

**Rhode Island Department of Health**

Three Capitol Hill

## Providence, RI 02908-5094

[www.health.ri.gov](http://www.health.ri.gov)

### Memo

**To:** Mini Grant Application

#### **From:** Veronica Rosa-DaFonseca, Sealant and Fluoride Coordinator

#### **Date:** October 3, 2018

**Re:** **SEAL RI! School Sealant Programs**

The Rhode Island Department of Health (RIDOH) is offering mini-grants to qualified community-based organization to continue The SEAL RI! School-Based Dental Sealant Program (CDC grant). SEAL RI! is a school-based/linked dental sealant program that targets elementary schools across the state that have 50% or greater of their children eligible for the Free and Reduced School Meal Program. This initiative addresses the disproportionate oral disease burden on RI school aged children who lack access to optimal preventive dental services.

 Mini-grants will be in amounts between $2,500 and $4,999. The Oral Health Program has a total of $35,000 budgeted to fund 5-7 mini-grant applications. The scope of work includes:

1. Distribute Consent Forms,
2. Confirm Parental consent and medical history,
3. Conduct Dental Assessment,
4. Place sealant(s),
5. Collect data and

6. Invoice monthly.

 Please submit an application and an agency W-9 **October 26, at 4:00pm.** via email to Veronica Rosa-DaFonseca at: v.rosadafonseca@health.ri.gov.

 W-9 forms are required at time of submission to ensure the timely processing of grant awards. W-9 forms must be signed and dated within the past six months.

Please review and/or complete the following:

* Mini-grant Application
* Mini-grant Technical Review Scoring Sheet
* [W-9](http://www.purchasing.ri.gov/rivip/publicdocuments/fw9.pdf)

Agencies will be notified of grant acceptance within 1 week of the application deadline. Mini-grant activities must be completed by **August 31, 2019**. The Program invoices must be submitted no later than 30 days after the project end date. We look forward to hearing from you regarding this opportunity.



**Rhode Island Department of Health Oral Health Program**

**SEAL RI! School Sealant Program**

**Scope of Work**

The purpose of this mini grant opportunity is to support the activities of SEAL RI! a school- based/linked dental sealant program that targets elementary schools across the state that have 50% or greater of their children eligible for the Free and Reduced School Meal Program. This initiative addresses the disproportionate oral disease burden on RI school aged children who lack access to optimal preventive dental services.

**Distribute Consent Forms**

Parental consent forms in English and Spanish will be distributed at least two weeks prior to the date for the dental exams. The consent forms will explain the program in the two languages and will ask parents for medical history information and dental insurance status of their child.

**Confirm Parental consent & medical history**

The returned parental consents are reviewed for completeness and followed up as needed. If the consent form is positive but incomplete, the DH/DA/Coordinator working at the school will follow-up with the parent to complete the form. Proper follow up and outreach will be performed to increase the rate of returned consent forms.

**Conduct Dental Assessment**

The dental exams for sealant eligibility will be performed by a RI licensed dentist, in cooperation with school personnel. The dental exam will be conducted in a setting provided by the school. The dentist and assistant will be responsible for providing the proper equipment to complete the exam phase of the program. The teeth determined to be eligible for sealants will be indicated on an exam form that will become a permanent record, and will be given to the hygienist assigned to the school.The grantees will provide screening/sealant treatment, regardless of dental insurance status/ability to pay.

**Sealant Placement**

A licensed hygienist will place the sealants that are prescribed by the examining dentist in a timely fashion after the dental exams. The hygienists will use portable dental equipment that is capable of allowing the placement of clinically acceptable sealants. Sealants must be provided for at least 80% of 1st molar teeth prescribed for sealant placement at the baseline examination within 3 months following the examination.

**Data Collection**

The data regarding exams and sealants will be collected and provided to the RIDOH on a quarterly basis through the KIDSNET database.

**Reporting**

Monthly invoices due to RIDOH by the tenth of each month.

\*Funds cannot be used for the purchase of food, beverages, or incentives.



**Division of Community Health & Equity**

**SEAL RI! School Sealant Program Programs**

**2018 Mini-Grant Application Form**

**Instructions: Please read through each of the following section prompts and complete either in the given template or in another document.**

**SECTION I: AGENCY CAPACITY (10 points)**

Briefly Provide a description of your organization and your program’s history, mission and services provided. Include a history of any school-based dental sealant initiatives your program has participate in experience in providing services, support, and engagement with school based sealant.

