

*Michigan Department
of Community Health*



**Jennifer M. Granholm, governor
Janet Olszewski, Director**

REQUEST FOR PROPOSAL

For

SEAL! Michigan

School-based/School-linked Dental Sealant Program

Issued by:

Michigan Department of Community health
Oral Health Program
109 Michigan Ave., Fourth Floor
Lansing, Michigan 48933
Phone: (517) 335-9526
FAX: (517) 335-8697

Notification of Intent to Apply Due: June 29, 2007
Proposals Due: August 13, 2007

Copies Required: Signed Original plus 3 copies

Instructions for Completing the School Based/School Linked Dental Sealant Program Grant Application

The SEAL! MICHIGAN Program Grant Application is created specifically for public and non-profit eligible organizations, private dental practices, schools, schools of dentistry and dental hygiene, and local dentist, dental hygienist and dental assistant associations to support the development and/or expansion of sustainable school-based/school-linked dental sealant programs. Children in Michigan in 2nd grade who have erupted permanent first molars are eligible and are a priority for this grant. If sufficient funding allows, the program will fund programs targeting 6th grade children for permanent second molars. Primary attention will be focused in areas where a disproportionate number of children are at high risk for dental disease due to financial and accessibility barriers and/or past disease patterns. Successful grantees will demonstrate how their program will address dental disparities in health professional shortage areas and reduce high decay rates in the target area.

Grantees must show how they will improve access to care issues for the target population. Grantees must describe a detailed plan for referral of children needing dental treatment in the established oral care delivery system (known as “dental home”). Grantees must explain how the program will remain sustainable and state how they will incorporate SEALS (Sealant Efficiency Assessment for Locals and States) software for data collection. SEALS is a data program that tracks sealant placement, retention and other sealant program data. Training in SEALS is available through Michigan Department of Community Health (MDCH). Grantees must also explain how they will collaborate with community partners. Programs must also address reduction of dental disease through educational prevention measures. Schools with 50% or more participation in the Free and Reduced School Lunch Program (FRSLP) will take priority. As funds allow, schools in FRSLP at less than 50% participation will be considered if grantee can justify participation using criteria listed above.

Projects will be funded through two separate but interrelated requests for proposals. Grant 2 may not be submitted apart from Grant 1. A grantee will only be awarded Grant 2 if Grant 1 is also awarded.

Grant 1: Applicants may submit an application requesting a \$8.00 per each sealant placed incentive for service for **each child** receiving sealant applications on selected fully erupted permanent first molars in the targeted age group described above. Grantees will receive the \$8.00 incentive per sealant **for all children in 2nd grade receiving sealants whether or not they are eligible for 3rd party fees received from insurers such as Medicaid/Healthy Kids Dental/MI Child Blue Cross/Blue Shield, Delta Dental and other insurance. First party fees (fees by those receiving the sealants) will be limited to donations only. All 2nd graders within the school will be eligible to receive the sealants regardless of income status of a particular child as long as the majority of children in the school fit the target population (as described above) and for whom parental consent forms have been received.** Information regarding school participation rates in the FRSLP can be obtained by accessing website: http://www.michigan.gov/cepi/0,1607,7-113-21423_30451---,00.html Click on building.dbf file of the free/reduced lunch counts link. If access is not available, please contact the Oral Health Division at Michigan Department of Community Health (MDCH) to obtain the data for your county at (517) 335-9526. Form 1-A, “Proposed Schools and Numbers of Children in Which SEAL! MICHIGAN Will Be Implemented” must be attached to your application listing proposed schools and estimated number of children to receive dental sealants. Worksheet Forms 1-B, 1-C, 1-D, 1-E, and 1-F must also be attached

and will assist the grantee in program planning, implementation and evaluation. Grantees applying for Grant 1 for 2nd *and* 6th grade children should submit a separate grant for each grade. Grants for 2nd grade will take priority.

Grant 2: Applicants must apply for Grant 1 to be considered for Grant 2. Applicants who plan to make use of equipment for an entire school year may submit an application (See form 2-A, “Application for \$6000 Equipment Grant”) for the procurement of dental equipment to be used in the application of sealants in a Michigan school-based/school-linked dental sealant program. Grantees must present a work plan to serve the greatest number of children with the most equipment utilization days in the period. The \$6000 will cover the cost of the more expensive pieces of equipment necessary to operate the program. A list of additional supplies and equipment required to conduct the sealant program can be accessed at:

<http://mchoralhealth.org/SEAL/index.html> .

To be eligible for the equipment grant, the grantee must state that they do not have access to such equipment and that they do not have means to obtain such portable dental equipment on loan in their area. Grantees servicing the highest number of children will be given priority. Program understands that repair, repair costs, storage, cleaning and maintenance of awarded equipment are grantee’s responsibility. Programs must assure reasonable equipment utilization for the period of the grant. Any contractor equipment purchases supported in whole or in part through this agreement must be listed in the supporting Equipment Inventory Schedule. Equipment means tangible, non-expendable, personal property having useful life of more than one (1) year and an acquisition cost of \$5000 shall vest with the Contractor upon acquisition. The Department reserves the right to retain or transfer the title to all items of equipment having a unit acquisition cost of \$5000 or more, to the extent that the Department’s proportionate interest in such equipment supports such retention or transfer of title.”

Creativity in sharing equipment between grantees with groups with fewer numbers of children will be considered for the \$6000 award if a proposal to that effect is submitted listing programs entering into agreement, dates of use, and numbers of children to be served. See Form 3-A, “Application For \$6000 for **Shared** Use of Portable Dental Equipment for SEAL! MICHIGAN Dental Sealant Program”. Collaborative partners receiving grant for equipment will prepare and sign a memorandum of Understanding (MOU) stating who will store, repair and clean the equipment and who is responsible for cost of repairs to said equipment. Grantees are responsible for any and all costs associated with equipment.

All terms, conditions and limitations specified in the grant application will be reviewed and scored according to the relevant review criteria described in Background and Purpose on pages 7-8.

INSTRUCTIONS:

Applicants should review all included materials and selection criteria.

Applications should be typed or clearly printed. **Completed applications, including one original and three (3) copies, are due no later than 5:00 p.m., Monday, August 13, 2007.**

Michigan Department of Community Health
Division of Family & Community Health
Attn: Sharon Breuker, B.S., R.D.H.
109 West Michigan Avenue, Fourth Floor
Lansing, Michigan 48913
Phone: (517) 335-9526
Fax: (517) 335-8697

Applicants are responsible for the timely receipt of their proposal. **PROPOSALS RECEIVED AFTER THIS DATE AND TIME WILL NOT BE CONSIDERED. E-MAIL OR FAX RESPONSES WILL NOT BE ACCEPTED.**

SCHEDULE FOR RFP PROCESS

<u>ACTION</u>	<u>DATE</u>
Intent to Issue Grant	May 7, 2007
RFP Sent out to Applicants	June 19, 2007
Letter of Intent Received from Applicants	June 29, 2007
Deadline for Questions to MDCH	August 3, 2007
Grants Received at MDCH	August 13, 2007
Grants Reviewed and Scored	August 28, 2007
Recipients Notified in Writing of Contract Award	September 5, 2007
School-Based/School-Linked Sealant Program Begins	October 1, 2007

Attachment 1. Application Checklist

All sections shown below are complete and included in the application.

- () Submit Letter Of Intent (Notice of Intent to Apply for Funding form, NOIAF) no later than 5:00 P.M. on Friday, June 29. p.18.
- () One (1) original and three (3) copies of the application due Monday, August 13, 2007, by 5:00 P.M. Applications should be typed or clearly printed.
- () Application Cover Sheet, p. 19.
- () Table of Contents

Needs Assessment:

- () Form 1-A. Proposed Schools and Number of Children in Which SEAL! Michigan Will Be Implemented. pp. 20-21.
- () Form 1-B. Estimating # of Children to Be Screened and Time Necessary for Screening. p. 22.
- () Form 1-C. Estimating the # of Children to Receive Sealants and Time Necessary. p. 22.
- () Form 1-D. Estimating Income From Grant, Medicaid, Healthy Kids Dental and MI Child. p. 23-24.
- () Form 1-E. Total Program Resources. p. 25.
- () Form 1-F. Quality Assurance. p. 26.
- () Form 2-A. Application for \$6000 Equipment Grant may not be submitted apart from Grant 1 Application, pp. 27-28.
- () Form 3-A. Application for \$6000 for Shared Use of Portable Dental Equipment (May not be submitted apart from Grant 1; must only be submitted if applying for Grant 2), pp 29-30.

