



Department
of Health

Mike DeWine, Governor

Stephanie McCloud, Director

Jon Husted, Lt. Governor

MEMORANDUM

Date: June 23, 2021

To: Subrecipient agencies

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

Subject: Dental Sealant (DS) Program (DS22) (January 1, 2022 – December 31, 2022)

The Ohio Department of Health (ODH), Oral Health Program, Bureau of Maternal, Child and Family Health, announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., **Monday, August 9, 2021**. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line 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.

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (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: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/resources/ds-19-dental-sealant-regional>. Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Barbara Carnahan at 614-728-2838 or e-mail at Barbara.Carnahan@odh.ohio.gov

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

100% Deliverable Funding

- A. Policy and Procedures:** The Continuation Funding Application consists of three parts: Program Updates (if applicable), Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP(OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: January 1, 2022 to December 31, 2022 of the total project period, January 1, 2020 to December 31, 2022. Reference the competitive Solicitation for more information.

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.

- 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. Number of Grants and Funds Available:** Funding to support the Safety Net Dental Care sub-grant program is received from both federal and state sources.

Dental Sealant Program: A total of \$553,688 is available to be awarded to approximately 12 Dental Sealant Programs. Funding is for continuation and/or expansion of existing school-based dental sealant programs that will serve a significant number of high-risk school children in eligible schools (according to a listed provided by ODH). This grant program is supported by the Title V - Maternal and Child Health Block Grant. Only those agencies currently funded through the Dental Sealant Program are eligible to apply.

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.

C. Formatting Requirements for Attachments

- Properly label each item of the application packet (ex. 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 and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12-point font.
- Forms must be completed and submitted in the format provided by ODH.

CI. Qualified Applicants:

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

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
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, August 9, 2021.**

CII. PROGRAM UPDATES

- A. Program Progress Report:** Attach the *program progress report* or *quarterly program review document* for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application.
- B. Program Narrative:** Complete and submit a narrative statement (do not exceed [10] pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding.
- C. Objectives and Work Plan:** Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and submit an updated *Dental Sealant Methodology Supplement, Attachment #1*. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed.
- D. Documentation and Progress on Health Disparity/Inequity Activities:** Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations must also use the *Place Matters Documentation Spreadsheet (Appendix C)* to document where (i.e., addresses, census tracts, census block groups or zip codes) health equity activities occurred during the previous funding period.
- E. Program Budget:** Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria.
1. **Budget Narrative:** Provide a budget justification narrative outlining how the deliverable will be met. A budget justification example can be found on the GMIS Bulletin Board. For your convenience, a budget justification example is available in Appendix D (use Scenario #3 from the budget justification example).

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.

2. 2022 Budget via GMIS: Complete requested budget information as follows:

- **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period January 1, 2022 through December 31, 2022.

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

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

3. 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. Please refer to the OGAPP manual for additional information.

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments via GMIS:

1. Attachment #1: Dental Sealant Methodology Supplement
2. Attachment #2: Quality Assurance Report

3. Attachment #3: Distance Learning Report
4. Attachment #4: School-based Dental Sealant Manual Verification
5. Attachment #5: Review of Proposal Verification Form
6. Attachment #6: ODH Dental Sealant Equipment Inventory 2021
7. Attachment #7: Subrecipient Owned Dental Sealant Equipment Inventory 2021
8. Attachment #8: Budget Planning Worksheets

All attachments must clearly identify the authorized program name and program number. On those paper attachments that require a signature, indicate that a signature is required and that it must be in blue ink.

Other Required Documentation:

- 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: Subrecipient's 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.

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS Bulletin Board for more information.
- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) 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.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantees) form in 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.
- **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.)

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

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

G. Human Trafficking:

The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

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

☐ Applicable ☒ Not Applicable to Dental Sealant Program

H. Post Submission Requirements: Continuation applicants are required to submit subrecipient program and expenditure reports.

Note: Failure to assure quality of reporting such as submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

1. **Program Reports: Subrecipient Program Reports must be completed and submitted via GMIS** 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.

☒ Program Reports Required ☐ No Program Reports Required

Period	Report Due Date
January 1 – March 31, 2022	April 10, 2022
April 1 – June 30, 2022	July 10, 2022
July 1 – September 30, 2022	October 10, 2022
October 1 – December 31, 2022	January 10, 2023

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

Period	Report Due Date
January 1 – 31, 2022	February 10, 2022
February 1 – 28, 2022	March 10, 2022
March 1 – 31, 2022	April 10, 2022
April 1 – 30, 2022	May 10, 2022
May 1 – 31, 2022	June 10, 2022
June 1 – 30, 2022	July 10, 2022
July 1 – 31, 2022	August 10, 2022
August 1 – 31, 2022	September 10, 2022
September 1 – 30, 2022	October 10, 2022
October 1 – 31, 2022	November 10, 2022
November 1 – 30, 2022	December 10, 2022
December 1 – 31, 2022	January 10, 2023

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

Period	Report Due Date
January 1 – March 31, 2022	April 10, 2022
April 1 – June 30, 2022	July 10, 2022
July 1 – September 30, 2022	October 10, 2022
October 1 – December 31, 2022	January 10, 2023

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

3. **Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before February 5, 2023. 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 ALL Subrecipient Program and Expenditure Reports via the ODH's GMIS system indicates acceptance of OGAPP. Clicking the "Submit" or "Approve" button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.

III. APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B. B1 Deliverable — Objective Descriptions
- C. Place Matters Documentation Template
- D. Budget Justification Example
- E. Other Program Documents (must be submitted electronically through 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: ODH Dental Sealant Equipment Inventory 2021
 - Attachment #7: Subrecipient-Owned Dental Sealant Equipment Inventory 2021
 - Attachment #8: Budget Planning Worksheets

Appendix A

Submission
Required

CONTINUATION SOLICITATION
REIMBURSEMENT TYPE FORM

See due date below

Ohio Department of Health
Bureau of Maternal, Child and Family Health

ODH Program Title:
Dental Sealant Program (DS22)

Reimbursement Type (check one) ☐ Monthly **OR** ☐ Quarterly

(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

Please print:

Current Project Number _____

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.

Due to ODH by **July 6, 2021**

Please email completed form to Karen Tinsley (karen.tinsley@odh.ohio.gov).

Appendix B1

Name of Subgrant Program: Dental Sealant Program I (DS22)

Budget Period: January 1, 2022 – December 31, 2022

of Deliverables: 1

Use Budget Justification Scenario #3, Appendix D

100% Deliverables

Deliverable — Objective 1:

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

Appendix B2

Name of Subgrant Program: Dental Sealant Program I (DS22)

Budget Period: January 1, 2022 – December 31, 2022

of Deliverables: 1

Use Budget Justification Scenario #1, Appendix D

100% Deliverables

Deliverable — Objective 1:

DENTAL SEALANT PROGRAM	
Subrecipient Agency	Total Maximum Funding
Athens County Health Department	\$39,000
Canton City Health Department	\$63,000
Center Street Health Center	\$35,337
Cuyahoga County Board of Health	\$45,000
Columbus Public Health	\$73,000
Five Rivers Health Center	\$50,000
Jackson County Health Department	\$30,000
Lawrence County Health Department	\$35,000
Licking County Health Department	\$53,000
Lorain County Health and Dentistry	\$53,331
Warren City Health Department	\$47,000
Washington County Health Department	\$30,000

Appendix C

Place Matters Documentation Template

County: _____ Budget Period: _____

GMIS ID: _____ Agency Name: _____ Subgrant Program: _____

Geography Type	Specify Geography or Location	Data Source
Census Tract (FIPS Code)		

BUDGET JUSTIFICATION EXAMPLE (Deliverable Funding Only)

NOTES:

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

OTHER DIRECT COSTS

Deliverable – Objectives

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

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

- Deliverable – Objective 1 \$10,000
Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.
- Deliverable – Objective 2 \$45,000
Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.
- Deliverable – Objective 3 \$75,000
Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

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

- Deliverable – Objective 1
 - Franklin County \$40,000
 - Union County \$11,000
 - Madison County \$20,000
 - Licking County \$15,000Note: A brief description of how agency will accomplish meeting the deliverable may be required. Please refer to the solicitation to determine if this is required to be included in the budget justification. A detailed breakout of the deliverable budget is not required and should not be included in the budget justification.

- Deliverable – Objective 2

Franklin County	\$52,500
Union County	\$9,500
Madison County	\$12,500
Licking County	\$16,500

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

- Deliverable – Objective 3

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

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

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

- Deliverable – Objective 1

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

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

- Deliverable – Objective 2

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

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

- Deliverable – Objective 3

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

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

Total Other Direct Costs	\$ Total
---------------------------------	-----------------

Budget Grand Total	\$
---------------------------	-----------

Notes:

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

Subrecipient's authorized representative certifies the foregoing:

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

[Signature]

[Print Name & Title]

[Date]

**OHIO DEPARTMENT OF HEALTH
BUREAU OF MATERNAL, CHILD AND FAMILY HEALTH
YEAR 2022 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 2021**
- Attachment #7: Subrecipient Owned DS Equipment Inventory 2021**
- 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.
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. 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_____

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 2022 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: _____

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

2022 Review of Proposal Verification for

Dental Sealant Program

(name of Subrecipient agency)

The 2022 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 2022, 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 2021 Equipment Inventory*

(Submit with Final Expenditure Report, due 2/5/2022)

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 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 2021 Equipment Inventory due 2/5/22.

[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 and white boxes that contain formulas.
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 2019-20 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.

2022 School-Based Dental Sealant Program Target Grades

Attachment # 8

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

[illegible]

2022 School-Based Dental Sealant Program Target Grades

Attachment # 8

[illegible]

Attachment #8

Grantee ID Number:

2020 5

2022 School-Based Dental Sealant Program Follow-Up Grades

[illegible]

2022 School Based Dental Sealant Program Time and Cost Estimates

Attachment #8

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

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

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

Justification:

**2022 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

**2022 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	\$ -

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	\$ -

2022 School Based Dental Sealant Program
Planning Worksheet

Attachment #8