



**Local Health Department Grant Application
FY 2024 Oral Health Grants**

Grant Period: July 1, 2023 – June 30, 2024

Grant Application Deadline: May 12, 2023

**Maryland Department of Health
Prevention and Health Promotion Administration
Cancer and Chronic Disease Bureau
Office of Oral Health**

All applications must be submitted electronically via e-mail attachment to mdh.ugaoralhealth@maryland.gov. In your email's subject line, please reference your organization name and "FY 2024 ODIP Application."

Component 1: Oral Disease & Injury Prevention

Name of Local Health Department: _____

Amount of Funds Requested: _____

Contact Information:

Contact Position	Name	Phone	Email
Program Contact:			
Quarterly Report Contact:			
Fiscal Report Contact:			

Please complete the following:

- ☐ Grant application
- ☐ Work Plan (Attachment A)
- ☐ Budget Narrative (Attachment B)
- ☐ 4542 Budget Package (Attachment C)

Section A: Program Description

1. Please select the objectives you intend to address (check all that apply):

- ☐ Increase capacity to treat Medicaid beneficiaries.
- ☐ Reduce the proportion of children and adolescents with dental caries experience in their primary or permanent teeth.
- ☐ Reduce the proportion of children and adolescents with untreated dental decay.
- ☐ Reduce the proportion of adults with untreated dental decay.
- ☐ Reduce the proportion of pregnant patients with untreated dental decay.

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- ☐ Increase the proportion of low-income children and adolescents who receive any preventive dental service during the past year.
- ☐ Increase the proportion of children and adolescents who receive dental sealants.
- ☐ Increase the proportion of adults who receive oral and pharyngeal cancer screenings and tobacco cessation education and referrals from a dentist or dental hygienist.
- ☐ Increase the proportion of adults who receive any preventive dental service.
- ☐ Increase the proportion of pregnant and post-partum patients who receive any preventive dental service.

2. Provide a comprehensive description of the proposed program, including needs the program addresses, potential impact on the community, as well as a description of services and strategies for implementation. (If applicants propose partnerships, these should be described in this section.)

3. If a project includes dental caries screenings and/or examinations as part of its planned activities in an off-site program for children: Provide a description of how appropriate care coordination will be conducted for any child found to be at high risk for dental decay.

4. If a project includes oral cancer screenings and/or examinations as part of its planned activities: Provide a description of how appropriate care coordination for any suspicious lesion found during the screening/examination will be conducted. This must include a documented system of care coordination, which must be in place when referring a patient for a surgical biopsy and/or linkage to treatment.

5. Describe the organizational capacity, including staff, organizational structure, and relevant experience successfully implementing the proposed activities.

6. Discuss the intended target population, summarize their needs, and elaborate on strategy(ies) for outreach.

7. Describe any challenges anticipated for the project (COVID-19, staffing, etc.) and how those challenges will be addressed.

8. If your organization received an ODIP grant in the previous fiscal year, share a success story highlighting your program's achievements.

Section B: Program Components and Anticipated Reach

Please check all that apply and provide the corresponding anticipated reach numbers.

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On-Site Clinical Services

_____ # Children Served (Unduplicated)
_____ # Adults Served (Unduplicated)
_____ # Oral Cancer Screenings
_____ # Receiving Tobacco Cessation Education and/or Referrals
_____ # Pregnant Patients Served (Unduplicated)

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Off-Site Oral Health Programs

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School-Based | Linked | Community Oral Health Services

_____ # Children Served (Unduplicated)

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Off-Site Oral Cancer Screening Program

_____ # Oral Cancer Screenings

_____ # Receiving Tobacco Cessation Education and/or Referrals

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Off-Site Adult Case Management Program

_____ # Adults Receiving Case Management

Section C: Program Summary

Please provide a brief summary (2 – 5 sentences) of your programs, specifically focusing on the programs the Oral Disease and Injury Prevention Program funds.

Section D: Additional Program Funding Sources

Identify other sources of funding in addition to the Office of Oral Health that will be used for the proposed activities in the table below.

<i>Please Select all that Apply</i>	Funding Source	Amount of Funding Source
<input type="checkbox"/>	Medicaid Collections*	Amount:
<input type="checkbox"/>	Private Insurance Collections*	Amount:
<input type="checkbox"/>	Other Grants:	Amount:
<input type="checkbox"/>	Other:	Amount:
<input type="checkbox"/>	Other:	Amount:

* Based on most recent collections

Attachment A: Work Plan

Complete *Attachment A: Work Plan Template* and include as a separate document. The Work Plan should address each objective selected in Section A.1 and include activities planned to meet the objective, performance measures, timeframe, and responsible team member(s).

Attachment B: Budget Narrative

Submit a 12-month budget narrative (using *Attachment B: Budget Narrative Template*) that details intended use of MDH funds, which is adequately justified and reasonable.

Attachment C: 4542 Budget Package

Submit a 4542 Budget Package that aligns with your local health department's budget narrative.