



MEMORANDUM

Date: July 14, 2023

To: Subrecipient agencies

From: Dyane Gogan Turner, MPH, RD/LD,
IBCLC Chief, Bureau of Child and
Family Health Ohio Department of
Health [DGT](#)

Subject: Dental Sealant Program (DS24) (Jan. 1, 2024-Dec. 31, 2024)

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

All electronic applications and attachments are due by **4 p.m., Monday, Aug. 21, 2023**. 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](#). 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 Tina Fulks at 740-418-2714 or e-mail at Tina.Fulks@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 the budget period: Monday, Jan. 1, 2024 through Tuesday, Dec. 31, 2024 of the total project period, Sunday, Jan. 1, 2023 through Wednesday, Dec. 31, 2025. [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 regarding subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- The 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 Dental Sealant sub-grant program is received from federal sources.

Dental Sealant Program: A total of \$723,668.00 is available to be awarded to approximately eleven Dental Sealant Programs. Funding is for continuation 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 list provided by ODH). Funding may also be used for the application of fluoride varnish on the teeth of high-risk school children in eligible schools. 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 8.5 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.

D. 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 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 p.m. on Monday, Aug. 21, 2023.**

II. PROGRAM UPDATES:

Program should review the Evidence of Health Equity Strategies Checklist in Appendix C when drafting the program narrative, objectives, and workplan.

- 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. If you will be applying fluoride varnish to students in schools targeted for the DS program, describe when you will start this work and details about its implementation. Include the approximate timeframe for each application during the 2023-24 and/or 2024-25 school years.
- 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. Consider adopting SMART-IE goals which incorporates inclusivity and equity into each of the measures.
- D. Documentation and Progress on Health Equity and Disparity Reduction 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 should prepare a summary of activities completed during the previous funding period, to reach the priority populations and / or neighborhoods specified in their plan.

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 GMIS). For your convenience, a budget justification narrative example is available in Appendix D.

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. **2024 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 Jan. 1, 2024 through Dec. 1, 2024.

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.

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

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to subrecipients for purposes later discovered to be prohibited. Please refer to the OGAPP manual for additional information.

F. Other Application Requirements:

Program Specific Requirements:

Complete and submit the following attachments. Completed attachments must be submitted electronically via GMIS and must clearly identify the authorized program name and program number.

- Attachment #1-Dental Sealant Methodology Supplement.
- Attachment #2-Quality Assurance Report.
- Attachment #3-Distance Learning Report.
- Attachment #4-School-based Dental Sealant Manual Verification.
- Attachment #5-Review of Proposal Verification Form.
- Attachment #6-Budget Planning Worksheets: includes target, follow-up and/or expanded grades, time and cost estimates, sources of revenue, and overall budget.
- Attachment #7-Fluoride Varnish Worksheets.

The Budget Planning and Fluoride Varnish Worksheets will be sent electronically from Tina Fulks, RDH, BA.

Note: Programs will be required to submit an annual equipment inventory list (due Feb. 5, 2025).

a. 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: 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.

- **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 (Equal Employment Opportunity) 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:

Human trafficking is defined by the use of force, fraud, or coercion to compel victims into performing labor or commercial sex acts. Populations at increased risk include but are not limited to LGBTQ individuals, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers, and low-income individuals.

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:

- Victims of human trafficking are included in your agency's target population that may include, but are not limited to the following:
 - Populations at increased risk.
 - Mental health population.
 - Homeless population.
- Agency promotes the expansion of services to identify and serve those affected by human trafficking.

