



**Michigan Department of Health and Human Services  
Oral Health Program**

**Request for Proposal**  
*Fluoridation Equipment Grant*  
**2016**

**Notice of Intent Due: January 29, 2016**  
**Proposal Due: February 5, 2016**

**PROPOSAL BACKGROUND:**

Fluoridation of a community water system is one of the most cost effective and efficient ways to reduce dental disease in a population. Over 65 years of research on this topic has proven community water fluoridation to be safe and effective in improving the oral health of the community's citizens.

The Michigan Department of Health and Human Services (MDHHS) Oral Health Program is primarily looking to promote community water fluoridation by offering to reimburse communities currently not fluoridating for fluoridation equipment purchases for the sole purpose to initiate community water fluoridation in their community. A generous gift from Delta Dental of Michigan is once again available to help communities with acquiring new fluoridation equipment.

Close to 7 million people in Michigan are benefiting from community fluoridated water. For those systems currently wishing to initiate this basic public health practice in their communities the Michigan Department of Health and Human Services Oral Health Program is providing grants to assist with the cost of the purchase and installation of fluoridation equipment. The funds must be used for new and replacement fluoridation equipment purchased in the contract period of April 1, 2016-September 15, 2016.

First priority will be given to Michigan water systems currently without a water fluoridation program. If funds allow, reimbursement for replacement fluoridation equipment will be offered to those Michigan communities needing to update their fluoridation equipment for the sole purpose of continuing community water fluoridation in their community.

## **GRANT PROPOSAL:**

Applicants may submit only one Application to request funds to help in the purchase, and engineering costs of fluoridation equipment used in Michigan community water systems that currently are not fluoridating. In addition, if funds allow, communities wishing to replace current fluoridation equipment in need of replacement for the purpose of continuing community water fluoridation may submit an application. **Those communities that have received awards in the past 3 years will not be considered.**

When requesting fluoridation equipment, those Michigan communities that have gone the longest without active community water fluoridation will be given higher priority. Those systems that had to discontinue fluoridation due to faulty equipment will also be given higher priority.

**The funds must be used to purchase new or replacement fluoridation equipment to initiate or continue a fluoridation process for their water system. Engineering costs may also be included in the request. Building costs or fluoride product costs will not be allowed. Installation/labor costs and testing equipment may be considered if funds allow. This will be for purchases of fluoridation equipment made only between April 1, 2016 and Sept 15, 2016.**

The applicant can request up to **\$24,000** for new or replacement fluoridation equipment costs, including engineering costs. A statement from the water supply owner or a water systems operator/engineer in charge will be required to verify the condition of existing fluoridation equipment and justification for its replacement or addition. **The new equipment must be in place and in use for administering appropriate fluoride into the drinking water within 6 months from the invoice submission date. If fluoridation is voted to be discontinued by a city, village, township or public vote before 5 years have passed since award funds have been received, then the entire award funds will need to be returned to the Michigan Department of Health and Human Services.**

At least two estimates from two separate established fluoridation equipment vendors must be included with your proposal. The estimates must include costs for each individual type of equipment, engineering and/or service costs. The estimates need to be from two different sources or companies. An estimate breakdown of the equipment, services, etc. being considered and cost of each must be included. Fill out Estimates Page. (Page 11). If you need more space, additional copies of Page 11 may be included with your proposal. If dry product equipment is being used please indicate as such.

**Water systems must apply for and receive an Act 399 (Michigan Safe Drinking Water Act) construction permit from the Department of Environmental Quality (DEQ) before installation of any fluoride feed equipment. Evidence that a permit application will be submitted, or if DEQ was contacted and they state that no construction permit is needed, then a statement from DEQ to this fact, must be included.**

The applicant should be a water system representative from a Michigan community, city, village or township and must provide evidence that fluoridation had been discussed with the public and a vote was favored for fluoridation either by the council or the public at large in the past or as a new project. If no evidence can be found, then a note from DEQ as to the years of previous fluoridation must be attached.

