



DEPARTMENT OF HEALTH

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 Dental Sealants Application."

Component 2: School Dental Sealant Program

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

New Sealant Program: ☐ Existing Sealant Program: ☐

Type of Sealant Program (Check all that apply): School-based ☐ School-linked ☐ Mobile ☐

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.
- ☐ Increase the proportion of low-income children and adolescents who receive any preventive dental service.
- ☐ Increase the proportion of children and adolescents who receive dental sealants.

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. Provide a description of the process, including an initial risk assessment, examination or screening of the schoolchildren, and appropriate care coordination for any child found to be at high risk for dental decay. Include a description of how the project will link children with a dental home and conduct retention checks (if applicable).

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

5. Discuss the intended target population, summarize their needs, and elaborate on strategy(ies) for outreach. Note: The School Dental Sealant Program should target Title I schools and/or those with 50% of students enrolled in the Free and Reduced Meal Program.

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

7. If your organization received a Dental Sealants grant in the previous fiscal year, share a success story highlighting your program's achievements.

Section B: Program Components and Anticipated Reach

Complete the table below with estimates of your anticipated reach for the following services and/or measures.

Measures	Anticipated Reach
Number of schools served (total)	
Number of Title 1 schools served	
Grades served	
Number of children screened	
Number of children receiving sealants	
Number of children referred for follow-up care	

Section C: Program Summary

Please provide a brief summary (2 – 5 sentences) of your programs, specifically focusing on the programs the Dental Sealants Program funds.

Section D: Program Funding

Identify and describe 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.