☒ 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:

- a. **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
Jan. 1-March 31, 2024	April 10, 2024
April 1-June 30, 2024	July 10, 2024
July 1-Sept. 30, 2024	Oct. 10, 2024
Oct. 1-Dec. 31, 2024	Jan. 10, 2025

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

Period	Report Due Date
Jan. 1 – 31, 2024	Feb. 10, 2024
Feb. 1 – 29, 2024	March 10, 2024
March 1 – 31, 2024	April 10, 2024
April 1 – 30, 2024	May 10, 2024
May 1 – 31, 2024	June 10, 2024
June 1 – 30, 2024	July 10, 2024
July 1 – 31, 2024	Aug. 10, 2024
Aug. 1 – 31, 2024	Sept. 10, 2024
Sept. 1 – 30, 2024	Oct. 10, 2024
Oct. 1 – 31, 2024	Nov. 10, 2024
Nov. 1 – 30, 2024	Dec. 10, 2024
Dec. 1 – 31, 2024	Jan. 10, 2025

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

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

Period	Report Due Date
Jan. 1 – March 31, 2024	April 10, 2024
April 1 – June 30, 2024	July 10, 2024
July 1 – Sept. 30, 2024	Oct. 10, 2024
Oct. 1 – Dec. 31, 2024	Jan. 10, 2025

Note: Obligations not reported in the final monthly or fourth 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 p.m. on or before Feb. 5, 2025**. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

Submission of 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. Deliverable — Objective Descriptions.
- C. Evidence of Health Equity Strategies Checklist.
- D. Budget Justification examples.
- E. Program Required Attachments.

Appendix A

Submission Required

CONTINUATION SOLICITATION REIMBURSEMENT TYPE FORM

See due date below.

Ohio Department of Health
Bureau of Child and Family Health

Dental Sealant Program
DS24

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 Friday, July 21, 2023.

Please email completed form to Maria Kapenda (Maria.Kapenda@odh.ohio.gov) .

Appendix B

Name of Subgrant Program: Dental Sealant Program

Budget Period: Jan. 1, 2024-Dec. 31, 2024

of Deliverables: 2

Use Budget Justification Scenario: #3

100% Deliverables

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

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

Deliverable 2—Objective 1: Total number of high-risk children that receive a fluoride varnish (FV) application.

- a. Total number of non-Medicaid students that received a FV application at \$13 each.
- b. Total number of students that received the FV application AND denied Medicaid reimbursement at \$9 each.

(Up to \$20,000 each for Jackson Co. HD, Licking Co. HD and Warren City HD and up to \$10,000 each for other DS subrecipients choosing to begin to apply fluoride varnish in Fall 2024.)

Appendix C

ODH Evidence of Health Equity Strategies Checklist

This checklist should be used to support planning, implementation, and evaluation of equitable strategies to reduce disparities and overcome social determinants of health. This checklist is a guide to establish a baseline criterion that all projects funded by ODH to support alignment with established priorities to achieve optimal health for all Ohioans.

Health Disparities, Health Inequities, Social Determinants of Health & Health Equity

Racial and ethnic minorities, those living in rural communities, people with disabilities, the LGBTQ community, and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more disease, death, or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, and prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, learn, work, play, and age. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods, and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

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

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>.
- 2) [Identify geographic reference points \(i.e., census tracts, census block groups or zip codes\) to specify where program activities are focused.](#)
- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](#).

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

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

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

APPENDIX D

BUDGET JUSTIFICATION EXAMPLE (Deliverable Funding Only)

NOTES:

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

OTHER DIRECT COSTS

Deliverable – Objectives

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

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

- Deliverable – Objective 1 \$10,000

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

- Deliverable – Objective 2 \$45,000

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

- Deliverable – Objective 3 \$75,000

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

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

- Deliverable – Objective 1
 - Franklin County \$40,000
 - Union County \$11,000
 - Madison County \$20,000
 - Licking County \$15,000

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

- Deliverable – Objective 2

Franklin County	\$52,000
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	\$
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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).
- 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.

[Signature]

[Print Name]

[Print Title]

[Date]

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

YEAR 2024 DENTAL SEALANT PROGRAM

Program Forms Required: Attachments 1-7

Attachment forms 1-7 must be completed and submitted as an attachment via GMIS.

Grant Application will not be considered without these forms:

Attachment #1: Dental Sealant Methodology Supplement.

