



## 2017-18 Wisconsin Seal-A-Smile Request For Proposals (RFP)

### Contact Information

Please submit your program's request for proposal via the online Survey Monkey submission and not using the RFP Questions Document PDF. It is advised you collect this information in a separate document and then enter the information online when you are certain you have everything you need. It is requested that programs do not begin entering information into this online form until they have identified all the appropriate information for the submission. The RFP Questions Document is PDF copy of all the questions and information needed is available on the SAS website, which can be used to collect the needed information before it is submitted online. If you begin the online submission process and encounter an error, you will need to contact [mcrepin@chw.org](mailto:mcrepin@chw.org) and begin a new online submission. You will not be able to save your work in the online submission form.

\* 1. Program title

Please enter contact information for the program fiscal agent. (The fiscal agent for the program will be the agency/individual responsible for ensuring all grant objectives are complete and responsible for all grant activities, invoicing and contracts. Please enter this information exactly like you would want it to appear in a contract.

**\* 2. Fiscal agent information**

First Name

Last Name

Credentials

Title

Organization

Address

City, ST, Zip

Phone

Email

Mobile Dentistry  
Registration Number

Please enter below the information for the program manager for the grant. The program manager will receive communication from the grant administrators and should be someone who has direct contact with the day to day clinical operations of the program.

**\* 3. Program manager information:**

First Name

Last Name

Credentials

Title

Organization

Address

City, ST, Zip

Phone

Email

Please enter below the information for the lead clinical staff person for this project. This should be either the dentist or dental hygienist responsible for all clinical applications of the program.

4. Lead clinical staff contact information (if different than project manager)

First Name

Last Name

Credentials

Title

Organization

Address

City, ST, Zip

Phone

Email address

5. To improve communication between SAS administration and your program please enter the email address of any additional staff that should receive email communication regarding programming.

Email

Email

Email

Email

Email

This section of the RFP will capture information about the population you intend to serve.



**2017-18 Wisconsin Seal-A-Smile Request For Proposals (RFP)**

**Target population and history - 20 points**

**This section will capture information about your program's proposed target population and information about your program's history.**

**Points will be awarded based on your programs effort to reach the highest need schools using evidence based practices.**

\* 6. Please enter the name of the Wisconsin county/counties your program will serve.

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\* 7. Enter the number of total schools your program served in 2016-17 (this includes public, private, charter, middle school and elementary schools)

Total schools

\* 8. Enter the total number of schools your program intends to serve in 2017-18 (this includes public, private, charter, middle school and elementary schools)

Total schools

\* 9. Enter the total number of schools based on free and reduced meal program (FRMP) participation your program will serve in 2017-18. (Please use the FRMP data that is available on the SAS website). These boxes should add up to your answer to Q8 above.

0% - 34.9% FRMP participation

35.0% - 49.9% FRMP participation

50.0% - 100% FRMP participation

other/no FRMP

\* 10. Please enter the number of children your program intends to serve in 2017-18 with:

Education:

Screenings/Exams:

Sealants:

Fluoride varnish:

Prophy:

Retention checks:

Restorative care:

\* 11. How many oral health kits (toothbrush, toothpaste and bag) is your program requesting?

Number of children

12. If your answer to the previous question is greater than the number of children served with screenings/exams, please explain why?

\* 13. What grades does your program target?

Pre-K (Head Start)

3rd

7th

K

4th

8th

1st

5th

High School

2nd

6th

\* 14. Discuss your protocol for providing case management and referral of patients found to have early and urgent dental needs. Include information regarding any formal/informal agreements with area dental providers who will provide restorative care.



## 2017-18 Wisconsin Seal-A-Smile Request For Proposals (RFP)

### Funding

\* 15. Did your program receive funding from Wisconsin Seal-A-Smile in the 2016-17 program year?