**SECTON II: SCOPE OF WORK & SUSTAINABILITY (20 points)**

Provide a summary of the proposed project and project goals. Discuss plans on how the project and/or related activities will be sustained after funding ceases. If you have previously received funding from the RI Oral Health Program SEAL RI! School Sealant Program, please describe your success in achieving the outlined aims and goals. What were other sources of funding (if any)?

**SECTION III: PERSONNEL (10 points)**

Describe who will work on the project and their experience working in this area.

**SECTION IV: Work Plan (30 points)**

Describe in detail the logistics of your program, including education, prevention and how each of these will be implemented. This includes the step taken to implement and carry out he program. Explain how these steps will increase participation rates.

**SECTION V: BUDGET NARRATIVE (25 points)**

Please briefly describe your proposed budget expenses for this project. The maximum allowable budget for this project is $4,999. Note: Due to federal budget restrictions, mini-grant funds may not be used for the purchase of food or beverages.

|  |  |
| --- | --- |
| **Mini-Grant Budget Template (20 points)****SEAL RI! School Sealant Program Programs**  |  |
| BUDGET Period December 1st, 2018 through August 31, 2019 |  |
| Organization:  | **Amount** |
| 1. **GRANT FUNDS: EXPENSE CATEGORY**
 |  |
| 1. **Data Collection**
 |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| \*up to 959 Children sealants @ 2.50 per sealant |  |
| \*Grantees can have up to 1,300 screening @ 2 per screening  |  |
| \*Funds can be used data collection |  |
| \*\*Funds cannot be used for the purchase of food, beverages, or incentives |  |
| **Total Marketing/Recruitment:** |  |
| **TOTAL AMOUNT REQUESTED (may not exceed $4,999)** |  |

**Return via email, fax, or in person no later than October 26, 2018 to:**

Veronica Rosa-DaFonseca, Sealant and Fluoride Coordinator

Rhode Island Department of Health, Room 302

Telephone: 401-222-2744

Fax: 401-222-1442

Email: v.rosadafonseca@health.ri.gov

## h_seal_Kc

## Rhode Island Department of Health

**SEAL RI! School Sealant Program**

## 2018-19 Mini-Grant

## Technical Review Scoring Sheet

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |
| --- | --- | --- |
| Criterion 1: Agency Capacity | **Maximum Points** | **Score** |
| The applicant demonstrates that it is qualified and experienced in working with School Sealant Program. | 5 |  |
| The applicant demonstrates previous experience conducting Screening and Placement of Sealant in schools. | 5 |  |

Criterion 1 Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Criterion 2: Scope of Work & Sustainability | **Maximum Points** | **Score** |
| The applicant identifies clear goals to carry out scope of work.  | 5 |  |
| The applicant demonstrates capacity to embed School Sealant programs into daily activities. | 10 |  |
| The applicant provides a realistic plan for sustaining activities beyond this funding period. | 5 |  |

Criterion 2 Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Criterion 3: Personnel | **Maximum Points** | **Score** |
| The applicant has internal staff to be conduct and carry out Sealant at school settings. | 10 |  |

Criterion 3 Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Criterion 4: Work Plan | **Maximum Points** | **Score** |
| Work Plan is realistic and appropriate for scope of project.  | 30 |  |

Criterion 4 Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Criterion 5: Budget  | **Maximum Points** | **Score** |
| The applicant presented a cost-effective budget that reflects appropriate expenses to accomplish project goals.  | 25 |  |

Criterion 5 Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Reviewers Recommendation Summary

**Total Score**: \_\_\_\_\_ (not to exceed 95 points)

Has the required minimum score of 80 been met? \_\_\_\_\_ Yes\* \_\_\_\_\_ No

\*Additionally, mini-grant application must meet minimum requirements in the Scope of Work section.

Reviewer’s Recommendation: \_\_\_\_ Recommended \_\_\_\_ Not Recommended

**Criteria Scoring**

|  |  |  |
| --- | --- | --- |
| **Criterion** | **Maximum Score** | **Reviewer’s Score** |
| 1. Agency Capacity  | 10 |  |
| 2: Scope of Work & Sustainability | 20 |  |
| 3. Personnel | 10 |  |
| 4. Work Plan | 30 |  |
| 5. Budget  | 25 |  |
| **Total** | **95** |  |