

*Michigan Department  
of Community Health*



**Rick Snyder, Governor  
James K. Haveman, Director**

## **REQUEST FOR PROPOSAL**

**For**

**SEAL!  
MICHIGAN**

### **School-based/School-linked Dental Sealant Program**

**Issued by:**

Michigan Department of Community Health  
Oral Health Program  
201 Townsend Street  
P.O. Box 30195, 4th Floor  
Lansing, Michigan 48913  
Phone: (517) 373-4943  
FAX: (517) 335-8697

Notification of Intent to Apply Postmarked or Received by: March 11, 2013—5:00 p.m.  
Proposals Postmarked or Received by: April 1, 2013—5:00 p.m.

Proposal Copies Required: Signed Original plus 3 copies

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

## **Background and Purpose**

The Michigan Department of Community Health (MDCH), Oral Health Program is offering a grant under the SEAL! MICHIGAN dental sealant program. The program is created specifically for public and non-profit organizations, such as, community dental clinics, Federally Qualified Health Center (FQHC), Public Health Clinics, Health systems, schools, schools of dentistry and dental hygiene, dental hygiene and dental assistant associations to support the development and/or expansion of sustainable school-based/school-linked dental sealant programs.

**The purpose of the grant is to establish and/or expand school-based/school-linked dental sealant programs. The priority for the grant is for Michigan's 1<sup>st</sup> and 2<sup>nd</sup> grade students who have fully erupted 1<sup>st</sup> permanent molars with a secondary focus on 6<sup>th</sup> and 7<sup>th</sup> grade students who have fully erupted 2<sup>nd</sup> permanent molars.**

To learn more about how to establish a school-based dental sealant program, Washington State has created a comprehensive guideline manual that is available to the public. The manual titled *Washington State School-based Sealant and Fluoride Varnish Program Guidelines* can be reviewed at: [http://here.doh.wa.gov/materials/sealant-fluoride-varnish-guidelines/15\\_OHsealguid\\_E12L.pdf](http://here.doh.wa.gov/materials/sealant-fluoride-varnish-guidelines/15_OHsealguid_E12L.pdf)

## **Priorities:** (in order of priority)

1. Grantee is a FQHC, Public Health Clinic or Community Dental Clinic, health system, or non-profit organization providing dental services or providing accessibility to dental services.
2. Michigan children in 1<sup>st</sup> and 2<sup>nd</sup> grade with erupted permanent first molars, and children in 6<sup>th</sup> and 7<sup>th</sup> grade children who have erupted permanent second molars, all within Michigan schools with 50% or more student participation in the Free and Reduced School Lunch Program (FRSLP). Schools listed at 25% or more participation in FRSLP will be considered if funding is available and if justification is made as to why these schools should be included. A list of eligible schools can be found at this Internet link: [http://www.michigan.gov/cepi/0,1607,7-113-21423\\_30451\\_36965---,00.html](http://www.michigan.gov/cepi/0,1607,7-113-21423_30451_36965---,00.html)
3. Geographic location: Sealant application in Health Professional Shortage Areas (HPSA) [http://www.michigan.gov/mdch/0,4612,7-132-2945\\_47514-176079--,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2945_47514-176079--,00.html)
4. The applicant must demonstrate the capacity to sustain services beyond the funding cycle. In-kind contributions of staff time and other resources are expected both from the applicant and from the project partners.

## **Instructions**

Applicants should review all included materials and selection criteria. Applications should be word processed or typed, unless otherwise noted. Applicants are responsible for the timely receipt of their proposal. **E-mail or faxed applications will not be accepted. All grant Notice of Intents and Applications shall be mailed to:**

Michigan Department of Community Health  
Division of Family & Community Health  
Oral Health Program  
Attn: Jill Moore  
201 Townsend Street  
P.O. Box 30195, 4th Floor  
Lansing, Michigan 48913  
Phone: (517) 373-4943  
Fax: (517) 335-8697  
MooreJ14@Michigan.gov

**Check list for completed application:**

**Intent:**

- I. Notice of Intent to Apply for Funding - Complete Form 1, Notice of Intent to Apply for Funding (See Section I) and submit via e-mail, fax, or by United States Postal Service, to Jill Moore at the address provided. The Notice of Intent to Apply for Funding form must be postmarked by March 11, 2013. Be sure to provide your e-mail address on the Notice of Intent to Apply for Funding form. Fillable application forms will be emailed to you for completion.**