Body of Proposal

- () Reimbursement Mechanism in Place, p. 10.
- () Address all Specifications, pp. 11-12.
- () Needs Statement (Including Justification for Schools in FRSLP at less than 50% if applying), p. 15.
- () Program Description p. 15/Work Plan, p.30.
- () Community Involvement, p.15.
- () Innovative Methods, p.16.
- () Experience and Qualifications, p. 16.
- () Sustainability, p. 16.
- () Outcome Measures and Evaluation, p. 16.
- () Budget Narrative and Summary (DCH 0385 and DCH 0386). Include Matching Funds and In-kind Support. Attachment B, B.1 and B.2., see p. 16-17, pp. 32-42. A separate budget for each of the two years of the funding cycle must be submitted.
- () Letters of Support

BACKGROUND AND PURPOSE

The Michigan Department of Community Health (MDCH), Oral Health Program is offering a grant to public and non-profit eligible organizations as well as to schools, local dental practitioners and dental, dental hygiene and dental assistant associations to improve the oral health of Michigan children through the application of dental sealants on fully erupted permanent first molars in a school-based/school-linked dental sealant program.

Grant 1: Establishment and expansion of school based/school linked dental sealant programs for Michigan's 2nd grade students who have fully erupted 1st permanent molars will be a priority. If sufficient funding allows, the program will fund programs targeting 6th grade children for permanent second molars. **Primary attention will be focused in areas where a disproportionate number of children are at high risk for dental disease due to financial and accessibility barriers and/or past disease patterns.** Attention must be focused in the proposal on how the grantee will address dental disparities in health professional shortage areas, address high decay rates in the grantee's target area, address how it will demonstrate access to care issues including a detailed plan for referral of children needing dental treatment in the established oral care delivery system (known as "dental home"). Grantees must describe how their program will support sustainability and show community support. Grantees must state how they will incorporate Sealant Efficiency Assessment for Locals and States (SEALS) software for data collection. Training in SEALS is available through Michigan Department of Community Health (MDCH). Grantees must also address how they will educate children and parents/guardians in further prevention of dental disease.

Schools with 50% or more student participation in the Free and Reduced School Lunch Program (FRSLP) will take priority. As funds allow, schools in FRSLP at less than 50% participation will be considered if justification is made using criteria listed above. Funding is made possible for this grant through a \$335,000 Title V Maternal and Child Health Block Grant from the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau. Grantees approved will be reimbursed at a rate of \$8.00 per sealant placed as an incentive for service for each participating child. Grantees will receive the \$8.00 fee for service per sealant **for all children in 2nd grade receiving sealants whether or not they are eligible for 3rd party fees by insurers such as Medicaid/Healthy Kids Dental/MI Child Blue Cross/Blue Shield, Delta Dental and other insurance. First party fees by those receiving the sealants are limited to donations.** All 2nd graders (or 6th graders) within the school will be eligible for sealants regardless of income status of a particular child as long as the majority of children in the school fit the target population (as described above) and for whom parental consent forms have been received.

Grant 1 and Grant 2 are available to programs statewide based on a two year funding cycle. Funding beyond the first year is dependent on the availability of appropriated funds in the subsequent fiscal year and grantee's satisfactory performance. A separate budget for each year of the two year cycle should be submitted with this application. At the end of the first year, the second year budget must be reviewed and revised by grantee as needed. The grants are designed to provide initial funds for implementation of new programs that will serve high risk elementary school children, as well as expansion of existing dental sealant programs with the expectation that the projects can be sustainable with the billing of services through Medicaid and other third-party payors (dental insurers) as described above.

It is recognized that the incentive rate provided will be insufficient to cover the entire cost of providing the dental sealants. Therefore, local in-kind support and funding is expected. First party fees are limited to donations only. Billing of services through third party payors such as Medicaid Blue Cross/Blue Shield, Delta Dental and other dental insurance companies must be obtained and must be identified in the application. The total number of contracts to be awarded is dependent upon the number of children eligible in any given area and the availability of funding.

Grant 2: Grant of \$6000 to be applied toward the purchase of portable dental equipment for those grantees who have no source for infrastructure to build the program.

Grant 2 awards are for \$6000 toward the purchase of portable dental equipment to be used in school based/school linked dental sealant programs for those community programs that have no access to equipment. Additional supplies and equipment to be purchased are the responsibility of the grantee. For a detailed list of equipment and supplies, see the website:

<http://www.mchoralhealth.org/SEAL?index.html> .

To receive consideration for the \$6000 grant for full utilization of equipment throughout the grant, grantee must submit application 2-A, “Application for \$6000 Equipment Grant.” Grantees serving the greatest number of children will take priority. Program understands that repair, repair costs, storage, cleaning and maintenance of awarded equipment are program’s responsibility. “Any contractor equipment purchases supported in whole or in part through this agreement must be listed in the supporting Equipment Inventory Schedule. Equipment means tangible, non-expendable, personal property having useful life of more than one (1) year and an acquisition cost of less than \$5000 shall vest with the Contractor upon acquisition. The Department reserves the right to retain or transfer the title to all items of equipment having a unit acquisition cost of \$5000 or more, to the extent that the Department’s proportionate interest in such equipment supports such retention or transfer of title.”

Creativity in sharing equipment between grantees will be considered if a proposal to that effect is submitted listing programs entering into agreement, dates of use, and numbers of children to be served. Collaborators must work together and share responsibility for all transportation, storage, repairs and upkeep of said equipment and will need to describe this collaborative agreement in detail. See Form 3-A “Application for \$6000 for **Shared** Use of Portable Dental Equipment for SEAL! Michigan Sealant Program.” Collaborative partners will prepare and sign a memorandum of Understanding (MOU) stating who will store, repair and clean the equipment and who is responsible for cost of repairs to said equipment. Grantees are responsible for any and all costs as well as storage associated with equipment.

ELIGIBLE APPLICANTS

Public and non-profit eligible organizations approved by the MDCH are eligible to apply. Local organizations such as health departments, dental clinics, Dental Associations, Dental Hygiene and Assistant Associations, schools of dentistry and dental hygiene, school districts, and superintendents of public schools may apply.

ELIGIBLE CHILDREN AND SERVICE AREA

Programs must be implemented in the areas of greatest need. Priority will be given to schools where 50% or more of the children participate in the FRSLP. Eligible schools can be accessed through the Internet at: http://www.michigan.gov/cepi/0,1607,7-113-21423_30451---.00.html

Go to the building.dbf file of the free/reduced lunch counts link. If access is not available, please contact the MDCH at 517-335-9526 to obtain assistance. Programs wishing to serve schools not meeting these criteria, namely, schools in FRSLP at less than 50% participation, must submit written justification. (See specific considerations outlined in “Background and Purpose” as stated above). Grant applicants must submit a list of schools prior to the initiation of program activities. The specific portion of the state that will receive services as a result of the proposed activities must be clearly defined, using governmental subdivisions, (school districts, counties, etc.). Use form 1-A “Proposed Schools and Numbers of Children In Which Dental Sealant Programs Will Be Implemented” to indicate the schools by county where program will administer dental sealants, and how many children are expected to be screened and sealed. Worksheet Forms 1-B through 1-F will assist in program planning and must be submitted.

AVAILABILITY OF FUNDING

Approximately \$335,000 is available for school-based/school-linked dental sealant programs statewide from a Title V Maternal and Child Health Block Grant from the Health Resources and Services Administration, (HRSA), Maternal and Child Health Bureau. It is anticipated that 5-6 applications for Grant 2 will be funded. The grants are based on a two year funding cycle. Funding beyond the first year is dependent on the availability of appropriated funds in the subsequent fiscal year and grantee’s satisfactory performance. A separate budget for each year of the two year cycle must be submitted with this application. At the end of the first year, the second year budget will be reviewed, revised, and resubmitted by the grantee.

Grant 1 award will not exceed more than \$8.00 (per placed sealant) incentive for service per child for eligible children. Prior to the 3rd quarter of each fiscal year, balances will be readjusted based on program reports and projected needs. The number of successful grantees is dependent on the number of children and programs applying.

Grant 2 award will be the receipt of \$6000 toward the purchase of portable dental equipment for those programs who have no other source for equipment. To apply for Grant 2, an application for Grant 1 must be received. Form 2-A, “Application for \$6000 Equipment Grant”; or, 3-A, “Application For \$6000 for Shared Use of Portable Dental Equipment For SEAL! MICHIGAN Sealant Programs” for collaborators, must be submitted. See Background and Purpose for more detailed information about the equipment grant.

