



**Michigan Department of Community Health-
Oral Health Program**

**Request for Proposal
Fluoridation Equipment
2011**

Intent Due: February 15, 2011

Proposal Due: March 1, 2011

PROPOSAL BACKGROUND:

Fluoridation of a community water system is one of the most cost effective and efficient ways to reduce dental disease in a population. Over 60 years of research on this topic has proven community water fluoridation to be safe and effective in improving the oral health of the community's citizens.

The Michigan Department of Community Health Oral Health program is primarily looking to promote community water fluoridation by offering to reimburse communities currently not fluoridating for fluoridation equipment purchases for the sole purpose to initiate community water fluoridation in their community. Approximately \$60,000 is available from a generous gift from Delta Dental of Michigan.

Close to 7 million people in Michigan are benefiting from community fluoridated water. For those systems currently wishing to initiate this basic public health practice in their communities the Michigan Department of Community Health- Oral Health Program is providing grants to assist with the cost of purchasing and installing fluoridation equipment. The funds can be used for communities serving populations greater than 1000 and must be used for new or replacement fluoridation equipment purchased in the contract period of June 1, 2011- September 30, 2011.

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

GRANT PROPOSAL:

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

Michigan communities that have gone the longest without community water fluoridation will be given higher priority.

The funds must be used to purchase new or replacement fluoridation equipment to initiate or continue a fluoridation process for their water system. Testing equipment and engineering costs may also be included in the request. Building costs will not be allowed. Installation costs may be considered if funds allow. This will be for purchases of fluoridation equipment made only between June 1, 2011 and Sept 30, 2011.

The applicant can request up to **\$24,000** for new or replacement program fluoridation equipment costs, including testing equipment and engineering costs. A statement from the water supply owner or a water systems operator/engineer in charge will be required to verify the condition of existing fluoridation equipment and justification for its replacement or addition. The new equipment must be in place and in use for administering appropriate fluoride into the drinking water within 6 months from the invoice submission date.

At least two estimates from established fluoridation equipment suppliers or from a registered professional engineer in Michigan knowledgeable in fluoride chemical feed systems must be attached to the application. The estimates need to be from two different sources or companies. An estimate breakdown of the equipment being considered and cost of each piece must be included. See Attachment II. If dry product is being used please add separate sheet with breakdown of special equipment needed.

Water systems must apply for and receive an Act 399 (Michigan Safe Drinking Water Act) construction permit from the Michigan Department of Natural Resources and Environment (DNRE) before installation of any fluoride feed equipment.

The applicant should be a water system representative from a Michigan community, city, village or township and must provide evidence that fluoridation had been discussed with the public and a vote was favored for fluoridation either by the council or the public at large in the past or as a new project.

Community population size serviced by your community water system must be 1000 or above in order to be considered. This will be confirmed through DNRE records for 2010.

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

Grantees will be notified of the award by **May 18, 2011**.

Purchases must be made and invoices submitted for reimbursement between June 1, 2011 and September 30, 2011.

INSTRUCTIONS FOR GRANT PROPOSAL SUBMISSION:

Applicants should review all included materials and selection criteria.

Notification of Intent to Apply Due: February 15, 2011
Completed Applications Due: March 1, 2011

Applications should be typed or clearly printed.
3 copies must be submitted to:

MDCH - FCH
Oral Health Program
Attn: Susan Deming, R.D.H., B.S.
Education and Fluoridation Coordinator
201 Townsend St.
P.O. Box 30195
Lansing, MI 48909

Phone: (517) 373-3624 Fax: (517) 335-8697 or 8294
E-Mail: demings@michigan.gov

Applicants are responsible for the timely receipt of their proposal. **PROPOSALS RECEIVED AFTER THIS DATE, March 1, 2011, AND TIME, 5:00pm, WILL NOT BE CONSIDERED.**

ELIGIBLE APPLICANTS:

The applicant should be a water system representative from a Michigan community, city, village or township and must provide evidence that fluoridation had been discussed with the public and a vote was favored for fluoridation either by the council or the public at large in the past or as a new project. Health Departments may apply on behalf of their communities if verified by an authorized individual of the water system.