The application forms must be postmarked by **April 1, 2013:**

- Cover Page - Form 2 (See Section II)**
- Narrative (See Section III)**
- Emergent Service Statement (See Section IV)**
- School Eligibility - Form 3 (See Section V)**
- Budget - Form 4 (See Section VI)**
- Work Plan - Form 5 (See Section VII)**
- Additional Forms (See Section VIII)**
- Attachments (proposed agreements, subcontracts, and letters of support – See Section IX)**

**Application:** The following should be submitted to Jill Moore at address provided. **Please send one (1) original and three (3) copies.**

- I. Cover Page- Form 2**
  - a. Project Title:** Enter name of project
  - b. Amount of Request:** Requested amounts:
    - i. New programs:**
      - 1.** Operating without dentist in school: \$1,500-65,000
      - 2.** Operating with dentist in school: \$1,500-30,000

**ii. Existing programs:**

1. Operating without dentist in school: \$1,500-60,000
  2. Operating with dentist in school: \$1,500-20,000
- c. **Name of Applicant Organization:** Enter 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 Identification Number [FEIN] as assigned by IRS. **DUNS Number must be included.**
- g. **Authorizing Entity** – An official authorized to bind the applicant Organization to its provisions must sign the original proposal in blue ink. Print name and enter date of signature.

**II. 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 or cover page as page 1.
- d. **Page Limit:** Page limit is 12 pages; the Title Page or Cover Sheet, Forms, Budget, Memorandum of Understanding (MOU), Contracts and Agreements, Letters of School Commitment and the Work Plan are not included in the page limit.
- e. **Narrative Specifications** - All proposals must address or comply with the following specifications:
  - i. **Organization/history:** Provide history, if any, of past affiliation with school-based/ school-linked sealant programs. The program is created specifically for public and non-profit eligible organizations,

such as, community dental clinics, FQHCs, public health clinics, health systems, schools, schools of dentistry and dental hygiene, and dental, dental hygienist and dental assistant associations to support the development and/or expansion of sustainable school-based/school-linked dental sealant programs. Please explain your organization.

- ii. Need:** Demonstrate the need for a school-based/school-linked dental sealant program with a focus on the area your program intends to target. A focus of the proposal is addressing health disparities in health professional shortage areas (HPSA) and non-Healthy Kids Dental Counties. Please clearly state schools which are located in HPSA areas and non-Healthy Kids Dental Counties.
- iii. School eligibility:** Schools with 50% Free and Reduced School Lunch Program (FRSLP) or greater participation will have priority. Schools must have a minimum participation of at least 25% and justification must be made for these schools to be considered for funding. Allowable justification will include areas of high ethnic disparities, located in a HPSA, and/or areas without Healthy Kids Dental coverage. A list of eligible schools can be found at: CEPI - Free and Reduced Lunch (FRL). Click on Building Data; or follow link to: [http://www.michigan.gov/cepi/0,1607,7-113-21423\\_30451\\_36965---,00.html](http://www.michigan.gov/cepi/0,1607,7-113-21423_30451_36965---,00.html)
- iv. School commitment:** Each school identified must have a *dated* signed letter from school administrators noting the commitment to participate in the sealant program, provide the number of 1<sup>st</sup>, 2<sup>nd</sup>, 6<sup>th</sup> and 7<sup>th</sup> grade students who are anticipated to have dental sealants placed; and report the school percentage of children participating in the free and reduced school lunch program. Please demonstrate that your proposed schools are willing participants in the sealant program.
- v. Student eligibility:** All children who are in the 1<sup>st</sup>, 2<sup>nd</sup> and/or 6<sup>th</sup>, 7<sup>th</sup> within eligible schools who return a positive parent permission slip are expected to receive sealant application, *regardless of ability to pay*. Children without dental insurance must receive free sealants through this program. Please acknowledge your plan to provide sealants to all children, regardless of ability to pay. Programs servicing Wayne County only are encouraged and allowed to offer the dental sealant program to all students K-7<sup>th</sup>.
- vi. Program sustainability:** Programs must identify plans on sustaining their sealant program after the funding period.
- vii. Education requirements:** Programs must improve access to oral health prevention measures notably through education for: 1) educational administrators/teachers; 2) parents/guardians; and 3) students. Grantees must address how they will offer education on the value of sealants in the prevention of dental disease to encourage positive permission for sealant placement to all parties.

