

*Michigan Department
of Community Health*



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

REQUEST FOR PROPOSAL

For

SMILE! 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: April 17, 2009
Proposals Due: May 8, 2009

Copies Required: Signed Original plus 3 copies

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

The SMILE! MICHIGAN Program Grant Application is created specifically for public and non-profit eligible organizations, community dental clinics, FQHCs, public health clinics, 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. The priority for the school-based/school linked program is children in Michigan in 1st and 2nd grade who have erupted permanent first molars with a secondary focus on children in Michigan in 6th and 7th grade children who have erupted permanent second molars. Successful grantees will demonstrate how their program will address dental disparities in health professional shortage areas and demonstrate a plan for referral of children needing dental treatment in the established oral care delivery system (known as “dental home”).

For consideration, all grant applications must:

1. Attach a statement that you agree to provide emergency dental restorative services for children referred through the SMILE! Michigan dental sealant program or attach a Memorandum of Understanding, 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 SMILE! Michigan dental sealant program. The dental services should be available with a 20 mile radius of the school.
2. Attach a signed letter of a school administrator for each school listed on attached Form 2 noting the commitment of the school to participate in the SMILE! Michigan program.
3. Provide the number of 1st, 2nd, 6th and 7th grade children that will be provided dental sealants (Form 2)
4. Provide the percentage of free and reduced lunch participation for each school listed on Form 2.
5. Attach Form 3 Budget Page.
6. Attach DCH 0385 and DCH 0386.

INSTRUCTIONS:

Applicants should review all included materials and selection criteria. Applications should be word processed or typed. **Completed applications, including one original and three (3) copies, are due no later than 5:00 p.m., Friday, May 8, 2009.**

Michigan Department of Community Health
Division of Family & Community Health
Attn: Tameika Hart
109 West Michigan Avenue, Fourth Floor
Lansing, Michigan 48913
Phone: (517) 335-9526
Fax: (517) 335-8697
oralheath@michigan.gov

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.**

BACKGROUND AND PURPOSE

The Michigan Department of Community Health (MDCH), Oral Health Program is offering a grant for public and non-profit eligible organizations, community dental clinics, FQHCs, public health clinics, schools, schools of dentistry and dental hygiene, dental hygienist and dental assistant associations to support the development and/or expansion of sustainable school-based/school-linked dental sealant programs to improve the oral health of Michigan children through the application of dental sealants on fully erupted permanent first and second molars in a school-based/school-linked dental sealant program.

The purpose of the grant is to establish and expand school based/school linked dental sealant programs with a priority for Michigan's 1st and 2nd grade students who have fully erupted 1st permanent molars with a secondary focus on 6th and 7th grade students who have fully erupted 2nd permanent molars. A focus of the proposal is addressing health disparities in health professional shortage areas and demonstration of 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 be sustained.

Priorities (in order of priority)

1. Grantee is a Federally Qualified Health Center, Public Health Clinic or Community Clinic providing dental services or providing accessibility to dental services.
2. Children in Michigan in 1st and 2nd grade who have erupted permanent first molars. 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. A list of eligible schools can be found at: [CEPI - 2006-2007 Free and Reduced Lunch \(FRL\)](#) Click on Building Data; Fall07/Spring09.
3. Geographic location:
 - a. Sealant application in non-Healthy Kids Counties
http://www.michigan.gov/documents/mdch/HKD_counties_May_2008_233569_7.pdf
 - b. Sealant application in Health Professional Shortage Areas (HPSA)
http://www.michigan.gov/documents/DentalHealthHPSAMap-022306_151313_7.pdf
 - c. Awarded grants should provide a balanced geographic distribution of funding within the state.
 - d. The applicant must demonstrate the capacity to sustain services beyond the one year funding cycle. In kind contributions of staff time and other resources are expected both from the applicant and from the project partners.
4. Children in Michigan in 6th and 7th grade children who have erupted permanent second molars.

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.

Funding awards will range from \$1,500 to \$75,000. All children in the selected school (1st, 2nd and/or 6th, 7th) school with a positive parent permission slip are expected to receive sealants and fluoride application, regardless of ability to pay. All eligible participants without insurance or Medicaid will be offered the service free of charge. Local in-kind support and funding is expected. Billing of services through third party payors such as Medicaid, Blue Cross/Blue Shield, Delta Dental and other dental insurance companies is expected. The total number of contracts to be awarded is dependent upon the availability of funding.

