



## Department of Health

**Mike DeWine**, Governor  
**Jon Husted**, Lt. Governor

**Stephanie McCloud**, Director

### MEMORANDUM

Date: December 1, 2020

To: Prospective Agencies

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

Subject: Special Competitive Regional Grant Application for Calendar Year 2021  
Dental Sealant Program (04/01/21 – 12/31/21)

The Ohio Department of Health (ODH), Bureau of Maternal, Child & Family Health, Oral Health Program announces the availability of grant funds to support the Dental Sealant Program in Adams, Brown, Clermont, Cuyahoga, Guernsey, Highland, Muskingum, Perry, Pike, Ross, and Summit county service areas.

All electronic applications and attachments are due by 4:00 p.m., Monday, January 11, 2021. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

#### **Introduction/Background**

Dental caries (tooth decay) is the most widespread chronic disease of childhood, affecting about half (48%) of Ohio schoolchildren. 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 dental sealants. Dental sealants prevent the most common types of tooth decay- those of the pits and fissures of the permanent molar teeth. However, many of these children, particularly those of lower socioeconomic status, have difficulty accessing preventive and restorative care.

In Ohio, a network of school-based dental sealant programs, targeting high-risk schools based on income criteria, represent a significant resource for children from low-income and minority families by providing dental sealants to children in the school setting. These programs target children at highest risk for developing dental caries and with the poorest access to dental care by going to schools in which 40% or more of the enrolled students are eligible for the Free and Reduced-Price Meal Program. The goal of this Special Competitive RFP is to start new sealant programs in eleven Counties: Adams, Brown, Clermont, Cuyahoga, Guernsey, Highland, Muskingum, Perry, Pike, Ross, and Summit; where significant numbers of eligible schools are, so that as many eligible schools as possible can be served through this program. Please refer to Section II.U., Program Specific Criteria, page 8, of the RFP for more information.

In October of 2013, a new law was 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 change did not eliminate the legal requirement for hygienists working in school-based sealant programs to be working under the general supervision of a dentist. The supervising dentist's role is to provide this supervision, and, possibly conduct short and long-term retention checks and be the "rendering" provider for Medicaid billing.

All interested parties must submit a Notice of Intent to Apply for Funding (NOIAF-Appendix A) form, no later than 4 p.m. on Monday, December 14, 2020 to be eligible to apply for funding. Upon receipt of your completed NOIAF, ODH will create the grant application account for your organization. This account number will allow you to apply and submit your grant application via the Internet using the Grants Management Information System (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

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 until receipt of grant payments. All funded applications will operate in accordance with COVID-19 Interim Guidance for ODH-funded DS Programs.

Submission of the special competitive regional grant application constitutes acknowledgement and acceptance of ODH Grants Administration Policies and Procedure (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive Solicitation for this grant program can be found on the ODH Website at: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/grant-solicitations>

### **Technical Assistance Session**

A technical assistance session (Bidders' Conference) will be held at 3 p.m. on Wednesday, December 9, 2020 and the Questions and Answers from the session will be made available on the Oral Health Program Webpage at: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/oral-health-program/welcome>

While attendance is not required, all potential applicants are encouraged to attend the Bidders Conference to learn more about the Solicitation.

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

## **Microsoft Teams meeting**

### **Join on your computer or mobile app**

[Click here to join the meeting](#)

### **Join with a video conferencing device**

[682042763@t.plcm.vc](https://682042763@t.plcm.vc)

Video Conference ID: 118 090 137 6

[Alternate VTC dialing instructions](#)

### **Or call in (audio only)**

[+1 614-721-2972](tel:+16147212972), [707471310](tel:+1707471310)# United States, Columbus

Phone Conference ID: 707 471 310#

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

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Please contact Shannon L. Cole, RDH, BS, School-based Oral Health Program Coordinator, by e-mail at [Shannon.Cole@odh.ohio.gov](mailto:Shannon.Cole@odh.ohio.gov) by phone at (614) 519-1241, if you have any questions regarding this application.



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

# OHIO DEPARTMENT OF HEALTH

## BUREAU OF

*Maternal, Child & Family Health*

*Dental Sealant*

SPECIAL REGIONAL SOLICITATION

FOR

FISCAL YEAR 2021

(04/01/21 – 12/31/21)

Local Public Applicant Agencies

Non-Profit Applicants

COMPETITIVE GRANT APPLICATION INFORMATION

**100% Deliverable Funding**

Revised 12/02/2019

For grant starts 10/1/2019 and thereafter

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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.

## **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, 4:00 p.m. on Monday, December 14, 2020 so access to the application via the Internet website “ODH Application Gateway” can be established.