Community population size serviced by your community water system will be considered. This will be confirmed through DEQ records for 2015. The larger the population, the higher the priority given.

All terms, conditions and limitations specified in the Abbreviated Grant Application will be reviewed and scored according to relevant review criteria described in **Selection Criteria**.

Grantees will be notified of the award by **March 11, 2016**.  
Fluoridation Equipment RFP 2016

**Purchases must be made and invoices submitted for reimbursement between April 1, 2016 and September 15, 2016.**

**INSTRUCTIONS FOR GRANT PROPOSAL SUBMISSION:**

Applicants should review all included materials and selection criteria.

**Notification of Intent to Apply Due: January 29, 2016  
Completed Applications Due: February 5, 2016**

Applications should be typed or clearly printed.

*No fax or e-mailed copies will be accepted.*

**4 hard copies** must be submitted to:

MDHHS  
Oral Health Program  
Attn: Susan Deming  
Education and Fluoridation Coordinator  
109 W. Michigan Ave.  
P.O. Box 30195  
Lansing, MI 48909

Phone: (517) 373-3624

E-Mail: [demings@michigan.gov](mailto:demings@michigan.gov)

Applicants are responsible for the timely receipt of their proposal. **PROPOSALS RECEIVED AFTER THIS DATE, February 5, 2016, AND TIME, 3:00pmEST, WILL NOT BE CONSIDERED.**

**ELIGIBLE APPLICANTS:**

The applicant should be a water system representative from a Michigan community, city, village or township and must provide evidence that fluoridation had been discussed with the public and a vote was favored for fluoridation either by the community council or the public at large in the past or as a new project. If no evidence can be found, then a note from DEQ as to the years of fluoridation must be attached.

**AVAILABILITY OF FUNDING:**

Awards are contingent upon availability of funds. The number of grants to be awarded will be determined by the number of proposals received and the amount of funds requested.

Award requests **must not exceed \$24,000** for new or replacement project equipment. **Awards will be based on funds and equipment requested per population size, number of servicing wells and number of chemical feed pumps.**

Awards will be available upon submission of estimates for **equipment to be purchased April 1, 2016-September 15, 2016.**

Any funds received by the recipient of the award but not spent for this specific purpose must be returned to the Michigan Department of Health and Human Services. In submitting the application, the applicant assures that funds will be used exclusively for the intended program. MDHHS will not assume any responsibility or liability for costs incurred by the recipient of the award prior to the signing of an agreement. Funds will be set-aside for an independent analysis, contracted at the discretion of MDHHS to evaluate the relative merits of all programs funded. **If fluoridation is voted to be discontinued by a city, village, township or public vote before 5 years have passed since award funds have been received, then the entire award funds will need to be returned to the Michigan Department of Health and Human Services.**

#### **CONTRACTOR RESPONSIBILITIES:**

The award recipient will be required to assume responsibility for all contractual activities offered in the proposal whether or not that recipient performs them. If any part of the program is to be provided by persons other than the recipient, responses to the RFP must include a list of these persons, including name, address, organization, credentials and services to be provided. MDHHS will consider the selected award recipient to be the sole-point-of-contact with regard to program matters, including payment of any and all charges resulting from the award.

#### **REIMBURSEMENT MECHANISM:**

**All award recipients must sign-up through the on-line vendor registration process to receive all State of Michigan payments in the form of Electronic Funds Transfers (direct deposits), as mandated by PA 533 of 2004. Vendor registration information is available through the Department of Technology, Management and Budget's web site: <http://www.cpexpress.state.mi.us/>**

#### **DISCLOSURE OF PROPOSAL CONTENTS:**

All information in an applicant's proposal is subject to disclosure under the provisions of Public Act No. 442 of 1976, known as the "Freedom of Information Act." This act also provides disclosure of contracts and attachments thereto.