PROJECT PERIOD

Awards will be based on a two year funding cycle based on availability of funds and performance of grantee’s program. Grantee must submit a budget with this application for each year of the funding cycle. Funding beyond the first year is dependent on the availability of appropriated funds in the subsequent fiscal year and grantee’s satisfactory performance. At the end of the first year, the second year budget must be reviewed, revised, and resubmitted by the grantee. To be eligible, all interested parties must submit via e-mail or fax a Notice of Intent to Apply for Funding form (NOIAF) p. 18, no later than 5:00 P.M. on June 29, 2007. **Failure to submit a NOIAF will be cause to disqualify an application. Applicants will be notified of award decisions by September 5, 2007.** Any funds received by the Contractor but not spent for the specific purposes of the project must be returned to

MDCH. In submitting the application, the applicant assures that funds will only be used for the intended project purpose.

CONTRACTOR RESPONSIBILITIES

The contractor will be required to assume responsibility for all contractual activities offered in the proposal whether or not that contractor performs them. If any part of the work is to be subcontracted, responses to the RFP must include a list of subcontractors including the firm name and address, the name of the contact person, a complete description of the work to be subcontracted, and information concerning the subcontractor's organizational abilities. The state will consider the selected contractor to be the sole point of contact with regard to project matters, including payment of any and all charges resulting from the award.

REIMBURSEMENT MECHANISM

All contractors must sign up through the on-line vendor registration process to receive all State of Michigan payments as Electronic Funds Transfers (EFT)/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/>

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 for the disclosure of contracts and attachments thereto.

ISSUING OFFICE

This RFP is issued by the Oral Health Program, Michigan Department of Community Health. The issuing office is the sole point of contact for persons/organizations who are considering preparing responses to the RFP. The award will be made to the bidder who most successfully meets the criteria of the RFP.

USE OF FUNDS

Funds available under this announcement for Grant 1 should be focused on costs for developing the sealant program and applying sealant applications associated with the school based/school linked dental sealant program. Any funds received by the recipient of the award but not spent for the specific purpose must be returned to the Michigan Department of Community Health (MDCH). In submitting the application the applicant assures that funds will only be used for the intended school-based/school-linked dental sealant program. The MDCH 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 MDCH, for an independent analysis of programs expenses, staffing and operating expenses of funded programs. Relative merits of all programs funded will be evaluated. Prior to the 3rd quarter of each fiscal year, balances will be readjusted based on program reports and projected needs.

USE OF PRIVATE INSURANCE

Recipients of the grant must make reasonable efforts to collect 3rd party fees, where applicable, and report these as outlined by the Department's fiscal procedures. First party fees from those receiving the

sealants are limited to donations only. Third party payors are dental health insurers such as Blue Cross/Blue Shield and Delta Dental. Any under recoveries of otherwise available fees resulting from failure to bill for eligible services will be excluded from reimbursable expenditures.

REQUIRED CAPACITY

- In-kind support: In kind contributions of staff time and other resources are expected both from the applicant and from project partners.

QUESTIONS AND ANSWER PERIOD

A pre-proposal conference will not be held. Questions may be submitted to MDCH, Oral Health Division until August 3, 2007. Written answers will be sent to all parties who have submitted letters of intent. To expedite the answers, include a FAX number and/or e-mail address with the letter of intent.

SPECIFICATIONS

All proposals must address or comply with the following specifications:

- Projects must focus on health status implications of the school-based/school/linked dental services to populations bearing a disproportionate share of dental disease and disabilities.
- Projects must demonstrate accessibility of the program to the target population, including a description of the target population. List eligible schools by county and school. Submit Form 1-A. "Proposed Schools and Number of Children in Which SEAL! Michigan Will Be Implemented". Also, submit Worksheets Form 1-B through 1-F. These forms will assist you in program planning.
- Projects must support the Department's goal of increased access to care. To that end, programs must describe a detailed plan for referral of children needing dental treatment in the established oral care delivery system (known as a "dental home") and guarantee provision of dental sealants for all eligible children with signed parental consent forms in 2nd grade (and 6th grade) in targeted schools.
- Projects must improve access to oral health **prevention** measures notably through assessment and recording of existing conditions prior to placement of the dental sealants, application of sealants and at least one oral health education session for each school for the target population prior to sealant placement.
- Projects must report quarterly (grant year quarters) to the Michigan Department of Community Health, Oral Health Division on the effectiveness of their program. Timely reporting and indicators of success in increasing dental sealant placement for the target population is a goal of this grant. To that end, grantees must comply with requirements to use SEALS (Seals Efficiency Assessment for Locals and States) software in all data collection and reporting. SEALS Training is scheduled and available at no charge through MDCH.
- Projects must provide a budget for this project for each year of the two year cycle. See Attachment B and B.1 and B.2(p. 32).
- Projects must agree to retention checks in the short term (within 3- 6 weeks from application) on 20% of children receiving sealants as well as long term (after one year) on 20% of the children. Michigan Department of Community Health may conduct periodic assessments of quality.

- Projects must maintain sealant retention rates of 85% or better on occlusal surfaces and 65% or better in buccal and lingual grooves.
- Projects must adhere to professional standards as outlined in the State of Michigan Dental Practice Act, (<http://www.michigan.gov/orr> follow links to Department, then Community Health, then Bureau of Health Professions, then Dentistry);
- Projects must adhere to OSHA and MIOSHA standards as well as to CDC guidelines on infection control and hand washing. <http://www.phppo.cdc.gov/cdcrecommends>. Guidelines for school programs will be covered in continuing education (C.E.) Training by MDCH.
- Projects must assure dental sealant material is approved by ADA and applied according to manufacturer's specifications.
- Projects must provide experienced and competent staff to accomplish program goals including a description of how the project will be staffed and the responsibilities of staff and volunteers.
- All clinicians including those doing the assessment phase must participate in a mandatory C.E. training course that will include class lecture. Transportation to the training site will be the responsibility of grantee and should be included in the budget. Training sessions will be scheduled in three geographic regions as near as possible to successful grantees. C.E. Credits will be issued.
- Projects must reflect the needs of and demonstrate linkages with the schools and community partners in development, organization, implementation and evaluation of the program.
- Projects must be conducted within the State of Michigan.
- Projects must address all requirements of the specifications.
- Projects must describe plans to assure future sustainability of the sealant program including Medicaid billing and other 3rd party insurance programs such as Blue Cross/Blue Shield, Delta Dental, etc., (Grants are based on a two year funding cycle depending on availability of funds and performance of successful grantee's program). Incorporation of SEALS software in data collection is mandatory.
- Projects must describe how they are working to meet objectives of Healthy People 2010. These goals can be accessed at:
<http://www.cdc.gov>
link to CDC A-Z; Link to H;
follow link to Healthy People 2010

DIRECTIONS FOR COMPLETING THE GRANT APPLICATION

I. Cover Sheet

- A. **Project Title:** Enter name of project
- B. **Amount of Request:**
- C. **Name of Applicant Organization:** Enter in the name of the applicant or 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 mailing address, including city, county, state and ZIP code. Enter the telephone number, fax number and e-mail address.
- D. **Contact Person:** Enter the name and title of the contact person who will be responsible for overseeing the project. Enter the mailing address, including city, county, state and ZIP code. Enter the telephone number, fax number and e-mail address.
- E. **Legal Status of Organization:** (*check only one response*) – check the box that applies. Attach copy of requested IRS materials.
- F. **Federal Tax ID Number** – Enter Federal Tax ID number (may also be known as Federal Employer Number) as assigned by IRS.
- G. **Authorizing Entity** – An official authorized to bind the applicant Organization to its provisions must sign the original proposal in ink. Print name and enter date of signature.

II. Proposal

- A. **Needs Statement** – Include the requested information.
- B. **Program Description/Work Plan** – Attach the program description/work plan. State project goal in space provided. List objectives, activities, outcomes and evaluation measures in the quarter in which each will be accomplished.
- C. **Community Involvement, Collaboration, Coordination** – Include the requested information. Letters of support should be attached.
- D. **Innovative Methods to Address Dental Disparities, Access To Care Issues, Sustainability, Community Collaboration With Schools, Prevention Education, Data Collection And Sharing Of Equipment In Smaller Programs** - Include the requested information.
- E. **Experience and Qualifications** – Include the requested information.
- F. **Project Sustainability** – Include the requested information.