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

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

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

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

- A. Policy and 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 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 will 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 or expand existing programs into the following Counties: Adams, Brown, Clermont, Cuyahoga, Guernsey, Highland, Muskingum, Perry, Pike, Ross, and Summit. Agencies operating dental sealant programs are expected to make significant effort to accomplish secondary purposes of increasing enrollment in Medicaid and linking children to sources of dental care with the potential to become dental homes.

Applicants may propose serving expanded grades for some schools they serve. An agency's decision and rationale to seal expanded grades must be part of the Executive Summary, Problem Statement/Need, Methodology and Budget Planning Worksheets (Attachment #8). Using Dental Sealant (DS) program data, clearly state reasons for expanding into other grades. First example: there are unerupted or partially erupted permanent molars in Target grade 2. You could propose targeting grade 3 along with grade 2 and do follow-up in grades 3 and 4. Second example: early lesions and visible decay are found on 6-year molars in target grade 2. So you could target grades 1 and 2 and do follow-up in grades 2 and 3.

All funded DS programs will operate in accordance with COVID-19 Interim Guidance for ODH-funded DS Programs. 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, and 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 applications and all required attachments by **4:00 p.m. on Monday, January 11, 2021.**

- E. Service Area:** Use the ODE school listing provided by ODH to 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 \$190,000 is available to be awarded to approximately 4-5 Dental Sealant Programs. Funding is for start-up of new programs, i.e. Adams, Brown, Clermont, Cuyahoga, Guernsey, Highland, Muskingum, Perry, Pike, Ross, and Summit counties, that will serve a significant number of high-risk school children in eligible schools (according to an ODE 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, and 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 at Ohio Department of Health, 246 N. High St., Columbus, OH 43215 by 4:00 p.m. by Monday, January 11, 2020. Applications and required attachments received after this deadline will not be considered for review. Contact Shannon L. Cole, at 614-519-1241 or [Shannon.Cole@odh.ohio.gov](mailto: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 April 1, 2021 through December 31, 2022. The budget period for this application is April 1, 2021 through December 31, 2021.
- K. Public Health Accreditation Board (PHAB) Standard(s):** Identify the PHAB Standard(s) that will be addressed by grant activities. (An example is: This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness.) The PHAB standards are available at the following website:
- [http://www.phaboard.org/wp-content/uploads/PHABSM\\_WEB\\_LR1.pdf](http://www.phaboard.org/wp-content/uploads/PHABSM_WEB_LR1.pdf)
- L. Public Health Impact Statement:** All applicant agencies that are not local health district 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:
  - a. Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation.
  - b. 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.
  - c. Identify measurable health equity targets to be achieved through program activities. This information must also be supported by data.
  - d. Outline specific evaluation strategies to measure the impact of program activities to decrease and/or eliminate health disparities and health inequities.
  - e. 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.
  - f. 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):**

- a. 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

**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:** 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 614-519-1241 or by e-mail at: [Shannon.Cole@odh.ohio.gov](mailto:Shannon.Cole@odh.ohio.gov).

**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, January 11, 2021 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, Grant 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 timelines and resources;
  5. Estimates reasonable cost to the ODH, considering the anticipated results;
  6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
  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. Describe activities which support the requirements outlined in sections I. thru M. of this Solicitation.
- 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 (ODE for 2018-19).
- 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 (Appendix A). 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 to efficiency and to 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, uses portable dental equipment and employs a dental sealant team of one or more dental hygienists and dental assistants with appropriate support for sealant application and has 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 ODE list provided upon receipt of the NOIAF- Appendix A). Local parochial and alternative schools may participate by providing an official statement that the school meets the ODH eligibility criteria and include this with the grant 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 receive sealants.
- 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 2020 will be provided detailed instructions for completing this requirement following receipt of their Notice of Award and must document their commitment that all members of the program team complete the training.
- f. Document commitment of schools to participate either from previous participation in the program or, for schools that did not participate in 2020, 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- 2021 ODH Owned Equipment Inventory; and,

Attachment #7- 2021 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.

- 13. 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.