#### **ISSUING OFFICE:**

This Request for Proposals (RFP) is issued by the Michigan Department of Health and Human Services Oral Health Program, hereafter known as MDHHS or the Department. The issuing office is the sole-point-of-contact for persons/organizations who are considering preparing responses to this RFP. The award will be made to the applicant(s) who most successfully meet the criteria of the RFP, up to the total amount of funds available within the funding level stipulated and at the discretion of MDHHS.

#### **USE OF FUNDS:**

Funds available under this announcement for the Fluoridation Equipment Grant should be used only for costs involved for purchasing fluoridation equipment to initiate a community water fluoridation program or for purchases to replace worn out fluoridation equipment in existing fluoridating communities. Engineering costs are allowed. **Building and maintenance costs or fluoride product costs are not allowed. Installation/labor costs and testing equipment may be considered if funds are available.**

Any funds received by the recipient of the award but not spent for the specific purpose must be returned to MDHHS. In submitting the application the applicant assures that funds will only be used for the intended program. MDHHS will not assume any responsibility or liability for costs incurred by the recipient of the award prior to the signing of an agreement. Funds will be set-aside at the discretion of MDHHS for an independent analysis of program expenses, staffing and operating Fluoridation Equipment RFP 2016

expenses of funded programs. Relative merits of all programs funded will be evaluated. **If fluoridation is voted to be discontinued by a city, village, township or public vote before 5 years have passed since award funds have been received, then the entire award funds will need to be returned to MDHHS.**

#### **NOTICE OF INTENT:**

A Notice of Intent must be submitted by January 29, 2016. Any correspondence regarding the grant will only be sent to those that have submitted a notice of intent which could be submitted through e-mail, fax or regular mail. **Notice of Intent is due January 29, 2016. A Notice of Intent fillable form is included within the application. (Page 14).**

#### **QUESTION AND ANSWER PERIOD:**

A proposal conference will not be held. Questions may be submitted electronically until **January 27, 2016.** E-mail responses will be prepared and sent to all parties who have submitted a notice of intent by January 29, 2016. In addition, questions and responses will be posted on the Department's website at [www.michigan.gov/oralhealth](http://www.michigan.gov/oralhealth) . To expedite the answers, include your fax number and e-mail address with your notice of intent.

#### **SPECIFICATIONS:**

All proposals must address or comply with the following specifications:

- Applicant must be a water system representative from a Michigan community, city, village or township.
- Evidence of a vote in favor of fluoridation by council or public vote must be attached to the application. Highlight the area of evidence in the attached document. If no document can be found then verification of longevity of fluoridation from DEQ must be included.
- Must be requesting the award to reimburse for fluoridation equipment and engineering costs only associated with installing, or replacing said equipment as to initiate or continue a fluoridation program in the community water supply.
- Awards will be based on appropriateness of request per population size, number of wells, and number of chemical feed pumps servicing the population.
- Request for award cannot exceed **\$24,000** for new or replacement fluoridation equipment and may include engineering costs. (Installation/labor costs and testing equipment may be considered if funds available).
- A statement from the water supply owner or a water systems operator/engineer in charge will be required to verify the condition of existing fluoridation equipment and justification for its replacement and/or addition. Include a detailed description of the need for new or replacement equipment and how this will impact the community. There is a Verification/Justification Page to complete. (Page 12). More pages can be added if needed.
- Two separate estimates for fluoridation equipment must be attached from established fluoridation equipment vendors. These estimates must be from two different sources or vendors.