AVAILABILITY OF FUNDING:

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

Award requests **must not exceed \$24,000** for new or replacement project equipment. **Awards will be based on funds requested per population size.**

Awards will be available upon submission of estimates for **equipment to be purchased June 1, 2011-September 30, 2011.**

Any funds received by the recipient of the award but not spent for this specific purpose must be returned to the Michigan Department of Community Health. In submitting the application, the applicant assures that funds will be used exclusively for the intended program with these groups. 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 for an independent analysis, contracted at the discretion of MDCH to evaluate the relative merits of all programs funded.

CONTRACTOR RESPONSIBILITIES:

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

REIMBURSEMENT MECHANISM:

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

DISCLOSURE OF PROPOSAL CONTENTS:

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

ISSUING OFFICE:

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

USE OF FUNDS:

Funds available under this announcement for the Fluoridation Equipment Grant should be used only for costs involved for purchasing fluoridation equipment to initiate a community water fluoridation program or for purchases to replace worn out fluoridation equipment in existing fluoridating communities. Testing equipment and engineering costs are allowed. **Building and maintenance costs are not allowed.**

Any funds received by the recipient of the award but not spent for the specific purpose must be returned to MDCH. In submitting the application the applicant assures that funds will only be used for the intended 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 program expenses, staffing and operating expenses of funded programs. Relative merits of all programs funded will be evaluated.

LETTERS OF INTENT: Letters of Intent must be submitted. Any correspondence regarding the grant will only be sent to those that have submitted a letter of intent which could be submitted through e-mail, fax or regular mail. A note stating that your agency intends to apply is all that is needed. Contact

information for the person most directly involved with initiating the proposal must be included. **Letters of Intent are due February 15, 2011.**

QUESTION AND ANSWER PERIOD:

A proposal conference may or may not be held. Questions may be submitted electronically until **February 15, 2011.** E-mail responses will be prepared and sent to all parties who have submitted a letter of intent. To expedite the answers, include your fax number and e-mail address with your letter of intent.

SPECIFICATIONS:

All proposals must address or comply with the following specifications:

- Applicant must be a water system representative from a Michigan community, city, village or township.
- Evidence of a vote in favor of fluoridation by council or public vote must be attached to the application. Highlight the area of evidence in the attached document.
- Population of area serviced by community water system must be 1000 or above. Extra points awarded for systems with populations over 10,000.
- Must be requesting the award to reimburse for fluoridation equipment and engineering costs only associated with installing, testing or replacing said equipment as to initiate or continue a fluoridation program in their community water supply.
- Request for award cannot exceed **\$24,000** for new or replacement fluoridation equipment to include testing equipment and engineering costs. (Installation costs may be considered if funds allow).
- Awards will be based on appropriateness of population size.
- A statement from the water supply owner or a water systems operator/engineer in charge will be required to verify the condition of existing fluoridation equipment and justification for its replacement and/or addition.
- Two estimates for fluoridation equipment must be attached; either from established fluoridation equipment suppliers or from registered professional engineers in Michigan knowledgeable in fluoride chemical feed systems. These estimates must be from two different sources or vendors.
- The vendor chosen should be identified and breakdown of estimated costs per equipment item must be attached. Please be specific. See Attachment II. Please add separate sheet if dry product equipment is to be used.
- Water systems must apply for and receive an ACT 399 (Michigan Safe Drinking Water Act) construction permit from the Michigan Department of Environmental Quality before installation of any fluoride feed equipment. Evidence of such must be attached.

- The new equipment must be in place and in use for administering appropriate fluoride into the drinking water within 6 months from the invoice submission date.
- Notices of Intent must be received 14 days prior to submitting a grant application, but no later than February 15, 2011.
- Grantee contracts must be signed for June 1, 2011-September 30, 2011.
- Purchases and invoices for reimbursement of fluoridation equipment must be purchased and submitted between June 1, 2011- September 30, 2011.
- Chemical supply costs will be excluded.