- G. Outcomes Measures and Evaluation** – Include the requested information.
- H. Budget Narrative** – Include the requested information
- I. Budget Summary and Program Budget Cost Detail Schedule**—Using the Budget Completion instructions included in the RFP (see Attachment B), please complete both budget forms (see Attachment B1: DCH-0385 (Budget Summary) and DCH-0386 (Program Budget Cost Detail Schedule). On Form DCH-0385 and Form DCH-0386 enter the fixed incentive fee amounts on line 7 “Other Expenses”. The fixed incentive fee is the unit amount of \$8.00 per sealant x the number of children. The number of children x Budget forms should reflect the proposed costs of the projected period. Attach the forms to the application.
If applying for equipment, enter the equipment on the same budget form under equipment or supplies.
- J. Overall Quality of the Proposal** –Include the requested information.

III. Narrative Guidelines

- A. Font:** Please use an easily readable serif typeface, such as Times Roman, Courier, or CG Times. The text portion of the application must be submitted in not less than 12 point and 1.0 line spacing. For charts, graphs, footnotes and budget tables, applicants may use a different pitch or size font, not less than 10 pitch or size font. However, it is vital that when scanned and/or reproduced, the charts are still clear and readable.
- B. Paper Size and Margins:** The application must be printed on 8 ½ x 11” white paper. Margins must be at least one (1) inch at the top, bottom, left and right of the paper. Please left-align text.
- C. Page Numbering:** Please number all pages, beginning with the title page as page 1.
- D. Page Limit:** Page limit is 10 pages; the Title Page, Cover Sheet, Table of Contents, Work Plan, Program Budget, all Worksheets and Letters of Support are not included in the page limit.

- II. Selection Criteria:** Applications for grants will be reviewed by a committee established by the MDCH. The proposals will be evaluated in terms of clarity, detail, overall understanding of the concepts addressed, and understanding of MDCH objectives for increasing the number of beneficiaries receiving oral health services. Applications will be scored on the following criteria:
- A. Needs Statement (20 points)**-The needs statement is a concise, descriptive statement identifying the need(s) to be addressed by the project. Applicants will want to determine the number of children in 2nd grade (or 6th grade) in schools with 50% or more of the children participating in the Free and Reduced School Lunch Program. (FRSLP). Children in schools meeting the criteria of 50% or more FRSLP will receive priority. The main focus is on this targeted group but schools in FRSLP at less than 50% participation will be considered, as funds allow, if grantees can justify participation. Need must be supported based on dental disparities in Health Professional Shortage Areas, access to care issues, number of interested community partners, low socioeconomic status of the children, children at high risk for dental disease and children living in non-fluoridated communities. Indicate how the program will impact the dental caries disparities in your area. Specifically, the application should explain why the request is being made; what need the request will impact; and why the need is not being met with current resources. Need for the project should be supported by local and/or state data.
- B. Program Description/Work plan (15 points)**-Applicants must complete the *Workplan* worksheet, p. 29, stating the project's goals, objectives, activities, evaluation and outcomes. The project goal(s) should be a broad statement of purpose. Project objectives should be time-limited and measurable. Project activities should indicate who will carry them out, as well as the timeframe in which they will occur. Program description should identify how the target population will be informed of the dental sealant program available and describe what services will be performed. Grantees must describe community participation, describe a plan for finding a "dental home"* for children requiring treatment, describe a plan for oral health prevention education for the children receiving sealants, describe program's use of SEALS software in data collection and detail how the project will be evaluated and sustained. *"Dental Home" is described by the American Academy of Pediatric Dentistry's Council on Clinical Affairs as: "A dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated and family centered way. Establishment of a dental home begins no later than 12 months of age and includes referrals to specialists when appropriate".
- C. Community Involvement, Collaboration, Coordination: (10 points)** - Proposals that demonstrate a collaborative community effort through significant involvement of agencies such as local health departments, local dental offices, schools, community health centers and local dental and dental hygiene associations will receive higher scores. Documented support of local schools will be critical to success. Coordination among involved agencies will be evaluated. Letters to support collaboration efforts must be attached.

- D. Innovative Methods:** Describe the innovative nature of the project. Describe the target population and how the proposal specifically addresses: (20 points)

Grant 1:

- access to care issues
- establishing a “dental home” (See definition of “Dental Home” as described in Workplan above.
- sustainability
- community support specifically noting collaboration with schools
- prevention of dental disease through education
- data collection with SEALS software
- dental disparities in health professional shortage areas

Grant 2: Effective utilization of portable dental equipment

- E. Experience and Qualification** (10 points)—Special consideration will be given to applicants that have begun to build infrastructure to implement school- based/ school-linked dental sealant programs and are associated with existing community based clinics that offer services to populations bearing a disproportionate share of diseases and disabilities. Those applicants who can serve a greater number of children will be scored higher. Experience in working with families and children who have Medicaid/Healthy Kids Dental/MI Child dental benefits should be noted.
- F. Project Sustainability** (15 points)—The proposal must demonstrate the capacity to sustain services beyond the two year funding cycle.
- G. Outcome Measures and Evaluation** (15 points)—List the project’s outcomes on the Workplan worksheet. Describe what major outcomes are expected as a result of the project. How will outcomes be monitored and reported? How will the data be collected and how often? Outcomes should quantify the proposed expected change that the project intends to accomplish. Outcomes must be reported to MDCH quarterly by way of SEALS data software.
Grant 1: Documentation of the number of sealants placed on molars; retention of sealants; participation of the target population; efforts to find a “dental home” for children requiring dental treatment; prevention efforts; effectiveness of the project; and cost analysis of the program.
- H. Budget Narrative and Summary** (15 points)—**Identify the amount of funds requested and any cost sharing** among partners. Be sure to include all revenues necessary to support the proposed projects. (Descriptions should correspond with information submitted on the DCH 0385 form). **Identify the project’s fiduciary.** Complete and attach the DCH 0385 and DCH 0386. Enter the fixed incentive fee amounts (fixed unit amount of \$5.00 per sealant x the number of sealants) on line 7 “Other Expenses” on both the DCH-0386 Form and on the DCH-0385 Form. If applying for equipment, enter the equipment on the same budget forms under equipment or supplies, line #6. Applicants must submit two budgets for each year of the funding cycle.

Funds available in this grant may only be used for the school-based/school-linked dental sealant program. Prior to the 3rd quarter of the funding cycle, balances will be readjusted based on program reports and projected needs. The grant is based on a two year funding cycle depending on availability of funds and performance of grantee's program. Funding beyond the first year is dependent on the availability of appropriated funds in the subsequent fiscal year and grantee's satisfactory performance. A separate budget for each year of the two year cycle must be submitted with this application. At the end of the first year, the second year budget must be reviewed, revised, and resubmitted by grantee. The grants are designed to provide initial funds for implementation of Funds may not be use to supplant funds for existing projects unless it is specifically for a school-based/school-linked dental sealant program. In-kind support: In-kind contributions of staff, time, and other resources are expected both from the applicant and project partners. Printing costs for forms and letters must be considered and included in budget.

I. Overall Quality of the Proposal (10 points)—Programs must demonstrate effective, efficient, and sustainable school-based/school-linked dental sealant programs for Michigan 2nd graders (or 6th graders) in areas where the greatest number of children participate in FRSLP so as to lead to decreased rates of dental caries and disparities, and increased access to care.

**SEAL! Michigan
School-Based/School-Linked Dental Sealant Program
Notice of Intent to Apply for Funding Form (NOIAF)
School Year 2007-2008
Due June 29, 2007 at 5:00 P.M.**

Name of Applicant Organization _____

Federal Tax Identification Number _____

County _____

Type of Applicant Agency

(Check one) Not for Profit School Local Public Health
 Private Dental Office Dental, Dental Hygiene or Assistant Component
 Other (please specify) _____ School of Dentistry or Hygiene

This letter is to inform you that _____ intends to apply
for SEAL! Michigan School-based/School-linked Dental Sealant grants.

Grantee will be applying for: (can apply for both grants)

Grant 1 Grant 2 (cannot be submitted apart from Grant 1)

Authorized Official _____ Title _____

Mailing Address: _____

City: _____ County _____ ZIP _____

Telephone: _____ E-mail address _____ FAX: _____

Contact Person _____ Title _____

Mailing Address _____

City: _____ County: _____ Zip: _____

Telephone: _____ FAX: _____ E-mail Address _____

Approximate number of 2nd graders for whom we intend to apply _____

Approximate number of 6th graders for whom we intend to apply _____

Estimated state funds to be requested \$ _____

This is to inform you that our program does not intend to apply for the SEAL!
Michigan Grant.