- viii. Evaluation requirements:** Programs must evaluate their sealant program and deliver copies (hard copies of school administrators and parents and an analyzed report of student evaluations) of results to MDCH by September 30 of each grant year. Provide your evaluation process in writing and forms to be used within the application package. Evaluations must be given to school administrators (teachers, principals, nurses, etc.) and parents or guardians of students who received dental sealants. Evaluation of patient/child education must also be provided (i.e. pre/posttest, questioner, etc.).
- ix. Billing requirements:** Medicaid and third party payers must be billed, when applicable. Enrollment assistance must be provided to families without coverage who are eligible. This can be satisfied through a flyer with information or through other avenues.
- x. Retention checks:** Programs must perform a sealant retention check on a minimum of 20% of children at each school location. If the same provider is used and the same materials are used at all sites then 20% of students in the program must have retention checks, not necessarily 20% in each specific school. The target goal is to maintain sealant retention rates of 90% or better on occlusal surfaces and 65% or better in buccal and lingual grooves. The full **20% of retention checks must be performed and tracked within the grant year, preferably around six (6) months following the sealant placement.** Retention checks of 50% of sealants placed must be completed 3-6 weeks after sealant placement with a new provider for the three months of employment. Any students (dental hygiene/dental) used to place sealants within the program must have 100% of sealants checked for retention. When sealants have not been retained, then they must be immediately replaced free of charge for the student. **Acknowledge the understanding of these requirements within your grant proposal.** The four-handed sealant placement technique is encouraged, or the Isolite system to assist in maintaining a dry field.
- xi. Data:** The reporting mechanism for the sealant program through SEAL! MICHIGAN is anticipating future changes. All data documents and requirements will be provided to grantees by MDCH and grantees will be required to be compliant with all data documents. Data collection is ongoing and extremely important to the success of the SEAL! MICHIGAN program. Please commit to all data collection needs in the narrative of the grant application.
- xii. Student data:** Minimally each child will have a SEALS Child-Level form (provided by MDCH) completed and copies of the forms will be provided to the MDCH by September 30 of each grant year. Each program will also be required to complete quarterly forms (provided by MDCH) at each quarterly visit. Programs must utilize any requested software and deliver any and

all reports securely at the end of the fiscal years of funding, September 30.

- xiii. Quarterly meetings:** MDCH will meet with grantees quarterly either in person or via conference call. MDCH will perform a minimum of two scheduled site visits, at program location, throughout the grant year. The site visits will take place while sealants are being placed on children through the school-based school-linked sealant program. The purpose of the visits is to review work plans and have face-to-face dialog about the progress, challenges and successes of the grantees sealant program.
- xiv. Continuous Quality Improvement (CQI):** Grantees are expected to engage in continual program improvement from year to year and to grow from year to year. Explain in depth the program quality improvement plans.
- xv. Board of Dentistry:** Programs must adhere to professional standards as outlined in the State of Michigan Administrative Dental Rules:  
[http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Single&Admin\\_Num=33811101&Dpt=CH&RngHigh=](http://www.state.mi.us/orr/emi/admincode.asp?AdminCode=Single&Admin_Num=33811101&Dpt=CH&RngHigh=)
- xvi. Sealant material:** Programs must assure dental sealant material is approved by American Dental Association (ADA) and applied according to manufacturer's specifications. **All sealant material must have less than 10% of filler, any filler over 10% will not be allowed.** A list of filler can be located in the Washington State Manual located at: [http://here.doh.wa.gov/materials/sealant-fluoride-varnish-guidelines/15\\_OHsealguid\\_E12L.pdf](http://here.doh.wa.gov/materials/sealant-fluoride-varnish-guidelines/15_OHsealguid_E12L.pdf)
- xvii. Infection control:** Programs must adhere to Occupational Safety and Health Administration (OSHA) and Michigan Occupational Safety and Health Administration (MIOSHA) standards as well as to Centers for Disease Control and Prevention (CDC) guidelines on infection control and hand washing:  
<http://www.cdc.gov/ncidod/dhqp/guidelines.html>.
- xviii. Spore testing/infection control:** Superior sterilization and infection control must be maintained at all times, by all persons. Barriers must be utilized. Cross contamination must be minimized. Spore-testing reports will be maintained and provided to MDCH quarterly. Include in grant proposal a completed Organization for Safety, Asepsis and Prevention (OSAP) plan for mobile programs and commit to updating it annually or more often if needed.  
<http://c.ymcdn.com/sites/www.osap.org/resource/resmgr/Checklists/OSAP.checklist.portabledenta.pdf>
- xix. Memberships:** Current memberships to OSAP and the Michigan Oral Health Coalition (MOHC) are highly recommended. Include current proof of membership with application.
- xx. Location:** Projects must be conducted within the State of Michigan.