ELIGIBLE APPLICANTS

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

ELIGIBLE CHILDREN AND SERVICE AREA

Programs must be implemented in the areas of greatest need.

Priority will be given to:

1. Grantee is a Federally Qualified Health Center, Public Health Clinic or Community Clinic providing dental services or providing accessibility to dental services.
2. Children in Michigan in 1st and 2nd grade who have erupted permanent first molars.
3. Schools with 50% or more student participation in the Free and Reduced School Lunch Program (FRSLP) will take priority. Participating schools must have a minimum of 25% participation in free and reduced lunch program to be included in the application. A list of eligible schools can be found at: [CEPI - 2006-2007 Free and Reduced Lunch \(FRL\)](#)
Click on Building Data; Fall07/Spring09.
4. Geographic location:
 - a. Sealant application in non-Healthy Kids Counties
http://www.michigan.gov/documents/mdch/HKD_counties_May_2008_233569_7.pdf
 - b. Sealant application in Health Professional Shortage Areas (HPSA)
http://www.michigan.gov/documents/DentalHealthHPSAMap-022306_151313_7.pdf
 - c. Awarded grants should provide a balanced geographic distribution of funding within the state.
 - d. The applicant must demonstrate the capacity to sustain services beyond the one year funding cycle. In kind contributions of staff time and other resources are expected both from the applicant and from the project partners.
5. Children in Michigan in 6th and 7th grade children who have erupted permanent second molars.

Grant applicants must submit a Memorandum of Understanding or Agreement, contract, letter or similar agreement with a school administrator noting the commitment to participate in the sealant program. Refer to Form 2.

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.

PROJECT PERIOD

Awards will be based on a one year funding cycle from October 1, 2009 – September 30, 2010 based on availability of funds. Interested parties should submit via e-mail or fax a Notice of Intent to Apply for Funding Form 1 (NOIAF) no later than 5:00 P.M. on April 17, 2009. Failure to submit a NOIAF will not be cause to disqualify an application. Application is due by May 8, 2009. **Applicants should be notified of award decisions by May 29, 2009.** 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 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/> Reimbursement may be through grant agreement, Purchase Order (PO) or other process dependent on the state process. A DCH 0665 is attached for your information.

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 bidders who most successfully meet the criteria of the RFP.

USE OF FUNDS

Funds available under this announcement must be focused on costs for implementing 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 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
- 2) Transportation expenses for staff and volunteers
- 3) Equipment under \$5,000
- 4) Disposable materials
- 5) Clinical supplies and instruments
- 6) Sealant material
- 7) Transportation, meals and lodging for staff to attend SEAL training

Funds may not be used for:

- 1) Endowment funds
- 2) Computer software
- 3) Volunteer gifts
- 4) DIAGNODENT or similar caries detection device

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. All eligible participants without insurance or Medicaid will be offered the service free of charge. 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 May 1, 2009. Written answers will be sent to all parties who have submitted letters of intent and included an e-mail address.

SPECIFICATIONS

All proposals must address or comply with the following specifications:

- A statement must be attached that you agree to provide emergency dental restorative services for children referred through the SMILE! Michigan dental sealant program or attach a Memorandum of Understanding, 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 SMILE! Michigan dental sealant program. The dental services should be available with a 20 mile radius of the school.
- Schools must have a minimum participation in the Free and Reduced School Lunch Program (FRSLP) of at least 25%. Schools with 50% or greater participation will have priority. A list of eligible schools can be found at: [CEPI - 2006-2007 Free and Reduced Lunch \(FRL\)](#) Click on Building Data; Fall07/Spring09.
- Each school identified must have a signed letter of a school administration noting the commitment to participate in the sealant program, provide the number of 1st, 2nd, 6th and 7th grade students; and report the school percentage of children participating in the free and reduced lunch program.
- 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. Grantees must address how they will educate parents/guardians of the value of sealants in the prevention of dental disease to encourage positive permission for sealant placement.
- All children in the selected school (1st, 2nd and/or 6th, 7th) school with a positive parent permission slip are expected to receive sealants and fluoride application, regardless of ability to pay. Children without dental insurance must receive free sealants through this program.
- Medicaid and third party payers must be billed, when applicable.
- Projects must perform a sealant retention check on 20% of children at each school location receiving sealants and maintain sealant retention rates of 90% or better on occlusal surfaces and 65% or better in buccal and lingual grooves. Retention checks and completed 3-6 weeks after initial visit for new clinicians and 1 year thereafter.
- Projects must utilize SEALS (Seals Efficiency Assessment for Locals and States) software and report quarterly (January 15, 2010; April 15, 2010; July 15 2010 and October 15, 2010) to the Michigan Department of Community Health, Oral Health Division. Timely reporting and indicators of success in increasing dental sealant placement for the target population, barriers encountered and methods used to overcome barriers, strengths and weaknesses of the program, methods to improve access to oral health services for children with special needs and the development of a dental referral network, number of children referred and the number of children receiving care are goals of this grant. SEALS software and training are scheduled and available at no charge through MDCH.