Yes

No





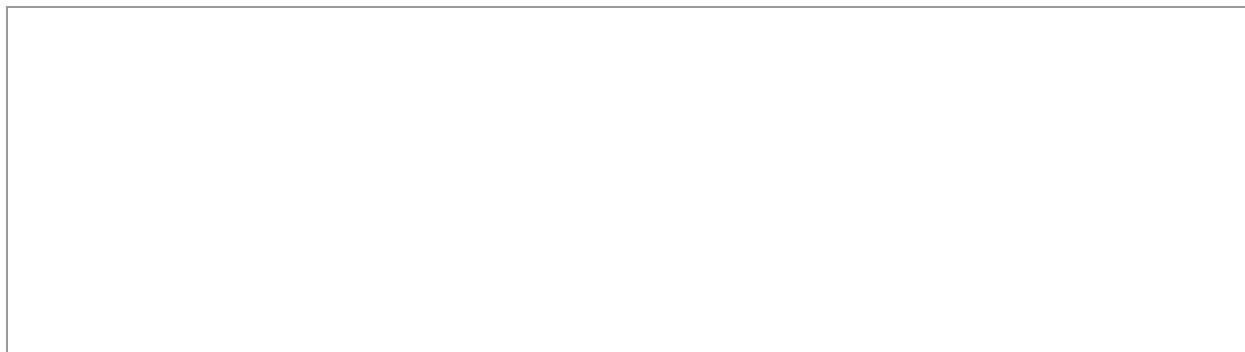
## 2017-18 Wisconsin Seal-A-Smile Request For Proposals (RFP)

### Program Overview - 20 points

- \* 16. Please give an overview of your program including details on how your program will distribute information to schools, implement clinical operations in schools and carry out your day to day operations.

Answering this question is not required if you received funding in 2016-17, from Wisconsin Seal-A-Smile If your program was funded in 2016-17 please just enter "Previously funded program" to proceed.

\* 17. What existing relationships do you have with local schools, local public health departments, community clinics, FQHC's and other dental providers?





## 2017-18 Wisconsin Seal-A-Smile Request For Proposals (RFP)

### Program Protocols - 20 points

- \* 18. Discuss your protocols for applying fluoride varnish to patients seen in your program. Include information about the frequency of application and scheduling of multiple applications.



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### Sustainability - 20 points

- \* 19. Discuss and identify other funding sources for your program. Include in-kind contributions, other grants/donations and list any additional funding sources you have applied for but have not yet received notification of award.

- \* 20. Does your program intend to bill Medicaid for all services provided to eligible children?

Yes

No



**2017-18 Wisconsin Seal-A-Smile Request For Proposals (RFP)**

**Evaluation - 20 points**

**Points in this section will be awarded based on accurate entry of information and on achieving program goals and objectives.**

\* 21. In the 2016-17 program year, how many (#):

Children received a consent form (#)

Children returned a consent form agreeing to participate (#)

Children returned a consent form opting out (if applicable) (#) enter n/a if not collected

Children who returned a positive consent form subsequently received sealants? (#)

Children who returned a positive consent form subsequently received any dental services? (#)

\* 22. In the 2016-17 program year (#) (enter in only whole numbers, do not use any commas, decimal points or \$\$):

What was your goal/estimate for the number of CHILDREN you anticipated would receive SEALANTS? (per your SAS contract) (#)

How many CHILDREN did you place sealants on (#)?

How many CHILDREN received a retention check for sealants placed the previous year (#)?

What was your MA revenue (July 1, 2016 - June 30, 2017)(\$)? (Provide estimate if final figures are not yet available)



## 2017-18 Wisconsin Seal-A-Smile Request For Proposals (RFP)

### Funding

\* 23. What type of funding is your program applying for?

- Full SAS Funding (supports staff time, supplies, equipment etc)
- Data ONLY (program is sustainable through MA billing but is requesting funding to enter data into DentaSeal)



## 2017-18 Wisconsin Seal-A-Smile Request For Proposals (RFP)

### Funding Request

- \* 24. How much SAS funding is your program requesting for the 2017-18 program year? (Enter "0" if you are applying for DATA ONLY)

- \* 25. How much Medicaid revenue does your program anticipate it will generate in 2017-18?

- \* 26. Please explain how you calculated the anticipated Medicaid revenue (i.e. Our program anticipates we will place # sealants per child and will seal # which will generate \$\$ based on the current reimbursement rate of \$\$). Please outline all services that will be billed for (i.e screening, fluoride, prophylaxis, etc).