**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 Health Promotion, 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>April 1 – June 30, 2021</i>	<i>July 10, 2021</i>
<i>July 1 – September 30, 2021</i>	<i>October 10, 2021</i>
<i>October 1 – December 31, 2021</i>	<i>January 10, 2022</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>April 1 – 30, 2021</i>	<i>May 10, 2021</i>
<i>May 1 – 31, 2021</i>	<i>June 10, 2021</i>
<i>June 1 – 30, 2021</i>	<i>July 10, 2021</i>
<i>July 1 – 31, 2021</i>	<i>August 10, 2021</i>
<i>August 1 - 31, 2021</i>	<i>September 10, 2021</i>
<i>September 1 – 30, 2021</i>	<i>October 10, 2021</i>

<i>October 1 – 31, 2021</i>	<i>November 10, 2021</i>
<i>November 1 – 30, 2021</i>	<i>December 10, 2021</i>
<i>December 1 – 31, 2021</i>	<i>January 10, 2022</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>April 1 – June 30, 2021</i>	<i>July 10, 2021</i>
<i>July 1 – September 30, 2021</i>	<i>October 10, 2021</i>
<i>October 1 – December 31, 2021</i>	<i>January 10, 2022</i>

*Note: Obligations not reported on the final monthly or 4<sup>th</sup> 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, 2022**. 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 8 pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH

The GMIS application submission must consist of the following:

**Complete  
& Submit  
Via Internet**

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
  - Primary Reason
  - Funding
  - Justification
  - Personnel
  - Other Direct Costs
  - Equipment
  - Contracts
  - Compliance Section
  - Summary
5. Civil Rights Review Questionnaire
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Change request in writing on agency letterhead (**Existing agency with tax identification number, name and/or address change(s)**).
9. Health Equity Module
10. Public Health Impact Statement Summary (non-health department only)
11. Statement of Support from the Local Health Districts (non-health department only)
12. Attachments as required by Program:
  - 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- 2021 ODH Owned Equipment Inventory; and,
  - Attachment #7- 2021 Subrecipient Owned Equipment Inventory.
  - Attachment #8- Budget Planning Worksheets

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, 4<sup>th</sup> Floor  
35 E. Chestnut Street  
Columbus, Ohio 43215**

## **II. APPLICATION REQUIREMENTS AND FORMAT**

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

*All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of OGAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of OGAPP rules and regulations in lieu of an executed Signature Page document.*

**A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.

**B. Budget:** Prior to completion of the budget section, please review page 12 of the Solicitation for unallowable costs. Match or Applicant Share is not required by this program. Do not include Match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

**1. Primary Reason and Justification Pages:** Provide a budget justification narrative outlining how the deliverable will be met. (A budget justification example can be found on GMIS).

**2. Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period April 1, 2021 to December 31, 2021.

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 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, 2021.
- Program will provide sealants to (number) children in target grades (2 and 6) by December 31, 2021.
- Program will provide sealants to (number) children in follow-up grades (3 and 7) by December 31, 2021.
- Program will apply sealants to (number) teeth in target and follow-up grades combined by December 31, 2021.

**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](http://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](http://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 April 1, 2021.**

### **III. APPENDICES**

- A.** Notice of Intent to Apply for Funding
- B.** GMIS Access Form
- C.** Deliverable – Objective Descriptions (if applicable)
- D.** Application Review Form
- E.** 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- 2021 ODH Owned Equipment Inventory; and,  
Attachment #7- 2021 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.

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 Program

## Submission Required

See Due Date Below

New Applicants must submit the GMIS

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  
☐ City Agency

- ☐ Hospital  
☐ Higher Education

- ☐ Local Schools  
☐ Not-for Profit

Applicant Agency/Organization \_\_\_\_\_

Applicant Agency Address \_\_\_\_\_

Agency Contact Person Name and Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Agency Head (Print Name) \_\_\_\_\_

Agency Head (Signature) \_\_\_\_\_

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

Does your agency have at least two staff members who currently have access to the ODH GMIS system?

YES ☐ No ☐

If yes, no further action is needed.

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

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

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

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

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO [Shannon.Cole@odh.ohio.gov](mailto:Shannon.Cole@odh.ohio.gov) BY 4:00 p.m. on Monday December 14, 2020.

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 User Access, Access Change or Deactivation Request**

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

**Date:** \_\_\_\_\_

**Check the type of access and complete the information requested:** ☐ New Agency – Needs GMIS Access

☐ 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 2.0only:

**Effective Date of Deactivation (ODH Application Gateway/GMIS2.0):** \_\_\_\_\_

**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:**



**Name of Subgrant Program:**

**Budget Period:**

**# of Deliverables:**

**Use Budget Justification Scenario#:**

**\_\_\_ Deliverables Only**

**Deliverable – Objective 1:**

Obj. 1a. Total number of teeth newly sealed for non-Medicaid students (@\$19 each).
Obj. 1b. Total number of teeth sealed elsewhere that received add-on sealant (@\$13 each).
Obj. 1c. Total number of teeth sealed elsewhere that received complete add-on sealant AND denied Medicaid reimbursement (@\$13 each).
Obj. 1d. Total number of students assessed but not sealed (@ \$10 each).