- Projects 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=
- Projects must adhere to OSHA and MIOSHA standards as well as to CDC guidelines on infection control and hand washing.
<http://www.cdc.gov/ncidod/dhqp/guidelines.html>
- Guidelines for school programs will be covered in continuing education (C.E.) Sealant Training by MDCH. Transportation, lodging and per diem to the training in Lansing can be included in the grant budget.
- 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 MDCH Oral Health Program training course, in Lansing, Michigan, that includes Sealant Efficiency Assessment for Locals and States (SEALS) software for data collection.
- Projects must be conducted within the State of Michigan.
- Grantee must submit a Financial Status Report (FSR) no later than thirty (30) days after the close of each calendar month to the Michigan Department of Community Health (MDCH), Bureau of Finance AND the MDCH Oral Health Program. The final agreement FSR is due thirty (30) days after the end of the agreement.

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 Identification Number [FEIN] 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. **Complete Form 1 and submit prior to April 17, 2009** (Notice of Intent to Apply for Funding Form (NOIAF))
- B. **Complete and attach Form 2:** Proposed Schools and Numbers of Children in which each SMILE! Michigan program will be implemented.
- C. **Complete and attach Form 3:** Budget sheet noting expenses, expected sealant and fluoride reimbursement, and in-kind support.
- D. **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)).

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 or cover page as page 1.
- D. **Page Limit:** Page limit is 10 pages; the Title Page or Cover Sheet, Forms, Budget, MOU, Contracts and Agreements from 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 SMILE! Michigan dental sealant program are not included in the page limit. Letters of School Commitment and the Work Plan are not included in the page limit.

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

A. Grantee affiliation and Organizational Capacity (15 points)

Applicants eligible include public and non-profit eligible organizations, community dental clinics, FQHCs, public health clinics, schools, schools of dentistry and dental hygiene, and dental, dental hygienist and dental assistant associations. Federally Qualified Health Center, Public Health Clinic, and Community Health Clinics are a priority. Applicants should list past endeavors with dental sealant delivery, collaborative efforts in the delivery of dental or medical health services, length of the relationships, existing referral networks for dental services. The statement of agreement to provide emergency dental restorative services for children referred through the SMILE! Michigan dental sealant program or Memorandum of Understanding, 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 SMILE! Michigan dental sealant program should support the organizational capacity described.

B. School percentage of Free and Reduced Lunch Program (FRSLP) participation (10 points)

Schools with 50% or more student participation in the Free and Reduced School Lunch Program (FRSLP) will take priority. Scoring will be based on the ratio of schools with 50% or higher free and reduced lunch participation to schools with less than 50% participation in free and reduced lunch programs. Schools must have at least a 25% child participation in free and reduced lunch program to be included in the application. For example: 10 schools are listed, 7 of which have 50% or greater participation and 3 have participation of 25-49%. The scoring would be based on a 70% participation in free and reduced lunch participation. Refer to the following link: [CEPI - 2006-2007 Free and Reduced Lunch \(FRL\)](#) Click on Building Data; Fall07/Spring09.

C. Geographic location (10 points)

Priorities include HSPA designated shortage areas and non-Healthy Kids Counties. Healthy Kids Counties

http://www.michigan.gov/documents/mdch/HKD_counties_May_2008_233569_7.pdf

Health Professional Shortage Areas (HPSA)

http://www.michigan.gov/documents/DentalHealthHPSAMap-022306_151313_7.pdf

Consideration for final grant awards will be prioritized to achieve a balanced geographical distribution within the state (whenever possible).

