviewed prior to submission to ODH by the applicant agency's dental sealant teams, so they are aware of the obligations stated in the proposal. Applicant agencies must submit documentation (multiple forms may be used) via GMIS 2.0 attachment with the grant application documenting that the dental sealant program teams (dental hygienists and dental assistants) reviewed the proposal. 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 subgrantee.

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 2020, 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

**ODH Dental Sealant Subrecipient
2019 Equipment
Inventory***

(Submit with Final Expenditure Report, due 2/5/2020)

Agency Name: _____

Project Number: _____

List all dental sealant equipment purchased with ODH funds (**either "on loan" from ODH or *purchased by program with ODH grant funds prior to January 1, 2017**). If any of the items are older equipment kept for back up purposes, please indicate.

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

Attachment #7

Subrecipient Owned Dental Sealant Equipment 2019 Inventory

AgencyName: _____

Project Number: _____

List all dental sealant equipment purchased with subrecipient funds after January 1, 2017.
Submit with Attachment 7 ODH Dental Sealant 2019 Equipment Inventory due 2/5/2020.

Item description	Date item was purchased

Attachment #8 – Budget Planning Worksheets Insert

**2020 School Based Dental Sealant Program
Planning Worksheet**

Attachment #8

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

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	\$ -

**2020 School Based Dental Sealant Program
Planning Worksheet**

Attachment #8

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	\$ -

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

2020 School Based Dental Sealant Program
Planning Worksheet

Attachment #8