- xxi. Annual training:** Guidelines for school programs will be covered in the continuing education sealant training by MDCH. The course will be available via PowerPoint and is **required to be taken by all program staff prior to sealant placement by October 15 of each grant year**. Directions for the online program access will be sent directly upon funding approval to ensure sufficient time is available to review entire course.
- xxii. Competent staff:** Programs 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. If dental hygiene students are used to place dental sealants, a faculty member must be on site at all times. All (100%) sealants placed by students must have retention checks performed and documented.
- xxiii. Logo:** The SEAL! MICHIGAN logo will be placed on all brochures, forms, etc. that are provided to schools, parents and students. The logo will be provided by the dental sealant coordinator upon funding.
- xxiv. Fluoride varnish:** Fluoride varnish applications are highly recommended, however funds may not be budgeted for the treatments. In the narrative, state if the program intends to apply varnish and how it will be provided. More points will be awarded to those programs that are a combination program of sealants and fluoride/varnish. Understand that if a commitment is made to place varnish within the written grant proposal the grantee is required to provide fluoride for the duration of the funding period.
- xxv. EGrAMS:** Grantee must be compliant with the State of Michigan EGrAMS online system of grant administration and management system. Budgets and progress reports (Financial Status Reports) are required to be submitted through MI-E-Grants: <http://egrans-mi.com/dch/User/home.aspx>
- xxvi. Scope of practice:** All providers are responsible to practice within their scope of practice, as determined by their licensing board.

**III. Emergency Service Statement** - One of the many benefits of the sealant program is to have the opportunity to screen children who otherwise go un-screened. If and when a child presents in need of immediate dental treatment, the grantee will be required to follow-up with the parent/guardian to determine if the child received the emergent dental treatment and also with the school nurse or designated school official until care is received. Attach a statement that provides a sound referral plan, where you agree to provide emergency dental restorative services for children referred through the SEAL! MICHIGAN dental sealant program AND attach a Memorandum of Understanding (MOU), contract, or similar agreement with a FQHC, public health clinic, community clinic, dental school, or other dental provider that demonstrates commitment to provide emergency dental restorative services for children referred through the SEAL! MICHIGAN dental sealant

program. The dental services should be available within a 20 mile radius of the school(s), thus more than one MOU may be needed.

IV. **School Eligibility** - Attach a signed Memorandum of Understanding or Agreement, contract, letter or similar agreement with the school administrator noting the commitment to participate in the sealant program. Attach **Form 3** which notes the commitment of the school to participate in the SEAL! MICHIGAN program. Provide an estimated number of 1<sup>st</sup>, 2<sup>nd</sup>, 6<sup>th</sup> and 7<sup>th</sup> grade children that will be provided dental sealants utilizing **Form 3**. Provide the percentage of Free and Reduced School Lunch Program (FRSLP) for each school listed on **Form 3**. If services are provided in Wayne County, sealant placement is encouraged on students in K-7<sup>th</sup> grades.

V. **Budget** - Attach **Form 4** Budget Page Worksheet in typed format. Do not handwrite. Following Form 4 is *Form 4 Example* to assist with filling it out. When budgeting please use the current reimbursement rate to calculate additional income for the sealant program. However, please note that restrictions and additional rules do apply to both Medicaid and Healthy Kids Dental and the rules are each grantees responsibility to comply with for reimbursement:

Medicaid reimbursement rates=\$15.12 per sealant

Healthy Kids Dental reimbursement rates=\$32.00 per sealant

Although fluoride treatments are not a requirement of the SEAL! MICHIGAN grant, it is highly recommended that fluoride is applied after sealant placement. Although no SEAL! MICHIGAN funds can be used to cover the cost of fluoride; the cost can be billed to public or private insurance providers. The additional income from the fluoride will assist programs with their sealant program costs. Fluoride and varnish are reimbursed as well through Medicaid and Healthy Kids Dental, however please note that restrictions and additional rules do apply to both Medicaid and Healthy Kids Dental and the rules are each grantees responsibility to comply with for reimbursement:

Medicaid reimbursement for fluoride/varnish=\$13.23

Healthy Kids Dental reimbursement for fluoride/varnish=\$28.00

The general rule of thumb is that three (3) sealants will be placed on each child, although often it will be more or less.