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 10pts. max. \_\_\_\_\_**

1. Target population (schools/school districts meet ODH eligibility criteria)
2. Assurance that all schools will be served during the school 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 dentist(s) 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.
2. Letters of support from community agencies and partners in this grant program.

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

**YEAR 2021 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 2020**

**Attachment #7: Subrecipient Owned DS Equipment Inventory 2020**

**Attachment #8: Budget Planning Worksheets\***

***\*Please note:*** An electronic version of the Budget Planning Worksheets (Attachment 8) and the ODE school listing will be emailed upon request 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
<b>Example</b> 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. Approximately how many hours/ days will be utilized for sealant placement (not travel, clean-up etc.)?  hrs./day

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

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

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

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

- ☐ Dental hygienist
- ☐ Expanded function dental auxiliaries (EFDA)
- ☐ Dental students
- ☐ Dental hygiene students

**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\_\_\_\_\_

# 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 2021 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: \_\_\_\_\_

## ODH Dental Sealant Subrecipient 2021 Equipment Inventory\*

AgencyName: \_\_\_\_\_

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)
<b>TOTAL EQUIPMENT COST</b>						

## Attachment #7

## Subrecipient Owned Dental Sealant Equipment 2021 Inventory

Agency Name: \_\_\_\_\_

Project Number: \_\_\_\_\_

List all dental sealant equipment purchased with subrecipient funds after January 1, 2017. Submit with Attachment 7 ODH Dental Sealant 2020 Equipment Inventory due 2/5/21.

[illegible]

## Instructions

1. Be sure to scroll down in each of the planning worksheets to be sure all information is completed.
2. Enter the ODE school data into the lightly colored boxes on the “Target Grades” and “Follow Up Grades” pages.
  - a. After you do this the “Time and Cost Estimates” and “Planning Worksheet” pages should automatically populate in the dark colored an
3. If you want the estimated “# of weeks for sealant application” on the “Time and Cost Estimates” page, you will need to enter the “# days per typical week for sealant application”.
4. Under “Compute estimated Medicaid Income” on the “Planning Worksheet”, if you choose to increase (may not decrease) the 50% constant given, you need to decrease the % constant in the “Compute estimated ODH Grant Funds for Deliverable 1a”, so the two add up to 100%.
5. **To paste data into the worksheet file:**
  - a. Open the Planning Worksheet file.
  - b. Select and copy your schools from the 2018-19 ODE school data.
  - c. Select the first cell where you want to copy these schools into the Worksheet.
  - d. Go to Edit, Paste Special (or the Paste drop-down menu on the Home tab in Excel).
  - e. Select Paste as: **text** from the different paste options.
  - f. Your schools should now appear in the boxes and the light-colored shading should remain.

This has copied the information in those cells from the ODE school listing without losing formatting and cell protection settings. You should be able to select and edit this information.

## Attachment # 8

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

[illegible]

## 2021 School-Based Dental Sealant Program Target Grades

[illegible]



## Attachment #8

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

[illegible]

## Attachment #8

6

# 2021 School Based Dental Sealant Program Time and Cost Estimates

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

	# of Children		Sealant Rate	Estimated # To Receive Sealants	Children Sealed Per Day	# Days to Apply Sealant	# Days per Typical Week for Sealant Application	# of Weeks of Sealant Application
	Enrolled in Target Grade (2+6) in 2019	Consent in Target Grade (2+6) in 2019						
Target Grade (2+6)	0		42%	0				
Follow-up Grades (3+7)		0	38%	0				
				0 (Target +Follow-up)	19	0		#DIV/0!

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

Justification:

2021 School Based Dental Sealant Program  
Planning Worksheet

Attachment #8

**Grantee Name:**

**Grantee ID Number:**

**Compute estimated Medicaid income below.**

	Estimated # of children to receive sealants	Estimated % of children eligible for Medicaid* (Include both Fee-For-Service and Managed Care)	Estimated # of Medicaid-eligible children to receive sealants (Include both Fee-For-Service and Managed Care)	Estimated # of teeth sealed per child	Estimated # of teeth sealed	Estimated Medicaid reimbursement for each tooth sealed	Estimated Medicaid Income
Target Grades (2 + 6)	0	50%	0	3.6	0	\$22.00	\$ -
Follow-up Grades (3 + 7)	0	50%	0	1.8	0	\$22.00	\$ -
Total							\$ -

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

**Compute estimated ODH grant funds for Deliverable 1a.**

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

**Compute estimated ODH grant funds for Deliverable 1b.**

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

**2021 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	\$13.0	\$ -

**Compute Estimated ODH Grant Funds for Deliverable 1d.**

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

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