- The first choice vendor(s) should be identified on the Estimates Page, (page 11), and breakdown of estimated costs per equipment item must be included. Please be specific. An additional sheet can be developed if more space is needed. Please add separate sheet if dry product equipment is to be used.
- Water systems must apply for and receive an Act 399 (Michigan Safe Drinking Water Act) construction permit from the Department of Environmental Quality (DEQ) before installation of any fluoride feed equipment. Evidence that a permit application will be submitted, or if DEQ was contacted and they state that no construction permit is needed, then a statement from DEQ to this fact, must be included.
- The new equipment must be in place and in use for administering appropriate fluoride into the drinking water within 6 months from the invoice submission date.
- Notices of Intent must be received no later than January 29, 2016.
- **Proposals due no later than 3:00 EST February 5, 2016 (Only 4 hard copies accepted- no faxed or e-mailed submissions allowed).**
- Grantee contracts will be for purchases between April 1, 2016-September 15, 2016.
- Purchases and invoices for reimbursement of fluoridation equipment must be purchased and submitted between April 1, 2016- September 15, 2016.
- Building costs and fluoride product costs will be excluded. Installation costs and testing equipment may be considered if funds available.
- If fluoridation is voted to be discontinued by a city, village, township or public vote before 5 years have passed since award funds have been received, then the entire award funds will need to be returned to MDHHS.

## SELECTION CRITERIA: Based on 100 points

- **20 Points:** Community water system that have not fluoridated in the past will be given maximum points. Communities that have fluoridated in the past but have discontinued and wish to restart will be considered for higher points. Those systems that had to discontinue fluoridation due to faulty or broken fluoridation equipment will be considered for higher points. **Justification for replacement equipment must be detailed.**
- **10 Points:** Based on population size. Communities with populations over 10,000 receive higher points.
- **10 Points:** Application is attached and filled out in entirety. Neatness and readability of application will help earn maximum points.
- **5 Points:** Evidence of council or community vote in favor of fluoridating attached. Area in document is highlighted for fluoridation approval evidence. If no document, then notice from DEQ verifying years of fluoridation must be included.
- **10 Points:** Request for award does not exceed \$24,000 for new or replacement fluoridation equipment. Request appears appropriate for size of population, number of wells and number of chemical feed pumps servicing population.
- **10 Points:** Award request is for fluoridation equipment and engineering costs only. Building and product costs are not allowed. (Installation costs and testing equipment may be considered if funds available).
- **10 Points:** Need for fluoridation equipment verification from the water system owner or a water system operator/engineer in charge is included. The Verification/Justification Page, (page 12), is included and detailed.
- **5 Points:** Water systems must apply for and receive an Act 399 (Michigan Safe Drinking Water Act) construction permit from the Department of Environmental Quality (DEQ) before installation of any fluoride feed equipment. Evidence that a permit application will be submitted, or if DEQ was contacted and they state that no construction permit is needed, then a statement from DEQ to this fact, must be included.
- **10 Points:** At least two estimates for fluoridation equipment attached. (Either from established fluoridation equipment suppliers or from registered professional engineers in Michigan knowledgeable in fluoride chemical feed systems.) Two separate sources/vendors must be used.
- **10 Points:** Vendor identified and attachment with breakdown of equipment costs is included. (Estimate Page 11). The more detailed the breakdown the more points earned.

\*\* The award of points will be based on the proposal's compliance with the request for proposal requirements per the review team's review.

## DIRECTIONS FOR COMPLETING THE APPLICATION

- **Water System Name:** Enter name of your Community Water System
  
- **Number of Population Served by Water System:** Enter the # of people that your water system serves.
  
- **Community Fluoridation Status:** Check Active if community is currently fluoridating or No Fluoridation and add “Never” or last known date of cessation.
  
- **Amount of Request:** Enter the amount requested from MDHHS for reimbursement for fluoridation equipment; check if for new program equipment or replacement equipment.
  
- **Name of Applicant Organization:** Enter name of the applicant organization. Enter the name and title of the person officially authorized by the applicant organization to enter into agreements (usually chief administrative officer). Enter the address, including city, county, state and ZIP code. Enter the telephone number, fax number and e-mail address.
  
- **Federal Tax Identification Number:** Enter Federal Tax Identification Number as assigned by the Internal Revenue Service.
  
- **DUNS#:** See <http://fedgov.dnb.com/webform>
  
- **Authorized Official:** Enter the name of the authorized official of your agency including name, title, mailing address, telephone, fax, and e-mail address.
  