<p><b>EXPECTED MEDICAID (Non-Healthy Kids Dental REIMBURSEMENT--SEALANTS:</b>  <b>\$15.12 per sealant X 3 X # _____ children</b>  <b>(the expected amount of sealants placed is 3 per child)</b></p>
<p><b>EXPECTED MEDICAID (Non-Healthy Kids Dental) REIMBURSEMENT—TOPICAL FLUORIDE/VARNISH:</b>  <b>\$13.23 per application X # _____ children</b></p>
<p><b>EXPECTED MEDICAID – Healthy Kids Dental REIMBURSEMENT--SEALANTS:</b>  <b>\$32.00 per sealant X 3 X # _____ children</b>  <b>(the expected amount of sealants placed is 3 per child)</b></p>
<p><b>EXPECTED MEDICAID – Healthy Kids Dental REIMBURSEMENT—TOPICAL FLUORIDE/VARNISH:</b>  <b>\$28.00 per application X # _____ children</b></p>

- VI. **Work Plan** - Formulate work plan **Form 5** in typed format. Do not handwrite. Include dates for the first year only; this will be required to update annually. Sample work plan format may be provided via Word document upon request to: Moorej14@michigan.gov
- VII. **Attachments** – Attach all other forms (proposed agreements, subcontracts, and letters of support).

**Eligible Applicants:**

Public and non-profit eligible organizations, such as, community dental clinics, FQHCs, public health clinics, health systems, schools, schools of dentistry and dental hygiene, and dental, dental hygienist and dental assistant associations may apply.

**Availability of Funding:**

Funding is made possible for this grant through a \$300,000 Title V Maternal and Child Health Block Grant from the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau. Funding awards will range from \$1,500 to \$65,000. The total number of contracts to be awarded is dependent upon the availability of funding.

**Project Period:**

Awards will be based on a one year cycle with the possibility of continuation of funding for an additional two years. The first grant year will begin October 1, 2013. **Applicants should be notified of award decisions by the MDCH, by May 28, 2013, via United States Postal Service.**

**Competitive and Non-Competitive Grant Applications:**

Those who are granted an award will have an option of continued funding for up to two consecutive additional years, for a total of three years. The additional funds will be sought through a non-competitive grant process. To qualify for the non-competitive grant extension grantees will need to meet all of the following requirements:

- a. Meet and or exceed all grant requirements and priorities
- b. Complete the non-competitive grant application in its entirety; see “Application Process for Continuation Funding” on page 12.
- c. Have the application postmarked or received by the MDCH by January 1, 2014 for the second year (Fiscal Year: 2014) and January 1, 2015 for the third year (Fiscal Year: 2015).

Only those who are granted funding in year one will be eligible to submit for the non-competitive grant in year two and year three. If funding is not requested via the non-competitive process by the deadline date, January 1, of each year, then the applicant will be required to re-apply in the competitive format, if and when available. If there is a lapse of funding year due to lack of application by the grantee, then the applicant will be required to re-apply in the competitive format, if and when available.

*Example: Sealant program A receives funding through the competitive process for year one. Sealant Program A then does not apply for funding (competitive or non-competitive) for year two, but then seeks funding for year three. This will require Sealant program A to*

*apply for the competitive funding grant and will not be eligible to apply through the non-competitive funding application process for that third year.*

**The non-competitive funding process is based on availability of funds and individual program compliance with meeting and or exceeding the grant requirements and priorities (see above “Narrative Specifications”).** Those who were not funded in year one, will not qualify for funding through a non-competitive process. Non-competitive continuation grant requests must be submitted for on a yearly basis for consideration. Please review “Application Process for Continuation Funding” located below for further instructions on how to apply for the non-competitive continuation grant. Continuation of grantee funding and amount will be determined by MDCH.

**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 agency 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/>. Funds will be distributed upon receipt of a monthly Financial Status Report (FSR). Final payment will be made upon completion, submission and acceptance of a final report and FSR.

**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 Michigan Department of Community Health, Oral Health Program. 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 bidders who most successfully meet the criteria of the RFP as deemed by a selected panel of experts.

**Use of Expendable Funds:**

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.** Funds available under this announcement must be focused on costs for implementing the school based/school linked dental sealant program, and only dental sealant based. If any other treatments are being performed (such as prophylaxis, fluoride or varnish treatments, radiographs, exams, etc.) they may not be expended through the

sealant funds. Those programs that provide additional treatments will track their *sealant time* and provide it to MDCH upon request. Additional treatment such as varnish applications are encouraged, but not funded under the SEAL! MICHIGAN grant. 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 3<sup>rd</sup> quarter of each fiscal year, balances may be readjusted based on program reports and projected needs.