D. Grant Narrative (40 points): The narrative should address how the following will be accomplished:

- Projects must demonstrate facilitation of access to emergency and comprehensive dental care. A Memorandum of Understanding, contract or similar agreement with a FQHC, public health clinic, community clinic or other dental provider must be attached that demonstrates commitment to provide emergency dental restorative services to children referred by the dental sealant program. The dental services should be available within a 20 mile radius of the school.
- 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. Grantees must address how they will educate parents/guardians of the value of sealants in the prevention of dental disease to encourage positive permission for sealant placement.
- All children in the selected school (1st, 2nd and/or 6th, 7th) school with a positive parent permission slip will receive sealants and fluoride application, regardless of ability to pay. Children without dental insurance must receive free sealants through this program.
- Medicaid and third party payers must be billed, when applicable.
- Projects must perform a sealant retention check on 20% of children at each school location receiving sealants and maintain sealant retention rates of 90% or better on occlusal surfaces and 65% or better in buccal and lingual grooves. Retention checks must be completed 3-6 weeks after initial visit for new clinicians and 1 year thereafter.
- Projects must utilize SEALS (Seals Efficiency Assessment for Locals and States) software and report quarterly (January 15, 2010; April 15, 2010; July 15 2010 and October 15, 2010) to the Michigan Department of Community Health, Oral Health Division. Timely reporting and indicators of success in increasing dental sealant placement for the target population, barriers encountered and methods used to overcome barriers, strengths and weaknesses of the program, methods to improve access to oral health services for children with special needs and the development of a dental referral network, number of children referred and the number of children receiving care are goals of this grant.
- Projects 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=

- Projects must adhere to OSHA and MIOSHA standards as well as to CDC guidelines on infection control and hand washing. <http://www.cdc.gov/ncidod/dhqp/guidelines.html>
- 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 MDCH Oral Health Program training course, in Lansing, Michigan, that includes Sealant Efficiency Assessment for Locals and States (SEALS) software for data collection.
- Projects must be conducted within the State of Michigan.

E. Work Plan (20 points): The work plan must include goals and objectives, a time line, and persons responsible. The work plan should include all points listed in “D. Grant Narrative” on page 12.

F. Project Sustainability (5 points)—The proposal must demonstrate the capacity to sustain services beyond the one year funding cycle. In kind contributions of staff time and other resources are expected both from the applicant and from project partners.

SMILE! Michigan – Form 1
School-Based/School-Linked Dental Sealant Program
Notice of Intent to Apply for Funding Form (NOIAF)
School Year 9/09 – 9/10
Due April 17, 2009 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, FQHC or Community Clinic
 { } Dental, Dental Hygiene or Assistant Component
 { } School of Dentistry or Hygiene
 { } Other (please specify) _____

Contact Person _____

Title _____

Mailing Address _____

City: _____ County: _____ Zip: _____

Telephone: _____ FAX: _____

E-mail Address _____

Estimated state funds to be requested \$ _____

Signature _____ Date _____

Print Name and Title _____

Fax (517) 335-8697 or e-mail (hartt2@michigan.gov) this form to:
MDCH/Oral Health

Application Cover Sheet
School-Based/School-Linked Dental Sealant Program Application
Application Due: May 8, 2009

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: _____

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 2 SMILE! Michigan Project

County	Healthy Kids County*?* Y= Yes N= No	HPSA* Y=Yes N=No	Name of School**	Free & Reduced School Lunch Program % per School***	Total # of 1 st Grade Students	Total # of 2 nd Grade Students	Total # of 6 th Grade Students	Total # of 7 th Grade Students

Attach additional sheets, as needed.

*A map of Healthy Kids Counties can be found at: http://www.michigan.gov/documents/mdch/HKD_counties_May_2008_233569_7.pdf

*A map of HPSA County Designation can be found at:
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: [CEPI - 2006-2007 Free and Reduced Lunch \(FRL\)](#) Click on Building Data; Fall07/Spring09.

Form 3 Budget Page Worksheet

Instructions: Utilize this sheet to determine the estimated costs and revenue for your SMILE! Michigan sealant program. This sheet should be turned in but does not replace the completion of the DCH 0385 and 0386 budget forms attached at the end of this application.