Signature _____ Date _____

Print Name and Title _____

**Fax (517) 335-8697 or e-mail (breukers@michigan.gov) this form to:
MDCH/Oral Health**

Application Cover Sheet
School-Based/School-Linked Dental Sealant Program Application
Application Due: August 13, 2007

I. Cover Page:

A. Project Title _____

B. Total Amount of Request: _____ **B1. Equipment Request** ___ YES ___ NO
(cannot exceed \$8.00 per sealant incentive fee per child)

Proposed Number of Children to be Served:

Check One: 2nd Graders 6th Graders
(You must complete a separate grant for 2nd grade AND 6th grade)

C. Name of Applicant Organization: _____

Authorized Official: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail Address: _____

D. Contact Person: _____

Title: _____

Mailing Address _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax _____

E-mail Address _____

E. Legal Status of Organization (*check only one response*)

{ } Private Dental Office

{ } Non-Profit Entity (attach copy of IRS's 501 c (3) or other legal documentation verifying status)

{ } Public Agency/Unit of a governmental

{ } Private Entity

F. Federal Tax ID Number: _____

G. Authorizing Entity: I hereby affirm my authority and responsibility for the use of all equipment and/or educational training described in this application.

Authorized Individual (*signature*)

Printed Name

Date

Form 1-A Instructions

PROPOSED SCHOOLS AND NUMBERS OF CHILDREN IN WHICH SEAL! MICHIGAN WILL BE IMPLEMENTED SEAL! MICHIGAN School-Based/School-Linked Dental Sealant Program

For a more accurate number of children participating in a given school, programs may consider 50% of children, on average, will participate in a school sealant program. Take this in to account when estimating numbers. Worksheet Forms 1-B, 1-C, 1-D will assist in the process and must be submitted with Worksheet Form 1-A.

Free and Reduced Lunch Numbers can be obtained by calling your local school or county. This information can be accessed online at this website:

To check any school's free/reduced lunch status you can use the following website:

http://www.michigan.gov/cepi/0,1607,7-113-21423_30451---,00.html

It's in the the building.dbf file of the free/reduced lunch counts link.

Or call Michigan Department of Community Health (MDCH), Oral Health Program at 517-335-9526.

For information on numbers of 2nd and/or 6th grade children, please call MDCH/Oral Health 517-335-9256.

List on the next page the schools that will be targeted for the period. Include additional forms as needed.

Worksheet Form 1-A is on next page

Worksheet Form 1-A Proposed Schools and Numbers of Children In Which SEAL! MICHIGAN Will Be Implemented

Program Name _____

List Below the schools that will be targeted for the funding cycle.

#1	#2	#3	#4
County	Name of School	Total # of <input type="checkbox"/> 2nd Grade OR <input type="checkbox"/> 6th Grade Students	Free Reduced School Lunch Program % per School

GRANT WILL NOT BE CONSIDERED WITH-OUT THIS FORM. This form may be copied as needed. Number of Additional pages attached _____.

Worksheet Form 1-B. Estimating Number of Children to be Screened and Time Necessary for Screening

GRANT APPLICATION WILL NOT BE CONSIDERED WITHOUT THIS FORM. (Utilize this form as well for 6th grade if applying for 6th graders indicating the change in grades).

Program _____

$$\begin{matrix} \text{\# of Children Enrolled} & \times & .50 & = & \text{\# of Children to Be Screened} & \text{divided by } 25 & = & \text{\# of Hours for Screening} \\ \text{in Schools} & & & & & \text{\# screened per hour} & & \end{matrix}$$

Target Grade 2		X .50*		Divided by 25*	
-----------------------	--	---------------	--	-----------------------	--

*50% of consent forms on average are returned. 25 children can be screened in 1 hour. This number was derived from other state dental sealant programs.

* The constants are based on experience with school-based sealant programs. The applicant may change the constants given, but justification must be made for the changes. _____

Worksheet Form 1-C. Estimating the Number of Children to Receive Sealants and Time Necessary

Note: Only sealants on first molars should be included in the estimate. (Utilize this form for 6th grade as well indicating the change).

$$\begin{matrix} \text{\# of Children} & \times & \text{Sealant Rate} & = & \text{Estimated \# to} & \text{divided by } 12^* & = & \text{\# of Days to Apply} & / & \text{\# of Days per} & = & \text{\# Weeks for Sealant} \\ \text{enrolled in school} & & & & \text{Receive Sealants} & & & \text{Sealants} & & \text{Typical Week for Sealants} & & \text{Application} \end{matrix}$$

Target Grade 2		X .42*		/ 12* =						
-----------------------	--	---------------	--	----------------	--	--	--	--	--	--

*.42 is derived by considering 42% of children in the school receive sealants on average. *Using one hygienist, 10-12 children can receive sealants on first molars in one day. This information is gleaned from other states sealant programs.

* The constants in the equation are based on experience with school-based sealant programs. The applicant may change the constants given, but must justify the changes. _____

Approximately how many hours per day will be utilized for sealant placement? _____ hr./day

Who will apply sealants? ___dentists ___dental hygienists ___ R.D.A. (w/ dentist present) ___dental or dental hygiene students
School faculty and a dentist must be present).

Worksheet Form 1-D. Estimating Income from Grant and Medicaid/Healthy Kids Dental/ MI Child and Other Private Dental Insurance

GRANT APPLICATION WILL NOT BE CONSIDERED WITHOUT THIS FORM.

Name of Program _____

1-D Compute estimated Uninsured/Medicaid/Healthy Kids Dental/MI CHILD, private dental insurance income and Grant Money from program.

TOTAL INCOME = 1-A(last column) + 2-A(last column) + 3-A(last column) + 4-A(last column): _____

of Children for whom program estimates requesting \$8 per sealant incentive for service_(This number includes all children receiving sealants regardless of insurance status).

*Note: For Children in Free and Reduced School Lunch Programs: Approximately 54-66% are on a public insurance program(60%), 20-32% have a source of private insurance (26%), and 9-17% are uninsured (13%).

Medicaid Income

$$\begin{array}{rclclclcl}
 \text{1-A.} & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} & \times & \$45.00 & + & \$24.00 \times \# \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} \\
 & \text{Estimated total \#} & & \text{Estimated \% of} & & \text{Estimated \# of Medicaid-eligible} & & \text{Estimated Reimbursement} & & \text{MDCH Grant} & & \text{Estimated Medicaid} \\
 & \text{of children to receive} & & \text{kids eligi-} & & \text{Children To Receive Sealants} & & \text{For Each Medicaid Eligible} & & \text{(Multiply \$24 x} & & \text{Reimbursement} \\
 & \text{sealants. Worksheet} & & \text{ble for} & & & & \text{child. (\$15.00 per tooth} & & \text{\# of children on} & & \text{+ MDCH grant} \\
 & \text{Form 1-C. Col. 4} & & \text{Med.*} & & & & \text{sealed which is 3 teeth} & & \text{Medicaid).} & & \\
 & & & & & & & \text{on average).} & & \text{Based on 3 teeth} & & \\
 & & & & & & & & & \text{to be sealed} & & \\
 & & & & & & & & & \text{(3 x \$8.00 = \$24)} & &
 \end{array}$$

Healthy Kids/MI Child Income

$$\begin{array}{rclclclcl}
 \text{2-A.} & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} & \times & \$81.00 & + & \$24.00 \times \# \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} \\
 & \text{Estimated} & & \text{Estimated \% of} & & \text{Estimated \# of Healthy Kids/} & & \text{Estimated Reimbursement} & & \text{MDCH Grant} & & \text{Estimated Healthy} \\
 & \text{Total \# of} & & \text{Children eligible} & & \text{MI Child Children to Receive} & & \text{For Each Healthy Kids/} & & \text{Per Child} & & \text{Kids/MI Child} \\
 & \text{Children} & & \text{for Healthy Kids} & & \text{Sealants} & & \text{MI Child Eligible Child} & & \text{Multiply \$24.00 x} & & \text{Reimbursement} \\
 & \text{To re-} & & \text{Dental/MI Child*} & & & & \text{(\$27.00 per tooth sealed} & & \text{\# of Children on} & & \text{+ MDCH grant} \\
 & \text{ceive sealants} & & & & & & \text{Which is 3 teeth on average).} & & \text{Healthy Kid/} & & \\
 & \text{Form 1-C, col 4.} & & & & & & & & \text{MI Child} & & \\
 & & & & & & & & & \text{(3 teeth x \$8 = \$24)} & &
 \end{array}$$