**Requests for proposals may include the following expenses:**

- 1) Professional staff compensation, including costs for coordination, clinical services and data collection for dental sealants and oral health instruction.
- 2) Transportation expenses for staff and volunteers
- 3) Equipment under \$5,000
- 4) Disposable materials
- 5) Clinical supplies and instruments
- 6) Sealant materials
- 7) Transportation, meals and lodging for staff to attend SEAL! MICHIGAN training

**Funds may not be used for:**

- 1) Any costs that are not directly related to dental sealants. For example, prophylaxis, fluoride, varnish, dental exam, professional staff compensation to perform these services, staff coordination for these services, etc. will need to be funded solely through additional funds, and not sealant funds.
- 2) Endowment Funds
- 3) Computer software or hardware
- 4) Volunteer gifts
- 5) DIAGNODENT or similar caries detection device
- 6) Any service/s provided that is not directly related to the placement of dental sealants such as dental prophylaxis, fluoride treatments, radiography, etc.

**Use of Private Insurance:**

Recipients of the grant must make reasonable efforts to collect 3<sup>rd</sup> 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, if a child is unable to pay, the sealants must be placed free of charge. All eligible participants without insurance or Medicaid will be offered the service free of charge. Third party payers are dental health insurers such as Blue Cross/Blue Shield, Delta Dental, Medicaid, etc. 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 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. All questions must be submitted in writing via email to MDCH, Oral Health Program until 3:00 p.m. on March 25, 2013. Submit questions to Jill Moore at [MooreJ14@Michigan.gov](mailto:MooreJ14@Michigan.gov). No phone calls will be accepted. All questions and answers will be posted at [www.michigan.gov/oralhealth](http://www.michigan.gov/oralhealth).

**Selection Criteria:** Applications for grants will be reviewed by a committee established by the MDCH. Applications will be scored on the following criteria:

- A. **Past Grantee Affiliations Organization and History With Sealant Programs-** 15 points
- B. **School Percentage of Free and Reduced School Lunch Program (FRSLP) participation-**8 points
- C. **Geographic location-**10 points
- D. **Grant Narrative-** 30 points
- E. **Work Plan-** 15 points
- F. **Project Sustainability-** 5 points
- G. **Fluoride Varnish Application-** 5 points
- H. **OSAP Membership-** 3 points
- I. **MOHC Membership-** 3 points
- J. **Budget-** 6 points

**Application Process for Continuation Funding:** SEAL! MICHIGAN Non-Competitive Grant Continuation Instructions are as follows. To be considered for the SEAL! MICHIGAN continuation grant in years two and three, please complete the following and submit to be received or postmarked by April 1 of each year to:

Michigan Department of Community Health  
Division of Family & Community Health  
Oral Health Program  
Attn: Jill Moore  
201 Townsend Street  
P.O. Box 30195, 4th Floor  
Lansing, Michigan 48913  
Phone: (517) 373-4943  
Fax: (517) 335-8697  
MooreJ14@Michigan.gov

- I) **SEAL! MICHIGAN Non-Competitive Grant Continuance Request Cover Sheet** – Please complete **Form 6** and use as a cover sheet.
  
- II) **Program success story**- In a minimum of a two (2) page document; share a least one success story which emerged from your school based/school linked program. Within the success story, highlight your program and how your program is making a difference within communities in Michigan. Suggestions, but not required, is to utilize sealant data and returned evaluation forms to help form success stories. Your program evaluation results may provide anecdotal stories from teachers or parents. For more information on success stories visit: Association of State and Territorial Dental Directors (ASTDD) website at:  
<http://www.astdd.org/index.php?template=bestpractices.html> or visit:  
[http://www.cdc.gov/oralhealth/publications/library/pdf/success\\_story\\_workbook.pdf](http://www.cdc.gov/oralhealth/publications/library/pdf/success_story_workbook.pdf)
  - 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 2.0 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 or cover page as page 1.
  
- III) **Sealant Reporting Information**- Generate a current report of all events for the current grant year and attach as the last part of the application.

- IV) **Work plan-** The work plan submitted with the year one grant application will be updated entirely with accomplishments and new goals and plans clearly stated.

**\*Note on forms: When you send your letter of intent, please provide your e-mail address along with a request to receive the forms (below) so that they can be typed within the document and then printed. These documents will be e-mailed to you to simplify your process. Thank you!**

**Form 1**

**SEAL! MICHIGAN (Print)**  
**School-Based/School-Linked Dental Sealant Program**  
**Notice of Intent to Apply for Funding Form (NOIAF)**  
**Fiscal Year 10/1/2013 – 9/30/2014**  
**Received or postmarked by: March 11, 2013 at 5:00 P.M.**

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

**Federal Tax Identification Number** \_\_\_\_\_

**DUNS Number** \_\_\_\_\_

**County** \_\_\_\_\_

**Type of Applicant Agency**

- (Check one) { } Non-profit 501(c)3 organization  
{ } School  
{ } Local Public Health, FQHC or Community Clinic  
{ } Dental, Dental Hygiene or Assistant Association  
{ } School of Dentistry or Hygiene  
{ } Other (please specify) \_\_\_\_\_