- **Contact Person:** Enter the name and title of the contact person who will be responsible for coordinating the project. Enter the mailing address, including city, county, state and ZIP code. Enter the telephone number, fax number and e-mail address.
  
- **Water System Engineer:** Enter the name and title of your water system engineer who will be responsible for overseeing the engineering and installation of the equipment. Enter the mailing address, including city, county, state and ZIP code. Enter the telephone number, fax number and e-mail address.
  
- **Check List:** Check all that apply to your application.
  
- **Authorizing Entity:** Signature of authorizing entity must be included.

**FLUORIDATION EQUIPMENT 2016 GRANT APPLICATION**

**Water System Name:** \_\_\_\_\_

**# Population Served by Water System:** \_\_\_\_\_

**Community Fluoridation Status:**  Active  No Fluoridation since \_\_\_\_\_ (Never or date of cessation)

**Amount of Request:** \$ \_\_\_\_\_

New Program  Replacement Equipment

**Name of Applicant Organization:** \_\_\_\_\_

**Federal Tax ID Number:** \_\_\_\_\_

**DUNS# :** \_\_\_\_\_ (Ask financial manager for this)

**Authorized Official:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Contact Person:**

**Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Water System Engineer:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Check list:**

- Applicant is a water system representative from a community, city, village or township. Health departments may apply on behalf of their communities.
- Population served by water system is indicated.
- Evidence of council or public vote in favor of fluoridation attached. (Or DEQ statement).
- Request is for fluoridation equipment testing equipment and engineering costs only and not for fluoride additives or building costs.
- Request for award does not exceed \$24,000 for new or replacement fluoridation program equipment.
- Two estimates for fluoridation equipment and engineering costs attached.
- Statement that ACT 399 construction permit from DEQ will be applied for is included. (Or statement from DEQ that permit not required).
- Breakdown of choice vendor estimated costs per piece of equipment attached. (Estimates Page 11).
- Verification for new or replacement equipment from water system owner or water system operator/engineer in charge is included. (Verification/Justification Page 12)
- Information for all contact and supervisory persons included.
- Authorizing Entity signature included.

**Authorizing Entity:** I hereby affirm my authority and responsibility for the use of all staff, equipment, supplies and educational training described in this application.

\_\_\_\_\_

Printed Name Title

\_\_\_\_\_

Authorized Individual (*Signature*)

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

# Estimates Page

## *Estimates for Fluoridation Equipment and Engineering Costs*

1<sup>st</sup> Vendor Choice: \_\_\_\_\_

\* (Use separate page for 2<sup>nd</sup> vendor choice or additional equipment/services if needed)

**\*\*Include any engineering costs, pipes, wiring, misc, etc here also**

Type of Equipment/Service	Description	Quantity	Unit Price	Total Cost

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**TOTAL ESTIMATED COSTS:**                      \$ \_\_\_\_\_

**TOTAL AWARD REQUEST:**                      \$ \_\_\_\_\_

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### Grantee Reporting Requirements

- Grantee is to submit invoices for fluoridation equipment purchased between April 1, 2016 and September 15, 2015 to contract manager by September 15, 2016.
- **All award recipients must sign-up through the on-line vendor registration process to receive all State of Michigan payments in the form of Electronic Funds Transfers (direct deposits), as mandated by PA 533 of 2004. Vendor registration information is available through the Department of Management and Budget's web site: <http://www.cpexpress.state.mi.us/>**
- This equipment must be in place and administering appropriate fluoride into the drinking water within 6 months from the invoice submission date.
- A final report will be sent to each grantee at final submission of invoices. This report must be submitted within 6 months of final invoice submission date.
- Oral health contract manager will follow up on installation and administration of equipment within 6 months of invoice submission date.
- MDHHS-Oral Health will be available for any technical assistance.

## Notice of Intent to Apply

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

Name of Agency Applying: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Fluoridation Status:    New \_\_\_\_\_            Replacement Equipment \_\_\_\_\_

Estimated Amount of Request: \_\_\_\_\_

