

## Idaho Supports Oral Health Workforce Activities Subgrant Solicitation Application 2019

Organization:	Tax ID Number:
Contact Name:	Contact Title:
Address:	City & Zip:
Contact Phone:	Contact Email:
Person Completing Application:	Role:
<p>D-U-N-S Number: (Dun &amp; Bradstreet (D&amp;B) provides a D-U-N-S Number, a unique nine-digit identification number, for each physical location of your business. D-U-N-S Number assignment is FREE for all businesses required to register with the US Federal government for contracts or grants.)</p>	

**Applications must be received by 5:00 p.m. M.T., Friday, March 15, 2019**

All applications will be scored by a minimum of three individuals. Application scores will be based on the entity's ability to illustrate capacity in the seven areas listed below.

1. **Current environment:** Briefly describe the current environment: internal/external (e.g., existing efforts to address Dental HPSAs, state or federal funding already received by program, political climate, and organizational culture). **(18 points)**
2. **Reach:** Describe the location of where the project will be carried out and the potential reach of it overall. **(18 points)**
3. **Potential barriers and/or challenges:** Briefly describe any potential barriers or challenges to implementation (e.g., staff buy-in, competing priorities, number of employers, limited staff time, etc.) and how your organization might overcome them. **(18 points)**
4. **Implementation resources available:** List or summarize the resources available to facilitate successful implementation (e.g., partnership with organization, other funding). **(18 points)**
5. **Roles and responsibilities:** Identify key individuals who will assist in the development and implementation of the selected activities and overall project. Each individual identified in the following table will be required to attend the kick-off conference call on Friday, April 5, 2019. See *solicitation document for more information.* **(18 points)**

Role	Key Person Name and Job Title
Project Director	
Supervising Dentist	
Organizational Decision Maker (e.g. COO or CEO)	
Other key staff <i>optional</i> (e.g. dental hygienist)	

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Role	Key Person Name and Job Title
Other key staff <i>optional</i> (e.g. practice manager)	
Other key staff <i>optional</i> (e.g. dental assistant)	

6. **Budget:** Please provide a budget which follows the template provided on page 3. Include a justification narrative to support each budget item requested. Please ensure the budget allocation addresses the following (see solicitation document for more information). **(10 points)**
  - Personnel time to address the selected project strategies/activities listed in the solicitation
  - Personnel time to participate in routine subgrantee calls
  - Personnel time to complete required reporting
  - Funds to support any marketing, media, or other operating costs
  
7. **Priority Counties:** Please list the Dental Health Professional Shortage Areas (Dental HPSAs) you plan to serve with the project.
  
8. **Letter of Support: (as part of the appendices):** Please include a letter of support from the administration of the applicant organization (i.e., CEO, CFO, Executive Director, etc.). Letters of support can make an application more competitive and demonstrates organizational commitment to the project. **(Not scored)**

**Applications should be sent electronically to:**

Misty Robertson, Health Program Specialist [Misty.Robertson@dhw.idaho.gov](mailto:Misty.Robertson@dhw.idaho.gov)

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All material submitted or developed becomes the property of the Idaho Department of Health and Welfare’s Bureau of Community and Environmental Health (BCEH). Any materials developed and printed within the scope of this grant are required to use the following language. “This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1.6 million with 40 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.”

## Budget Narrative Template Budget Summary

Item	Total Amount
A. Personnel	\$0.00
B. Operating	\$0.00
C. Indirect costs	\$0.00
<b>TOTAL REQUESTED</b>	<b>\$0.00</b>

### Itemized Budget

#### A. Personnel

Personnel	Total Hourly Rate*	Number of Hours	Total	Amount Requested
Name, Job Title	\$/hr			\$0.00
Name, Job Title	\$/hr			\$0.00
Name, Job Title	\$/hr			\$0.00
Please insert any necessary lines				
<b>TOTAL</b>				<b>\$0.00</b>

\*includes fringe

#### Justification:

*For each person listed above, please provide a justification.*

#### B. Operating: (marketing, printing, patient education materials, facility rentals, travel costs, etc.)

Expense description	Unit Description**	Cost	Number of Units	Total	Amount Requested
Patient Education Materials	Number of brochures	\$			
Supplies	Number needed	\$			
Insert Additional Lines as Needed		\$			
<b>TOTAL</b>					<b>\$0.00</b>

\*\*unit description: e.g. number of brochures, number of facility rentals, number of education materials, number of miles traveled, etc.

#### Justification:

*For each line item listed above, please provide a justification.*

#### C. Indirect Costs:

*Please provide a justification of indirect costs, if included in the budget. This can include a copy of an approved cost allocation plan or a copy of an approved indirect rate. The subgrantee can also elect to charge a de minimis rate of 10% of modified total direct costs.*

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**D. Project Match:** (Match may be in the form of salaries, fringe, indirect costs, dental procedures, equipment or supplies, and mobile clinic or program space. For question regarding match please contact Misty Robertson at [Misty.Robertson@dhw.idaho.gov](mailto:Misty.Robertson@dhw.idaho.gov))

Item	Total Amount
D. Personnel	\$0.00
E. Operating	\$0.00
F. Indirect costs	\$0.00
G. Meeting Space, Dental Procedures, Equipment or Supplies	\$0.00
H. Insert rows as needed for additional match costs	\$0.00
<b>TOTAL MATCH</b>	<b>\$0.00</b>

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