SELECTION CRITERIA: Based on 100 point system

- **20 Points:** Community water system that has not fluoridated in the past will be given maximum points. Communities that may have fluoridated in the past and with a longer time span without fluoridation will be given higher points.
- **10 Points:** Community must have at least 1000 in population. Communities with populations over 10,000 receive maximum points.
- **10 Points:** Application is attached and filled out in entirety. Neatness and readability of application will earn maximum points. (*Attachment I*)
- **10 Points:** Evidence of council or community vote in favor of fluoridating attached. Area in document is highlighted for fluoridation approval evidence.
- **10 Points:** Request for award does not exceed \$24,000 for new or replacement fluoridation equipment. Award request is appropriate for population size.
- **10 Points:** Award request is for fluoridation equipment and engineering costs only. Building costs are not allowed. (Installation costs may be considered if funds allow).
- **10 Points:** Need for fluoridation equipment verification from the water system owner or a water system operator/engineer in charge is included. An extra attachment including this may earn maximum points.
- **5 Points:** Evidence that the water system will apply for and receive an ACT 399 (Michigan Safe Drinking Water Act) construction permit from the Michigan Department of Environmental Quality before installation of any fluoride feed equipment.
- **5 Points:** Two estimates for fluoridation equipment attached. (Either from established fluoridation equipment suppliers or from registered professional engineers in Michigan knowledgeable in fluoride chemical feed systems.) Two separate sources need to be used.
- **5 Points:** Budget forms are attached and filled out in entirety according to included instructions.

- **5 Points:** Vendor identified and attachment with breakdown of equipment costs is included. (*Attachment II*). The more detailed the breakdown the more points earned. You may use your own breakdown attachment if needed.

** The award of points will be variable based on the opinion of an independent reviewer.

DIRECTIONS FOR COMPLETING THE APPLICATION

Attachment I

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

ATTACHMENT I
FLUORIDATION EQUIPMENT 2009 GRANT APPLICATION

Water _____ **System** _____ **Name:** _____

Population Served by Water System: _____

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

Amount of Request: \$ _____

New Program **Replacement Equipment**

Name of Applicant Organization: _____

Federal Tax ID Number: _____

Authorized Official: _____

Title: _____

Mailing Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Telephone: (____) _____ **Fax:** (____) _____

E-mail Address: _____

Contact Person: _____

Title: _____

Mailing Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Telephone: (____) _____ **Fax:** (____) _____

E-mail Address: _____

Water _____ **System** _____ **Engineer:** _____

Title: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____

E-mail Address: _____

Check list: (Check all that apply)

- Applicant is a water system representative from a community, city, village or township. Health departments may apply on behalf of their communities.
- Population served by water system exceeds 1000.
- Evidence of council or public vote in favor of fluoridation attached.
- Request is for fluoridation equipment, testing equipment and engineering costs only and not for fluoride additives or building costs.
- Request for award does not exceed \$24,000 for new or replacement fluoridation program equipment.
- Two estimates for fluoridation equipment and engineering costs attached.
- Plans for acquiring ACT 399 construction permit from DNRE included.
- Verification for new or replacement equipment from water system owner or water system operator/engineer in charge is included.
- Attachment II- Breakdown of choice vendor estimated costs per piece of equipment attached.
- Information for all contact and supervisory persons included.
- Authorizing Entity signature included.

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

Authorized Individual (*Signature*) Printed Name

Date: _____

Attachment II
Estimates for Fluoridation Equipment
and Engineering Costs

Vendor Choice: _____

-Chemical feed pump(s)...	\$	
-Scale(s).....	\$	
-Bulk storage tank.....	\$	
-Day tank.....	\$	
-Transfer pump.....	\$	
-Electrical wiring.....	\$	
-Engineering costs.....	\$	
-Lab equipment for measuring Fl levels.....	\$	
-Misc costs.....	\$	
- Other:	\$	
 TOTAL ESTIMATED COSTS:	 \$	

Verification and Justification from water system owner or water system operator/engineer in charge:

Contact information of water system owner/operator/engineer in charge: (please print)

