

Claude W. Benedum School-Community Partnerships for Children's Oral Health



Application Form for School-Community Projects

This Project is a partnership supported by the Claude Worthington Benedum Foundation.
It is managed by the Robert C. Byrd Center for Rural Health at Marshall University.

INTRODUCTION

In 2009 a partnership between the Appalachian Regional Commission, the Claude Worthington Benedum Foundation, and the WV Governor's Office began that awarded grants to support collaborative efforts for improving the oral health of youth through school-based/linked dental services. This partnership continues today with additional funding provided by the Benedum Foundation to support new or existing oral health services. This is a competitive grant process. To improve funding chances, cash and in-kind matching dollars are strongly recommended.

One - time funding will be awarded for:

- Portable or permanent dental equipment and/or related capital expenses.
- Costs related to starting up the project, such as stipends, travel, and supplies.
- Approximately 6 Grant Awards will be made in the range of \$5,000-\$12,000.
Refer to the sample budget on page 7 for more details.

Programs Must Include

1. A partnership of at least two community-based organizations, one of which must be a 501.c3 or a governmental agency.
2. A sealant portion focused on 2nd/3rd and 5th/6th grades.
3. A fluoride rinse program (if one is not currently in existence.)
4. Referral for establishment of a dental home for each child.
5. Willingness to report data and participate in a statewide outcome evaluation, such as surveillance/monitoring as recommended by the CDC/BSS.
6. A 24-month activity plan.
7. Local dentist/dental society collaboration, where one is in existence.

TIMELINE

Grant Applications Due-
March 21, 2012

Award Announcement-
May 2012

**Programs will begin Fall
2012 and follow the school
calendar, for a two-year
cycle**

Examples of Non-Profit Organizations

- **School system**
- **Primary Care
Centers**
- **County Extension
Offices**
- **County Health
Departments**
- **Community Colleges**
- **Regional or State
Non-Profit
Organizations**

APPLICATION PROCESS

1. Complete the application using the guidelines in the *Application Guide* below.
2. The application process will be open until March 21, 2012. **Applications must be received by the end of the working day March 21, 2012.**
3. Resources pertaining to school-community oral health programs, which can provide assistance during the grant process, can be found on the Marshall University School Health Technical Assistance Centers website: <http://livewell.marshall.edu/mutac/>
4. Submission: Applications may be emailed or faxed to Bobbi Muto at bjmuto.steele@marshall.edu / 304-691-1183.

If you have any questions, concerns or need assistance at any time with the application process, please contact Bobbi Jo Muto: 304-542-9592 / bjmuto.steele@marshall.edu

APPLICATION GUIDE

Please address the following points in the narrative portion of your proposal. The narrative should not be more than five pages long, double-spaced. This is not including the project summary page, implementation chart, and budget worksheets. Applications that do not follow this guide will receive a lower score.

1. Complete the *Project Summary Page*. It is on page 5 of this application guide, and should serve as the cover sheet to your application.
2. Establish a steering committee for this project. List the names of the people and their organizational affiliation, if any, who are involved in your steering committee. We encourage a broad representation from your area. **Representation from the local school or district and a local dental society/local dentist is required.** Application will be strengthened by representation of two or more other organizations.
3. Describe the background for your proposal. Include how the steering committee was established; the interest that each organization has in children's oral health; what is to be accomplished by this grant application; and current obstacles and barriers to oral health.
4. Describe the need using county demographics and include, at a **minimum**, the number of people in your county; number of dentists; and socio-economic status of target population.
5. State who is the target population(s) for your proposal and the number of population projected to reach.
6. Briefly describe the services you intend to provide and the process by which they will be provided. *Note that a sealant portion focused on 2nd/3rd and 5th/6th grades, a fluoride rinse program (if one is not currently in existence), and referral to a dental home process are **required** in the proposal.*
7. Write an implementation plan using the format of the *Implementation Table* on page 6. Remember that the plan should be for 24 months, using the school year cycle.
8. Describe your sustainability plan. Be sure to include billing efforts and outreach to local funding sources.
9. Present a budget, noting any cash or in-kind matches and the sponsoring organization. **Note: matching funds will strongly improve chances for successful funding of your application.** Awards will typically range from \$5,000 to \$12,000. Requests for salary stipends are not to exceed more than 50% of total budget. Travel costs are only for in-state travel that pertains directly to the project. See the attached budget sample for how to prepare the budget.

Project Summary Page

Lead Agency _____

Address _____

City _____ **Zip Code** _____

Phone (____) _____ **Fax**(____) _____

County/Counties Served _____

Project Contact _____ **email** _____

Address _____ **Phone** _____

(If different than above)

Funding Requests

Total Amount Requested \$ _____

Brief Project Summary (200 words or less)

Steering Committee Members-list members involved in the project process, along with their signature of commitment; add additional pages if needed.

<u>Member Name</u>	<u>Title/Agency represented, if any</u>	<u>Signature of Commitment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SAMPLE BUDGET

Non-Equipment		Total	
ITEM	LOCAL MATCH	REQUESTED From BENEDUM	TOTAL
Stipends-			\$8,000
Program Coordinator		\$4,000	
Dentist	\$2,000	\$2,000	
Travel			\$3,000
to/from SBHC	\$300	\$2,000	
Attend in-state oral health conference		\$200	
Project presentation at a state health conference		\$500	
Disposable Supplies			\$2,000
Gloves, gauze, napkins	\$1,000	\$1,000	
TOTAL	\$3,300	\$9,700	\$13,000.00

Equipment *

ITEM	Local Match	REQUESTED From BENEDUM	<i>Total</i>
Curing Light	\$500	\$1,000	\$1,500
Statium Autoclave		\$500	\$500
2 RDH Handpieces	\$500	\$500	\$1000
TOTAL	\$1,000	\$2,000.00	\$3,000

*Complete Chart below for existing equipment that will qualify for in-kind matches

Existing Equipment- Matching	Approximate or Actual Value
Mirrors, Scalers, Hand Instruments	\$4,000
Portable Chair and unit	\$9,000
High Speed x 2	\$6,000

(add additional lines as needed)

Total Non-Equipment Requested	\$9,700
Total Equipment Requested	\$2,000
TOTAL AMOUNT REQUESTED	\$11,700

Budget Summary Page for _____

Non-Equipment		Total	
ITEM	LOCAL MATCH	REQUESTED From BENEDUM	TOTAL
<i>Stipends-</i>			
<i>Travel</i>			
<i>Disposable Supplies</i>			
TOTAL			

Equipment *			
ITEM	Local Match	REQUESTED From BENEDUM	<i>Total</i>
TOTAL			

*Complete Chart below for existing equipment that will qualify for in-kind matches

Existing Equipment- Matching	Approximate or Actual Value

(add additional lines as needed)

Total Non-Equipment Requested	\$
Total Equipment Requested	\$
TOTAL AMOUNT REQUESTED	\$