Attachment #2: Quality Assurance Report.

Attachment #3: Distance Learning Report.

**Attachment #4: School-based Dental Sealant Manual
Verification.**

Attachment #5: Review of Proposal Verification Form.

Attachment #6: Budget Planning Worksheets. *

Attachment #7: Fluoride Varnish Worksheets. *

****Please note:*** An electronic version of the Budget Planning and Fluoride Varnish Worksheets (Attachments #6 and #7) will be emailed to applicant agencies following receipt of the agency's Notice of Intent to Apply for Funds.

Attachment #1

DENTAL SEALANT METHODOLOGY SUPPLEMENT

GRANT APPLICATION WILL NOT BE CONSIDERED WITHOUT THIS FORM

Agency _____

Program Number _____

ACTIVITIES	STAFF PERSON RESPONSIBLE	TIMETABLE
Describe the process.	Indicate person responsible for each activity.	Include specific beginning and ending dates for each.
Example 1. Train Personnel (infection control, assembly and use of equipment) 2. Schedule Schools 3. Distribute consent forms 4.	1. Program Coordinator (RDH) 2. Program Coordinator (RDH) 3. RDH or DA 4.	1. Mid-August (2 days) 2. August 3. Beginning in September each month we will do three schools 4.

(This form may be copied as needed)

Number of additional pages attached _

Attachment #2
QUALITY ASSURANCE REPORT

GRANT APPLICATION WILL NOT BE CONSIDERED WITHOUT THIS FORM

Agency _____ Program Number _____

1. The Occupational Safety and Health Administration (OSHA) requires that dental staff receive infection control training annually.

a) Who will provide the training? _____

b) Date of the training? _____

c) Will your staff be provided with written protocol for infection control? ☐ Yes ☐ No

2. Will your program operate in accordance with the Dental Practice Act: Ohio Revised Code Chapter 4715 (laws), and Ohio Administrative Code Chapter 4715 (rules)? ☐ Yes ☐ No

3. Will your program comply with the ODH Dental Sealant Program Manual, ODH quality assurance activities, and ODH data collection/reporting mechanisms implemented during the funding period? ☐ Yes ☐ No

a) This program will adhere to all standards set by ODH. ☐ Yes ☐ No

4. Appropriate program staff will complete additional training that ODH requires, upon notification by ODH. ☐ Yes ☐ No

5. What is the name/manufacturer of the sealant material used by this program? _____

a) Is it ☐ glass ionomer sealant or ☐ resin-based sealant?

b) What is the name/manufacturer of the conditioner/etchant used by this program? _____

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

Attachment #2 (continued)

Agency _____ Program Number _____

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

a) If "No," under what conditions will short-term retention be checked?

- _____ 1) When there 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) When low long-term retention rate reported.

b) Short-term retention checked:

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

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

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

Attachment #2 (continued)

Agency_____

Program Number_____

9. Will four-handed sealant application technique be used?

☐Yes ☐ No

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

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

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

☐ Dental hygienist

☐ _____

11. Has your agency made efforts to leverage ODH dollars with funds and resources from other sources?

☐Yes ☐ No

a) If yes, describe the efforts and the outcomes. Attach documentation of other funding commitments to the program.

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

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

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

Attachment #2 (continued)

Agency_____ Program Number_____

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

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

Attachment #3

DISTANCE LEARNING REPORT

GRANT APPLICATION WILL NOT BE CONSIDERED WITHOUT THIS FORM

Agency _____ Program Number _____

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

[illegible]

Attachment #4

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

SCHOOL-BASED DENTAL SEALANT MANUAL

VERIFICATION for

_____ **Dental Sealant Program**
(Name of subrecipient agency)

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

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

I/We, the undersigned, verify that I/we have read and will comply with the requirements in the ODH School-based Dental Sealant Program Manual.