Must be completed and submitted with the application.	TOTAL PROJECT BUDGET Enter the total program budget	SMILE! Michigan Funding REQUEST	IN-KIND SUPPORT And MATCH FUNDING From all sources
PERSONNEL (Name, Position, FTE-Full Time Equivalent)			
TOTAL SALARIES			
TOTAL FRINGE BENEFITS			
TOTAL PERSONNEL:			
CONTRACTED STAFF COSTS: (Name, Position and FTE-Full Time Equivalent)			
SUPPLIES: (Itemize)			
TRAVEL: (Itemize personnel, miles, destination and rate)			
EQUIPMENT: (Itemize)			
OTHER: (Itemize)			
TOTAL EXPENSES:			
EXPECTED MEDICAID (Non-Healthy Kids)			
REIMBURSEMENT--SEALANTS:			
\$15.12 per sealant X 3 X # _____ children			
(the expected amount of sealants placed is 3 per child)			
EXPECTED MEDICAID (Non-Healthy Kids)			
REIMBURSEMENT—TOPICAL FLUORIDE:			
\$13.23 per application X # _____ children			
EXPECTED MEDICAID – Healthy Kids			
REIMBURSEMENT--SEALANTS:			
\$27.00 per sealant X 3 X # _____ children			
(the expected amount of sealants placed is 3 per child)			
EXPECTED MEDICAID – Healthy Kids			
REIMBURSEMENT—TOPICAL FLUORIDE:			
\$23.00 per application X # _____ children			
OTHER FUNDING EXPECTED:			
TOTAL REIMBURSEMENT EXPECTED:			

PROGRAM BUDGET – COST DETAIL SCHEDULE

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

View at 100% or Larger
Use **WHOLE DOLLARS** Only

Page Of

PROGRAM		BUDGET PERIOD		DATE PREPARED
		From:	To:	
CONTRACTOR NAME		BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		AMENDMENT #
1. SALARY & WAGES POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
1. TOTAL SALARIES & WAGES:		0	\$ 0	
2. FRINGE BENEFITS (Specify) <input type="checkbox"/> FICA <input type="checkbox"/> LIFE INS. <input type="checkbox"/> DENTAL INS. COMPOSITE RATE <input type="checkbox"/> UNEMPLOY INS. <input type="checkbox"/> VISION INS. <input type="checkbox"/> WORK COMP. AMOUNT 0.00% <input type="checkbox"/> RETIREMENT <input type="checkbox"/> HEARING INS. <input type="checkbox"/> HOSPITAL INS. <input type="checkbox"/> OTHER (specify) _____				2. TOTAL FRINGE BENEFITS: \$0
3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)				3 TOTAL TRAVEL: \$0
4. SUPPLIES & MATERIALS (Specify if category exceeds 10% of Total Expenditures)				4. TOTAL SUPPLIES & MATERIALS: \$0
5. CONTRACTUAL (Specify Subcontracts/Subrecipients) Name Address Amount				5. TOTAL CONTRACTUAL: \$0
6. EQUIPMENT (Specify items)				6. TOTAL EQUIPMENT: \$0
7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures)				7. TOTAL OTHER: \$0
8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:		\$ 0
9. INDIRECT COST CALCULATIONS		Rate #1: Base \$0 X Rate 0.0000 % Total		\$ 0
		Rate #2: Base \$0 X Rate 0.0000 % Total		\$ 0
		9. TOTAL INDIRECT EXPENDITURES:		\$ 0
10. TOTAL EXPENDITURES (Sum of lines 8-9)				\$ 0
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-0386 (E) (Rev 05-08) (W) Previous Edition Obsolete. Use Additional Sheets as Needed				

ATTACHMENT B

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

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.

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

- I. Expenditure Category – 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. Salary 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 Costs
 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.

ATTACHMENT B

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
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.**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
III. PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM
PREPARATION

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. Salary 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. Comments - Enter information to clarify the position description or the calculation of the positions salary and wages or fringe benefits, (i.e., if the employee is limited term and/or does not receive fringe benefits).
- I. 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.
- J. Total Salary - Compute and enter the total salary cost by multiplying the number of positions required by the annual salary.