**Contact Person** \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Estimated grant funds to be requested \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name and Title \_\_\_\_\_

**Fax (517) 335-8697 or e-mail (Moorej14@michigan.gov) this form to:  
MDCH/Oral Health**

**Application Cover Sheet - (Print)**  
**School-Based/School-Linked Dental Sealant Program Application**  
**Application received or postmarked by: April 1, 2013**

**I. Cover Page:**

**A. Project Title** \_\_\_\_\_

**B. Total Amount of Request:** \_\_\_\_\_

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

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

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

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

City: \_\_\_\_\_ County: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

**D. Contact Person:** \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

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

E-mail Address \_\_\_\_\_

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

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

{ } Public Agency/Unit of a county/district/city government

{ } Other: \_\_\_\_\_

**F. Federal Tax ID/Federal Employer Identification (FEIN)**

**Number:** \_\_\_\_\_ **DUNS 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 3 SEAL! MICHIGAN Project-School Eligibility (Type)**

County	Healthy Kids Dental County*?* Y= Yes N= No	HPSA* Y=Yes N=No	Name of School**	Free & Reduced School Lunch Program % per School***	Total # of 1 <sup>st</sup> Grade Students	Total # of 2 <sup>nd</sup> Grade Students	Total # of 6 <sup>th</sup> Grade Students	Total # of 7 <sup>th</sup> Grade Students	If in Wayne County, Total # of K-7 <sup>th</sup> Grade Students

- Attach additional sheets, as needed. Calculate students according to current school year.
- A map of Healthy Kids Dental Counties can be found at: <http://www.deltadentalmi.com/Individuals/Healthy-Kids-Dental-and-MIChild/Healthy-Kids-Dental.aspx>
- A map of HPSA County Designation can be found at: [http://www.michigan.gov/documents/DentalHealthHPSAMap-022306\\_151313\\_7.pdf](http://www.michigan.gov/documents/DentalHealthHPSAMap-022306_151313_7.pdf)
- Memorandum of Understanding or Agreement, contract, letter or other documentation must accompany this application.
- Free and Reduced School Lunch Link: [http://www.michigan.gov/cepi/0,1607,7-113-21423\\_30451\\_36965---,00.html](http://www.michigan.gov/cepi/0,1607,7-113-21423_30451_36965---,00.html)

**Form 4**

**Budget Page Worksheet**

Instructions: Utilize this sheet to determine the estimated costs and revenue for your SEAL! MICHIGAN sealant program. If additional columns are needed on this sheet, go to "Table" and choose "Insert" then choose "Row Above" or "Row Below". **Must be completed and submitted with the application.**

<p><b>* For the sealant program to thrive it must show that it is cost effective. The box below must be completed to reflect how many sealants your program will place for the amount of total revenue it generates.</b></p> <div style="border: 1px solid black; padding: 5px;"> <p>Estimated number of sealants placed per year= _____</p> <p>Net cost of sealant program / per Sealant placed = _____</p> </div>	<p><b>SEAL! MICHIGAN Funding REQUEST</b></p>	<p><b>IN-KIND SUPPORT And MATCH FUNDING From all sources</b></p>
<p><b>ALL PERSONNEL:</b> (Name, Position, FTE-Full Time Equivalent, PTE-Part Time Equivalent, Hourly Wage)</p>		
<p><b>FRINGE BENEFIT TOTAL:</b> (for all Personnel)</p>		
<p>(ex: FICA, unemployment, workers comp., medical, dental, vision, vacation time, personal time, sick leave etc).</p>		
<p style="text-align: right;">Fringe % _____</p>		
<p><b>TRAVEL:</b> (Estimate miles and rate)</p>		
<p><b>CONTRACTED STAFF COSTS:</b> (Name, Position, FTE-Full Time Equivalent, PTE-Part Time Equivalent, Hourly Wage)</p>		
<p><b>EQUIPMENT:</b> Maximum \$4999.99: <b>(Itemize)</b></p>		
<p><b>SUPPLIES:</b> (Itemize bibs, gloves, sealant material, sterilization supplies, etc.)</p>		
<p>MDCH Oral Health School Based/School Linked Dental Sealant Program</p>		19

Other:		
<b>TOTAL:</b> (for funding requested and in-kind)		
<b>GRAND TOTAL</b> for Sealant Program (In-kind included)		
<b>Expected Revenue from Sealant Program</b> (Ex: billed treatments, fluoride, sealants etc.)		