- \* 27. How much in-kind support and additional funding does your program anticipate receiving from other sources beyond SAS and Medicaid revenue?





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Budget Justification - 20 points

**Points will be awarded in this section based on the programs detailed description of how funds will be used. Programs are encouraged to explain all line items in the budget justification in the appropriate sections.**

- \* 28. Give a brief justification for funds your program has requested for all non-clinical staff. Please explain what these staff members will be doing and how many hours will be dedicated specifically to this project. Please outline any specific qualifications this person has that makes them critical to the project. If you are not requesting funding for non-clinical staff enter "n/a"

- \* 29. Give a brief justification for funds your program is requesting for all clinical staff. Please explain what these staff members will be doing and how many hours will be dedicated specifically to this project. Please outline any specific qualifications this person has that makes them critical to the project. If you are not requesting funding for clinical staff enter "n/a"

\* 30. Give a brief justification for any funds your program is requesting for equipment (i.e. chairs, compressor units, curing lights, etc). If you are not requesting funding for equipment enter "n/a"



## 2017-18 Wisconsin Seal-A-Smile Request For Proposals (RFP)

### Participation Program

**Please complete this page if your program would like to be considered for additional funding and inclusion in the WiSSP participation program.**

31. How many schools would you like to include in your participation program?

32. How many classrooms with at least 10 children in the qualifying schools does your program intend to serve?

33. How will your program utilize the funding provided of \$250 per school approved in your participation program. Programs are encouraged to be creative on how they intend to utilize this funding to further incentive and enhance the program. Applications who utilize the funding for things outside of staff time will be given priority in funding. (5000 character limit)

34. Please discuss any limitations your program may have in complying with any of the requirements of this project (2000 character limit)

35. Is your program able to attend required meetings and comply with reporting requirements?

Yes

No



## 2017-18 Wisconsin Seal-A-Smile Request For Proposals (RFP)

### Electronic Signature

**Clicking I agree and submitting represents the electronic signature of the person submitting this proposal.**

- \* 36. Person completing this document: (It is recommended that the program fiscal agent completes this submission or that the person submitting is authorized by the organization to submit on their behalf).

Full name

Title

Agency/Organization

Phone

Email

- \* 37. Name of person electronically signing this document:

- \* 38. By clicking the "I agree" box the fiscal agent for this program is agreeing to perform the responsibilities as described within this submission. Additionally by agreeing your organization attests to its eligibility and represent that the information provided in this submission is accurate, complete and current. The organization represents that the funding award from the Wisconsin Seal-A-Smile program will not supplant existing funds. Additionally, acknowledges this information shall be relied upon by Children's Health Alliance of Wisconsin to discharge its regulatory obligations with respect to the subject of this proposal. You agree that you have read and understand the Wisconsin Seal-A-Smile policies and procedures as outlined in the Wisconsin Seal-A-Smile Administration Manual and agree to adhere to all policies and procedures if your program is awarded funding.

I agree



## 2017-18 Wisconsin Seal-A-Smile Request For Proposals (RFP)

### Electronic workbook submission

- \* 39. Upon completion of the online submission of the RFP you will need to submit the SAS electronic workbook to [mcrespin@chw.org](mailto:mcrespin@chw.org). This electronic workbook must be submitted by the RFP due date in order to complete your submission. If we do not receive both your online submission and the electronic workbook submission your request will be incomplete and not considered for funding. The person submitting the electronic workbook will receive an email notification within two business days of us receiving BOTH your electronic workbook and the online RFP submission. You will also receive a second email informing you if your proposal passed the technical review. If the proposal deadline has not passed you may resubmit your proposal for consideration. If you do not receive an electronic confirmation within 2 business days and you have submitted BOTH pieces of information, please contact [mcrespin@chw.org](mailto:mcrespin@chw.org).

You should name your electronic workbook using this format when submitting (Program Name electronic workbook 2016-17). When submitting your electronic workbook please insert your program name in the subject line of the email along with "SAS electronic workbook 2016-17" (i.e. Milwaukee County Health Department SAS electronic workbook 2016-17)

Click "I understand" to submit the online RFP and then please follow up by emailing your electronic workbook to [mcrespin@chw.org](mailto:mcrespin@chw.org).

I understand