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

- K. Salary and Wages Total - Enter a total in the Positions Required column and the Total Salary and Wages column. The total salary and wages amount is transferred to the Program Budget Summary - Salary and Wages expenditure category. If more than one page is required, attach an additional DCH 0386.
- L. Fringe Benefits – Check applicable fringe benefits for employees assigned to 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 Salary and Wages 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 Salary 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 - as part of the 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 for each 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

ATTACHMENT B

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

the subrecipient contractor. 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(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 specified. . Minor items may be identified by general type of cost and summarized as a single item on the Cost Detail Schedule to arrive at a total Other Expenses category. Significant groups or subcategories of costs are described as follows and should be individually identified in the space provided (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).**
1. Communication Costs - Costs of telephone, telegraph, data lines, Internet access, websites, fax, email, etc., when related directly to the operation of the program.
 2. 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.

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

3. 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 to be included in this category.
 4. 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.
- R. Total Direct Expenditures – Enter the sum of items 1 – 7 on line 8.
- S. Indirect Costs Calculations - **Enter the allowable indirect costs for the budget.** Enter the base amount. Indirect costs can only be applied if an approved indirect costs 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 costs rate. **Detail on how the indirect costs was calculated must be shown on the Cost Detail Schedule (DCH-0386).**
- T. 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 (B) 7/01/xx		Page (C) 1	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 ORIGINAL AMENDMENT ►			AMENDMENT # 1
CITY Acme	STATE MI	ZIP CODE 44444	FEDERAL ID NUMBER (H) 38-1234567			
(I) EXPENDITURE CATEGORY						(K) TOTAL BUDGET (Use Whole Dollars)
1. SALARY & 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
EXAMPLE						
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.

PROGRAM BUDGET – COST DETAIL SCHEDULE

View at 100% or Larger

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Use **WHOLE DOLLARS ONLY**

(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 ORIGINAL AMENDMENT		AMENDMENT #
(G) 1. SALARY & WAGES POSITION DESCRIPTION	(H) COMMENTS	(I) POSITIONS REQUIRED	(J) TOTAL SALARY	
Nurse	9 month position	1	25,000	
Project Director		.5	18,000	
(K) 1. TOTAL SALARY & WAGES:		1.5	\$ 43,000	
(L) 2. FRINGE BENEFITS (Specify) FICA LIFE INS. DENTAL INS COMPOSITE RATE UNEMPLOY INS. VISION INS. WORK COMP AMOUNT 26% RETIREMENT HEARING INS. HOSPITAL INS. 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 \$45				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) <u>Subcontractor Name</u> <u>Address</u> <u>Amount</u> ACME Evaluation Services 555 Walnut, Lansing, MI 48933 \$ 2,000 <u>Subrecipient Name</u> Health Care Partners 333 Kalamazoo, Lansing, MI 48933 \$ 1,500				5. TOTAL CONTRACTUAL:
				\$ 3,500
(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
(S) 9. INDIRECT COSTS CALCULATIONS		Rate #1: Base \$0 X Rate 0.0000 % Total		\$ 0
		Rate #2: Base \$0 X Rate 0.0000 % Total		\$ 0
		9. TOTAL INDIRECT EXPENDITURES:		\$ 0
(T) 10. TOTAL EXPENDITURES (Sum of lines 8-9)				\$ 109,080
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal opportunity		
COMPLETION: Is Voluntary, but is required as a condition of funding		employer, services and programs provider.		
DCH-0385 (E) (Rev 2-07) (W) Previous Edition Obsolete. Use Additional Sheets as Needed				

ATTACHMENT B. 3

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
CONTRACT MANAGEMENT SECTION

EQUIPMENT INVENTORY SCHEDULE

Please list equipment items that were purchased during the grant agreement period as specified in the grant agreement budget, Attachment B.2. Provide as much information about each piece as possible, including quantity, item name, item specifications: *make, model*, etc. 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. Please complete and forward this form to the MDCH contract manager with the final progress report.

Contractor Name: Michigan Agency Contract #: 2009000 Date: 10/31/08

Quantity	Item Name	Item Specification	Tag Number	Purchase Price
1	LW Scientific M5 Labscope	<ul style="list-style-type: none"> • Binocular • Trinocular with C-mount or eye tube • 35mm and digital camera adapters available • Diopter adjustment • Inclined 30 degrees (45 degrees available), rotates 360 degrees • 10X/20 high point eyepieces • Interpupillary distance range 50-75mm 	N0938438EW098	\$ 5,000
				\$
				\$
				\$
				\$
				\$
				\$
Total				\$ 5,000

EXAMPLE

Contractor's Signature: _____ Date: _____