**Form 4 EXAMPLE**

**Budget Page Worksheet EXAMPLE**

Instructions: Utilize this sheet to determine the estimated costs and revenue for your SEAL! Michigan sealant program. If additional columns are needed on this sheet, go to “Table” and choose “Insert” then choose “Row Above” or “Row Below”.

<p><b>* For the sealant program to thrive it must show that it is cost effective. The box below must be completed to reflect how many sealants your program will place for the amount of total revenue it generates.</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Estimated number of sealants placed per year= <u>6000</u>                      Ex: 6000                      Net cost of sealant program / per sealant placed= \$18.73 per <u>Sealant placed</u></p> </div>	<p><b>SEAL! MICHIGAN Funding REQUEST</b></p>	<p><b>IN-KIND SUPPORT And MATCH FUNDING From all sources</b></p>
<p><b>ALL PERSONNEL:</b> (Name, Position, FTE-Full Time Equivalent, PTE-Part Time Equivalent, Hourly Wage)</p>		
<p>Micky Molar, RDH, FTE, \$25/hr*40hr=1000*40wks=</p>	<p>\$40,000</p>	<p><b>10 hr per wk=\$250</b></p>
<p>Tina Tooth, Adm. Asst., PTE \$12/hr*20hr=240*40=</p>	<p>\$9,600</p>	<p><b>10 hr per wk=\$120</b></p>
<p><b>FRINGE BENEFIT TOTAL:</b> (for all Personnel) (ex: FICA, unemployment, workers comp., medical, dental, vision, vacation time, personal time, sick leave etc).  Fringe % <u>15%</u></p>	<p>\$12,585</p>	<p><b>\$10,000</b></p>
<p><b>TRAVEL:</b> (Estimate miles and rate)</p> <p>Micky Molar 1200@.585= \$702                      Tina Tooth 500@.585= \$292.50</p>		
<p><b>CONTRACTED STAFF COSTS:</b> (Name, Position, FTE-Full Time Equivalent, PTE-Part Time Equivalent, Hourly Wage)</p> <p>Lynda Lou Tech. support, \$20/hr*12hr=\$240 \$240</p>		
<p><b>EQUIPMENT:</b> Maximum \$4999.99: (Itemize)</p> <p>Sterilizer \$2,000                      Portable dental unit \$2,999.99</p>		<p><b>\$30,500</b></p>
<p><b>SUPPLIES:</b> (Health School Based School Local Dental supplies, etc.)</p>	<p>Sealant Program</p>	<p>21</p>

Bibs	2000*.05=	\$100	
Gloves	4000*.08=	\$320	
Birex	144 packs of concentrate*\$3.75=	\$540	
Cotton rolls	8000*.02=	\$160	
Paper Towel	50 rolls * \$1.50=	\$75	
Tray cover	2000*.05=	\$100	
Sealant material	SEAL America		<b>\$900</b>
Masks	2000*.15=	\$300	
Gauze squares	3000*.04=	\$120	
Paper / printing			<b>\$500</b>
Other:			
	TOTAL: (for funding requested and in-kind)	\$70,134.49	<b>\$42,270</b>
	<b>GRAND TOTAL for Sealant Program (In-kind included)</b>	<b>\$112,404.49</b>	
	<b>Expected Revenue from Sealant Program (Ex: billed sealants Medicaid, HKD, etc.)</b>	<b>\$96,000</b>	

**Form 5**

**Work Plan**

For sample work plan template, contact: [Moorej14@michigan.gov](mailto:Moorej14@michigan.gov). Please use SMART objectives when completing the work plan. For more information on SMART objectives, visit: <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf>

<b>Clinical Objectives</b>	<b>Activity</b>	<b>Goal</b>	<b>Date</b>

<b>Administrative Objectives</b>	<b>Activity</b>	<b>Goal</b>	<b>Date</b>

**Form 6**

**SEAL! MICHIGAN Non-Competitive Grant Continuance Request Form Cover Sheet**

**Request funding for grant year(s): 2014 & 2015**

**Application Received or Postmarked by: January 1<sup>st</sup> of each year**

**I. Cover Page:**

**A. Project Title** \_\_\_\_\_

**B. Total Amount of Request:** \_\_\_\_\_

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

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

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

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

City: \_\_\_\_\_ County: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

**D. Contact Person:** \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

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

E-mail Address \_\_\_\_\_

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

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

{  } Public Agency/Unit of a governmental

{  } Other: \_\_\_\_\_

**F. Federal Tax ID/Federal Employer Identification (FEIN)**

**Number:** \_\_\_\_\_ **DUNS Number** \_\_\_\_\_

**H. 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