Children With No Insurance

$$\begin{array}{rclclclcl}
 \text{3-A.} & \underline{\hspace{2cm}} & \times & \underline{13\%} & = & \underline{\hspace{2cm}} & \times & \$0 & + & \$24.00 \times \# \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} \\
 & \text{Estimated Total \#} & & \text{\% of children} & & \text{Estimated \# of Children} & & & & \text{MDCH Grant} & & \text{Estimated Reimbursement} \\
 & \text{To Receive} & & \text{(Estimated)} & & \text{without insurance to} & & & & \text{Per Child} & & \text{From Uninsured} \\
 & \text{Sealants (Worksheet} & & \text{without ins.*} & & \text{Receive Sealants} & & & & \text{Multiply} & & \text{Children} \\
 & \text{Form 1-C} & & & & & & & & \text{\$24 x} & & \text{+ MDCH grant} \\
 & \text{Col. 4)} & & & & & & & & \text{\# of Children} & & \\
 & & & & & & & & & \text{With No Ins.} & & \\
 & & & & & & & & & \text{3 teeth x \$8 = \$24} & &
 \end{array}$$

Worksheet Form 1-D Estimating Income (continued):

4A. Children with Private Insurance such as Blue Cross, Delta Dental, or other insurance:

4-A	_____	x	26%	_____	=	_____	x	_____	+	\$24.00 x # children	_____	=	_____
	Estimated total #		% of children			Estimated # of children with		Average private		(MDCH Grant			Estimated Reimburse
	To receive		estimated w/			insurance to receive		dental ins.		Incentive			ment
	Sealants		private dental			sealants		for 3 sealants		per child			from private ins.
	(Worksheet		insurance					per child		Multiply \$24			+ MDCH grant
	Form 1-C									x # of children			
	Col 4)									with ins.			
										\$8.00 x 3 sealants = \$24			

For additional information about which counties currently have Healthy Kids Dental Insurance, you may contact Michigan Department of Community Health, Oral Health Division, telephone 517-335-9526, or e-mail oralhealth@michigan.gov. Information regarding MI Child: 30,646 children participate in MI Child scattered throughout the state. Delta Dental and Blue Cross/BlueShield are statewide insurers of MI Child program.

Worksheet Form 1-E. Total Program Resources

GRANT APPLICATION WILL NOT BE ACCEPTED WITHOUT THIS FORM

Program Name _____

What is your estimated Total Program Resources?

Source	AMOUNT
Estimated Medicaid Reimbursement, includes MDCH \$8.00 per sealant per child incentive (p. 22, Form 1-D, 1-A last column).	\$
Estimated Healthy Kids/MI Child Reimbursement, includes MDCH \$8.00 per sealant per child incentive (p. 22, Form 1-D, 2-A last column).	\$
Estimated Uninsured Children Reimbursement, Includes MDCH \$8.00 per sealant per child incentive (p. 22, Form 1-D, 3-A last column.)	\$
Estimated Privately Insured Children Reimbursement, includes MDCH \$8.00 per sealant per child incentive (p. 24, Form 1-D, 4-A last column).	
Applicant Share (Local Appropriations, Gifts and Contributions) (see budget forms)	\$
Other (Specify)	\$
Total Program Resources	\$

Program is requesting \$_____ from MDCH for \$8.00 incentive per sealant fee per child. Total # of children receiving sealants_____.

What percentage of the funds from this grant will go toward:

- _____ % Sealant placement
- _____ % Education
- _____ % Administration

Worksheet Form 1-F Quality Assurance

GRANT APPLICATION WILL NOT BE CONSIDERED WITHOUT THIS FORM

Program Name _____

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? _____
(written protocol is available through Michigan Department of Community Health in the Sealant Guidelines)
2. Will your program operate in accordance with the Dental Practice Act: ____ **Yes** ____ **No**
3. Will your program comply with all laws and rules that apply to the practice of dentistry/dental hygiene in school-based/school-linked sealant programs? ____ **Yes** ____ **No**
4. How will you teach the children about sealants and preventing dental disease? _____
5. Will short-term retention be checked? ____ **Yes** ____ **No**
 - a) **If yes**, by whom? _____
 - b) How long after sealant placement? _____ (MDCH is recommending 3-6 weeks after placement for new programs on a 20% sampling).
 - c) How many of the schools will be checked? _____
 - d) If there is more than one sealant team, will retention be checked for each team? ____ **Yes** ____ **No**
 - e) What is your short-term complete retention objective? _____% (MDCH goal is 85% for occlusal pits and fissures and 65% for buccal and lingual pits).
6. Will long-term retention be checked? ____ **Yes** ____ **No** (MDCH goal is recheck at one year on a 20% sampling).
 - a) **If yes**, by whom? _____
 - b) How long after sealants are placed? _____
 - c) What is your long-term complete retention rate objective? _____% MDCH goal is 85% for occlusal pits and fissures and 65% for buccal and lingual pits).
7. What will the dental sealant program do to notify families and appropriate school personnel about children in need of dental treatment?

8. Who will be responsible for follow-up to see if students receive necessary dental treatment? Do you have a plan for follow-up treatment?

9. What assistance is available in your community for families without a dentist or without means to pay for dental treatment?

10. Will you be using SEALS data software for collection of data and submit this information quarterly to the state? ____ **Yes** ____ **No**
(Training is available through the Michigan Department of Community Health). Using SEALS software is mandatory for grant recipients.
11. Will your program be reporting financial information to MDCH quarterly? ____ **Yes** ____ **No** (Providing financial information is mandatory for grant recipients).

Worksheet Form 2-A Instructions

Application for \$6000 Equipment Grant (Required for Grant 2 Application).

Program Name _____

- () Program is requesting \$6000 grant to be used toward the purchase of portable dental equipment. (Other supplies and equipment as outlined in the SEAL! Michigan Manual are required to conduct the sealant program and are the applicant's responsibility). For a list of supplies, see SEAL AMERICA Manual accessed at <http://mchoralhealth.org/SEAL/index.html>
- () **Program estimates equipment will be used for as many as possible school days of operation.**
- () Program understands that repair, repair costs, cleaning and maintenance of awarded equipment are program's responsibility. See equipment information under Grant 2 on page 3 and 8 for further information.
- () We do not have access to such equipment and do not have the means to obtain such equipment on loan in our area.

Signature _____

Date _____

*Note: One hygienist can apply sealants to approximately 10-12 children in one day.
One screener can screen approximately 25-30 children in one hour.

Note: Worksheet is on next page.

Worksheet Form 3-A Instructions (Required for Grant 2 Application).

Application for \$6000 for Shared Use of Portable Dental Equipment for SEAL! MICHIGAN Sealant Program

- () **Collaborative partners are requesting a \$6000 grant for the purchase of portable dental equipment.**

- () We, the undersigned, are applying for \$6000 portable dental sealant equipment grant collaboratively. We do not have access to such equipment and do not have access to obtain such equipment on loan in our area. We will share in the use and maintenance of this equipment. After awards are granted, we will prepare and sign a Memorandum of Understanding (MOU) amongst collaborative partners stating who will store, repair and clean the equipment and who is responsible for cost of repairs to said equipment. Grantees are responsible for any and all costs associated with equipment. See p.3 and p.8 for further information about equipment.

Signature Program #1 _____	Date _____
Signature Program #2 _____	Date _____
Signature Program #3 _____	Date _____
Signature Program #4 _____	Date _____

Add more pages of collaborative programs, dates and names of schools as needed.

WORK PLAN – State the overall goal of the project, list objectives, activities, outcomes, evaluation measure and the quarter in which expected to be completed in the appropriate column.

Objectives/ Activities	Performance Measure	Time Frame	Evaluation Measure	Person Responsible

ATTACHMENT B – Budget Completion Instructions

INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386) MICHIGAN DEPARTMENT OF COMMUNITY HEALTH PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION

I. INTRODUCTION

The budget should reflect all expenditures and funding sources associated with the program, including fees and collections and local, state and federal funding sources. When developing a budget it is important to note that total expenditures for a program must equal total funds.

The Program Budget Summary (DCH-0385) is utilized to provide a standard format for the presentation of the financial requirements (both expenditure and funding) for each applicable program. Detail information supporting the Program Budget Summary is contained in the Program Budget-Cost Detail Schedule (DCH-0386). General instruction for the completion of these forms follows in Sections II-III. Budgets must be submitted on Michigan Department of Community Health approved forms.

II. PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION

Use the **Program Budget Summary (DCH-0385)** supplied by the Michigan Department of Community Health. An example of this form is attached (see **Attachment B.1**) for reference. **The DCH-0386 form should be completed prior to completing the DCH-0385 form.** (Please note: the excel workbook version of the DCH 0385-0386 automatically updates the Program Summary amounts as the user completes the DCH-0386).

- A. Program - Enter the title of the program.
- B. Date Prepared - Enter the date prepared.
- C. Page ___ of ___ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- D. Contractor Name - Enter the name of the Contractor.
- E. Budget Period - Enter the inclusive dates of the budget period.
- F. Mailing Address - Enter the complete address of the Contractor.
- G. Budget Agreement: Original or Amended - Check whether this is an original budget or an amended budget. The budget attached to the agreement at the time it is signed is considered the original budget although it may have been revised in the negotiation process. If the budget pertains to an amendment, enter the amendment number to which the budget is attached.
- H. Federal Identification Number – Enter the Employer Identification Number (EIN), also known as a Federal Tax Identification Number.

INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION (continued)

- I. Expenditure Category Column – All expenditure amounts for the DCH-0385 form should be obtained from the total amounts computed on the Program Budget - Cost Detail Schedule (DCH-0386). (See Section III for explanation of expenditure categories.)

Expenditures:

1. Salaries and Wages
 2. Fringe Benefits
 3. Travel
 4. Supplies and Materials
 5. Contractual (Subcontracts/Subrecipients)
 6. Equipment
 7. Other Expenses
 8. Total Direct Expenditures
 9. Indirect Cost
 10. Total Expenditures
- J. Source of Funds – Refers to the various funding sources that are used to support the program. Funds used to support the program should be recorded in this section according to the following categories:
11. Fees and Collections - Enter the total fees and collections estimated. The total fees and collections represent funds that the program earns through its operation and retains for operation purposes. This includes fees for services, payments by third parties (insurance, patient collections, Medicaid, etc.) and any other collections.
 12. State Agreement - Enter the amount of MDCH funding allocated for support of this program. This amount includes all state and federal funds received by the Department that are to be awarded to the Contractor through the agreement.
 13. Local - Enter the amount of Contractor funds utilized for support of this program. In-kind and donated services from other agencies/sources should not be included on this line.
 14. Federal - Enter the amount of any Federal grants received directly by the Contractor in support of this program and identify the type of grant received in the space provided.

INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION (continued)

15. Other(s) - Enter and identify the amount of any other funding received. Other funding could consist of foundation grants, United Way grants, private donations, fund-raising, charitable contributions, etc. In-kind and donated services should not be included unless specifically requested by MDCH.

16. Total Funding - The total funding amount is entered on line 16. This amount is determined by adding lines 11 through 15. The total funding amount must be equal to line 10 - Total Expenditures.

K. Total Budget Column - The Program Budget Summary is designed for use in presenting a budget for a specific program agreement funded in part by or through the Department or some other non-local funding source. Total Budget column represents the program budget amount. **The “K” Total Budget column must be completed while the remaining columns are not required unless additional detail is required by the Department.**

INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM
PREPARATION(continued)

III. Use the **Program Budget-Cost Detail Schedule (DCH-0386)** supplied by the Michigan Department of Community Health. An example of this form is attached (see **Attachment B.2**) for reference. Use additional pages if needed.

- A. Page ____ of ____ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- B. Program - Enter the title of the program.
- C. Budget Period - Enter the inclusive dates of the budget period.
- D. Date Prepared - Enter the date prepared.
- E. Contractor Name - Enter the name of the contractor.
- F. Budget Agreement: Original or Amended - Check whether this is an original budget or an amended budget. If an amended budget, enter the amendment number to which the budget is attached.

Expenditure Categories:

- G. Salaries and Wages - Position Description - List all position titles or job descriptions required to staff the program. This category includes compensation paid to all permanent and part-time employees on the payroll of the contractor and assigned directly to the program. This category does not include contractual services, professional fees or personnel hired on a private contract basis. Consulting services, professional fees or personnel hired on a private contracting basis should be included in Other Expenses. Contracts with subrecipient organizations such as cooperating service delivery institutions or delegate agencies should be included in Contractual (Subcontracts/Subrecipients) Expenses.
- H. Positions Required - Enter the number of positions required for the program corresponding to the specific position title or description. This entry could be expressed as a decimal (e.g., Full-time equivalent – FTE) when necessary. If other than a full-time position is budgeted, it is necessary to have a basis in terms of a time study or time reports to support time charged to the program.
- I. Total Salary - Compute and enter the total salary cost by multiplying the number of positions required by the annual salary.
- J. Comments - Enter any explanatory information that is necessary for the position description. Include an explanation of the computation of Total Salary in those instances when the computation is not straightforward (i.e., if the employee is limited term and/or does not receive fringe benefits).

INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION (continued)

- K. Salaries and Wages Total - Enter a total in the Position Required column and the Total Salaries and Wages column. The total salary and wages amount is transferred to the Program Budget Summary - Salaries and Wages expenditure category. If more than one page is required, a subtotal should be entered on the last line of each page. On the last page, enter the total Salaries and Wages amounts.
- L. Fringe Benefits – Check applicable fringe benefits for staff working in this program. This category includes the employer=s contributions for insurance, retirement, FICA, and other similar benefits for all permanent and part-time employees. Enter composite fringe benefit rate and total amount of fringe benefit. (The composite rate is calculated by dividing the fringe benefit amount by the salaries and wage amount.).
- M. Travel - Enter cost of employee travel (mileage, lodging, registration fees). **Use only for travel costs of permanent and part-time employees assigned to the program.** This includes cost for mileage, per diem, lodging, lease vehicles, registration fees and approved seminars or conferences and other approved travel costs incurred by the employees (as listed under the Salaries and Wages category) for conducting the program. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Travel category (line 3) exceeds 10% of the Total Expenditures (line 10).** Travel of consultants is reported under Other Expenses - Consultant Services.
- N. Supplies & Materials - Enter cost of supplies & materials. This category is used for all consumable and short-term items and equipment items costing less than five thousand dollars (\$5,000). This includes office supplies, computers, office furniture, printers, printing, janitorial, postage, educational supplies, medical supplies, contraceptives and vaccines, tape and gauze, education films, etc., according to the requirements of each applicable program. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Supplies and Materials category (line 4) exceeds 10% of the Total Expenditures (line 10).**
- O. Contractual (Subcontracts/Subrecipients) – **Specify the subcontractor(s) working on this program in the space provided under line 5.** Specific details **must** include: 1) subcontractor(s) and/or subrecipient(s) name and address, 2) amount by subcontractor and/or subrecipient, 3) the total amount for all subcontractor(s) and/or subrecipient(s). Multiple small subcontracts can be grouped (e.g., various worksite subcontracts). Use this category for written contracts or agreements with subrecipient organizations such as affiliates, cooperating institutions or delegate contractors when compliance with federal grant requirements is delegated (passed-through) to the subrecipient contractor.

INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION (continued)

Vendor payments such as stipends and allowances for trainees, fee-for-service or fixed-unit rate patient care, consulting fees, etc., are to be identified in the Other Expense category.

- P. Equipment - Enter a description of the equipment being purchased (including number of units and the unit value), the total by type of equipment and total of all equipment. This category includes stationary and movable equipment to be used in carrying out the objectives of the program. The cost of a single unit or piece of equipment includes the necessary accessories, installation costs and any taxes. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. **Equipment items costing less than five thousand dollars (\$5,000) each are to be included in the Supplies and Materials category. All equipment items summarized on this line must include: item description, quantity and budgeted amount and should be individually identified in the space provided under line 6. Upon completing equipment purchase, equipment must be tagged and listed on the Equipment Inventory Schedule (see Attachment B.3) and submitted to the agreement's contract manager.**
- Q. Other Expenses - This category includes other allowable cost incurred for the benefit of the program. The most significant items should be specifically listed on the Cost Detail Schedule. Other minor items may be identified by general type of cost and summarized as a single line on the Cost Detail Schedule to arrive at a total Other Expenses category. Some of the more significant groups or subcategories of costs are described as follows and should be individually identified in the space provided on and under line 7. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Other Expenses category (line 7) exceeds 10% of the Total Expenditures (line 10).**
- R. Communication Costs - Costs of telephone, telegraph, data lines, Internet access, websites, fax, email, etc., when related directly to the operation of the program.
- S. Space Costs - Costs of building space, rental and maintenance of equipment, instruments, etc., necessary for the operation of the program. If space is publicly owned, the cost may not exceed the rental of comparable space in privately owned facilities in the same general locality. Department funds may not be used to purchase a building or land.

INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION (continued)

- T.. Consultant or Vendor Services - These are costs for consultation services, professional fees and personnel hired on a private contracting basis related to the planning and operations of the program, or for some special aspect of the project. Travel and other costs of these consultants are also to be included in this category.
- U. Other - All other items purchased exclusively for the operation of the program and not previously included, patient care, fee for service, auto and building insurance, automobile and building maintenance, membership dues, fees, etc.
- V. Total Direct Expenditures – Enter the sum of items 1 – 7 on line 8.
- W. Indirect Cost Calculations - **Enter the allowable indirect costs for the budget.** Indirect costs can only be applied if an approved indirect cost rate has been established or an actual rate has been approved by a State of Michigan department (i.e., Michigan Department of Education) or the applicable federal cognizant agency and is accepted by the Department. Attach a current copy of the letter stating the applicable indirect cost rate. **Detail on how the indirect cost was calculated must be shown on the Cost Detail Schedule (DCH-0386).**
- X. Total Expenditures - Enter the sum of items 8 and 9 on line 10.

PROGRAM BUDGET SUMMARY

View at 100% or Larger

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Use **WHOLE DOLLARS Only**

PROGRAM (A) Budget and Contracts			DATE PREPARED		Page (C) 11	Of 2
CONTRACTOR NAME (D) Michigan Agency			BUDGET PERIOD (E) From: 10/01/xx To: 9/30/xx			
MAILING ADDRESS (Number and Street) (F) 123 ABC Drive			(G) BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/>		AMENDMENT #	
CITY Acme	STATE MI	ZIP CODE 44444	FEDERAL ID NUMBER (H) 38-1234567			
(I) EXPENDITURE CATEGORY						(K) TOTAL BUDGET (Use Whole Dollars)
1. SALARIES & WAGES			43,000			43,000
2. FRINGE BENEFITS			11,180			11,180
3. TRAVEL			1,400			1,400
4. SUPPLIES & MATERIALS			37,000			37,000
5. CONTRACTUAL (Subcontracts/Subrecipients)			3,500			3,500
6. EQUIPMENT			5,000			5,000
7. OTHER EXPENSES						
			8,000			8,000
8. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)			109,080			109,080
9. INDIRECT COSTS: Rate #1 %						
INDIRECT COSTS: Rate #2 %						
10. TOTAL EXPENDITURES			109,080			109,080
(J) SOURCE OF FUNDS						
11. FEES & COLLECTIONS			10,000			10,000
12. STATE AGREEMENT			90,000			90,000
13. LOCAL			9,080			9,080
14. FEDERAL						
15. OTHER(S)						
16. TOTAL FUNDING			109,080			109,080
AUTHORITY: P.A. 368 of 1978 COMPLETION: Is Voluntary, but is required as a condition of funding			The Department of Community Health is an equal opportunity employer, services and programs provider.			

DCH-0385 (E) (Rev 5-06) (W) Previous Edition Obsolete.

PROGRAM BUDGET – COST DETAIL SCHEDULE

View at 100% or Larger

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Use WHOLE DOLLARS ONLY

(A) Page 2 Of 2

(B) PROGRAM Budget and Contracts		(C) BUDGET PERIOD		DATE PREPARED														
		From: 10/01/xx	To: 9/30/xx	7/01/xx														
(E) CONTRACTOR NAME Michigan Agency		(F) BUDGET AGREEMENT <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		AMENDMENT #														
(G) <i>1. SALARY & WAGES</i> <i>POSITION DESCRIPTION</i>	(H) COMMENTS	(I) POSITIONS REQUIRED	(J) TOTAL SALARY															
Nurse	9 month position	1	25,000															
Project Director		.5	18,000															
(K) 1. TOTAL SALARIES & WAGES:		1.5	\$43,000															
(L) 2. FRINGE BENEFITS (Specify) <input checked="" type="checkbox"/> FICA <input type="checkbox"/> LIFE INS. <input type="checkbox"/> DENTAL INS COMPOSITE RATE AMOUNT 26% <input checked="" type="checkbox"/> UNEMPLOY INS. <input type="checkbox"/> VISION INS. <input checked="" type="checkbox"/> WORK COMP <input type="checkbox"/> RETIREMENT <input type="checkbox"/> HEARING INS. <input type="checkbox"/> HOSPITAL INS. <input type="checkbox"/> OTHER (specify) _____				2. TOTAL FRINGE BENEFITS:														
				\$11,180														
(M) 3. TRAVEL (Specify if category exceeds 10% of Total Expenditures) Conference registration \$350 Airfare \$600 Hotel accommodations and per diem for 4 days \$450 3. TOTAL TRAVEL:					\$1,400													
(N) 4. SUPPLIES & MATERIALS (Specify if category exceeds 10% of Total Expenditures) Office Supplies 2,000 Medical supplies 35,000 4. TOTAL SUPPLIES & MATERIALS:					\$37,000													
(O) 5. CONTRACTUAL (Specify Subcontracts/Subrecipients) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Subcontractor Name</td> <td style="width:40%;">Address</td> <td style="width:30%;">Amount</td> </tr> <tr> <td>ACME Evaluation Services</td> <td>555 Walnut, Lansing, MI 48933</td> <td>\$ 2,000</td> </tr> <tr> <td>Subrecipient Name</td> <td></td> <td></td> </tr> <tr> <td>Health Care Partners</td> <td>333 Kalamazoo, Lansing, MI 48933</td> <td>\$ 1,500</td> </tr> </table> 5. TOTAL CONTRACTUAL:					Subcontractor Name	Address	Amount	ACME Evaluation Services	555 Walnut, Lansing, MI 48933	\$ 2,000	Subrecipient Name			Health Care Partners	333 Kalamazoo, Lansing, MI 48933	\$ 1,500	\$3,500	
Subcontractor Name	Address	Amount																
ACME Evaluation Services	555 Walnut, Lansing, MI 48933	\$ 2,000																
Subrecipient Name																		
Health Care Partners	333 Kalamazoo, Lansing, MI 48933	\$ 1,500																
(P) 6. EQUIPMENT (Specify items) Microscope \$5,000 6. TOTAL EQUIPMENT:					\$5,000													
(Q) 7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures) Communication Costs \$2,400 Space Costs \$3,600 Consultant or Vendor: John Doe, Evaluator, 100 Main, E. Lansing \$2,000 7. TOTAL OTHER:					\$8,000													
(R) 8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)				8. TOTAL DIRECT EXPENDITURES														
				\$109,080														
9. INDIRECT COST CALCULATIONS Rate #1: Base \$0 X Rate 0.0000 % Total _____ _____ _____ 9. TOTAL INDIRECT EXPENDITURES:					\$ 0													
					\$ 0													
					\$ 0													
(T) 10. TOTAL EXPENDITURES (Sum of lines 8-9)				\$109,080														
AUTHORITY: P.A. 368 of 1978 COMPLETION: Is Voluntary, but is required as a condition of funding			The Department of Community Health is an equal opportunity employer, services and programs provider.															
DCH-0385 (E) (Rev 5-06) (W) Previous Edition Obsolete. Use Additional Sheets as Needed																		

PROGRAM BUDGET SUMMARY

View at 100% or Larger

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Use **WHOLE DOLLARS** Only

PROGRAM			DATE PREPARED		Page	Of
CONTRACTOR NAME			BUDGET PERIOD From To:			
MAILING ADDRESS (Number and Street)			BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT ►		AMENDMENT #	
CITY	STATE	ZIP CODE	FEDERAL ID NUMBER			
EXPENDITURE CATEGORY						TOTAL BUDGET (Use Whole Dollars)
1. SALARIES & WAGES						
2. FRINGE BENEFITS						
3. TRAVEL						
4. SUPPLIES & MATERIALS						
5. CONTRACTUAL (Subcontracts/Subrecipients)						
6. EQUIPMENT						
7. OTHER EXPENSES						
9. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)			\$0	\$0	\$0	\$0
9. INDIRECT COSTS: Rate #1 %						
INDIRECT COSTS: Rate #2 %						
10. TOTAL EXPENDITURES			\$0	\$0	\$0	\$0

SOURCE OF FUNDS

11. FEES & COLLECTIONS						
12. STATE AGREEMENT						
13. LOCAL						
14. FEDERAL						
15. OTHER(S)						
16. TOTAL FUNDING			\$0	\$0	\$0	\$0

AUTHORITY: P.A. 368 of 1978
COMPLETION: Is Voluntary, but is required as a condition of funding

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