Name: _____
 Phone number: _____
 E-mail: _____
 Signature: _____

Instructions for Attachments B.1, B.2

Electronic versions of these forms can be obtained by contacting Susan Deming demings@michigan.gov 517 373-3624

(The Cost Detail form should be filled out first: B.2 -DCH 0386)

B.2: Program Budget-Cost Detail (DCH-0386)

- Program- Enter the title of the program: "Fluoridation Equipment"
- Budget Period: Enter the dates of the contract period; in this case June 1, 2011-Sept 30, 2011.
- Date Prepared: Enter the date form is filled out.
- Contractor Name: Enter the name of the applying agency.
- Budget Agreement: Check "original" agreement.
- Salary and Wages: Leave blank.
- Fringe Benefits: Leave blank.
- Travel: Leave blank.
- Supplies and Materials: Enter request amount here if under \$5000.
- Contractual: Leave blank.
- Equipment: Enter request amount here if over \$5000.
- Other Expenses: Leave blank.
- Total Direct Expenditures: Enter total amount here.
- Indirect Cost Calculations: Leave blank.
- Total All Expenditures: Enter total amount again here.
-

B.1: Program Budget Summary (DCH-0385)

- Program- Enter the title of the program: "Fluoridation Equipment"
- Date Prepared: Enter the date form is filled out.
- Page ___ of ___: Enter the total number of pages comprising the complete budget package; in this case should be 3.
- Contractor Name: Enter the name of the applying agency.
- Budget Period: Enter the dates of the contract period; in this case June 1, 2011-Sept 30, 2011.
- Mailing Address: Enter the complete address for contact purposes.
- Budget Agreement: Check "original" agreement.
- Federal Identification Number: Enter Federal Tax ID number or Employer ID Number (EIN).
- Expenditure Category: Enter the total amount you are spending on fluoridation equipment in the first column under "Supplies and Materials if the amount is less than \$5000. Enter the total amount you are spending on fluoridation equipment in first column under "Equipment" if the total is over \$5000. Then enter the total again in the last column under "Total Budget".
- Total Expenditures: This will be the sum of above.
- Source of Funds: Enter your request total under line 12- State Agreement in first and last columns. If you are receiving additional funding from other sources you can put that here in the appropriate line item. If your agency or community budget is covering the remaining costs put this under "other".
- Total Funding: Enter the sum of lines 11-15 on line 16. The total funding amount should be equal to line 10-total expenditures.

Grantee Reporting Requirements

- Grantee is to submit invoices for fluoridation equipment purchased between June 1, 2011 and September 30, 2011 to contract manager by September 30, 2011.
- **All award recipients must sign-up through the on-line vendor registration process to receive all State of Michigan payments in the form of Electronic Funds Transfers (direct deposits), as mandated by PA 533 of 2004. Vendor registration information is available through the Department of Management and Budget's web site:**
<http://www.cpexpress.state.mi.us/>
- A Financial Status Report and an Equipment Inventory Schedule are to be submitted by October 15, 2011 to oral health program contract manager and MDCH.
- This equipment must be in place and administering appropriate fluoride into the drinking water within 6 months from the invoice submission date.
- Oral health contract manager will follow up on installation and administration of equipment within 6 months of invoice submission date.
- MDCH-Oral Health will be available for any technical assistance.

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		AMENDMENT #
		<input type="checkbox"/> ORIGINAL	<input type="checkbox"/> AMENDMENT	
1. SALARY & WAGES POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY	
			\$0	
			\$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)				
<u>Name</u>	<u>Address</u>	<u>Amount</u>		
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
		Rate #2: Base \$0 X	Rate 0.0000 %	Total
		9. TOTAL INDIRECT EXPENDITURES:		\$ 0
				\$ 0
10. TOTAL EXPENDITURES (Sum of lines 8-9)				\$ 0
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal opportunity employer, services		
COMPLETION: Is Voluntary, but is required as a condition of funding		and programs provider.		
DCH-0386 (E) (Rev 05-08) (W) Previous Edition Obsolete. Use Additional Sheets as Needed				