Name (please print): _____
Title: _____
Signature: _____
Date: _____

Name (please print): _____
Title: _____
Signature: _____
Date: _____

Name (please print): _____
Title: _____
Signature: _____
Date: _____

Name (please print): _____
Title: _____
Signature: _____
Date: _____

Attachment #5

Ohio Department of Health
Bureau of Child and Family Health

REVIEW OF 2024 PROPOSAL

VERIFICATION for

Dental Sealant Program

(Name of subrecipient agency)

The 2024 Dental Sealant Program proposal must be reviewed prior to submission to ODH by the applicant agency's dental sealant teams, so they are aware of the obligations stated in the proposal. Applicant agencies must submit documentation (multiple forms may be used) via GMIS attachment with the grant application documenting that the dental sealant program teams (dental hygienists and dental assistants) reviewed the proposal. Teams should review the proposal to ensure that they understand their role in serving schools and achieving the targeted number of students to receive sealants.

Originals should be kept on file by the 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 2024, based on this Dental Sealant Program application.

Name (please print): _____

Title: _____

Signature: _____

Date: _____

Name (please print): _____

Title: _____

Signature: _____

Date: _____

Name (please print): _____

Title: _____

Signature: _____

Date: _____

Name (please print): _____

Title: _____

Signature: _____

Date: _____

Attachment # 6

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

[illegible]

Attachment # 6

[illegible]

Attachment #6

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

[illegible]

2024 School-Based Dental Sealant Program Follow-Up Grades

Attachment #6

[illegible]

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

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

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

Justification:

2024 School Based Dental Sealant Program
Planning Worksheet

Attachment #6

Grantee Name:

Grantee ID Number:

Compute estimated Medicaid income below.

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

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

Compute estimated ODH grant funds for Deliverable 1a.

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

Compute estimated ODH grant funds for Deliverable 1b.

	Estimated # of teeth sealed	Estimated % of	Estimated # of teeth sealed	Reimbursement	ODH Grant funds
	0	6%	0	\$13.00	\$0.00

2024 School Based Dental Sealant Program
Planning Worksheet

Attachment #6

Compute estimated ODH grant funds for Deliverable 1c.

	Estimated # of teeth sealed (target & follow-up)		Estimated % of total # of teeth	Estimated # of teeth sealed elsewhere that received	Reimbursement for each tooth	ODH Grant funds requested for
	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	\$ -

[illegible]

Grantee Name:				
Grantee ID Number:				
County	School District	School Name	Grades Served	# of Students due for 2nd Application
Total				0

Grantee Name:				
Grantee ID Number:				
Compute Total Fluoride Varnish Applications				
Total Enrolled (1st application)	Estimated % of participation	Estimated # for 1st application	Students due for 2nd application	Total FV Applications
0	50%	0	0	0

Compute Estimated Medicaid Income

	Estimated % of Medicaid eligible students	Estimated # of Medicaid eligible students	Estimated Medicaid reimbursement per FV application	Estimated Medicaid Income
Total FV Applications				
0	50%	0	\$15.00	\$0.00

Compute Estimated ODH Grant Funds for Deliverable 2a.

	Estimated % of non-Medicaid eligible students	Estimated # of non-Medicaid eligible students	Non-Medicaid reimbursement per FV application	ODH Grant Funds requested for Deliverable 2a
Total FV Applications				
0	50%	0	\$13.00	\$0.00

Compute Estimated ODH Grant Funds for Deliverable 2b.

Estimated # of Medicaid eligible students	Estimated % DENIED Medicaid reimbursement	Estimated # of FV applications DENIED reimbursement	Reimbursement per Medicaid DENIED FV application	ODH Grant Funds requested for Deliverable 2b
0	4%	0	\$9.00	\$0.00

Total Revenue for Fluoride Varnish	Amount
ODH Grant Funds Requested for Deliverable 2a and 2b.	\$0.00
Estimated Medicaid Income	\$0.00
Applicant Agency Funds	\$
Other (other grants, gifts, contributions) (please specify below)	\$
Total Program Resources	\$0.00