



## 2021-22 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 [mcrespin@chw.org](mailto:mcrespin@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	<input type="text"/>
Last Name	<input type="text"/>
Credentials	<input type="text"/>
Title	<input type="text"/>
Organization	<input type="text"/>
Address	<input type="text"/>
City, ST, Zip	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>
Mobile Dentistry Registration Number	<input type="text"/>

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	<input type="text"/>
Last Name	<input type="text"/>
Credentials	<input type="text"/>
Title	<input type="text"/>
Organization	<input type="text"/>
Address	<input type="text"/>
City, ST, Zip	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

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	<input type="text"/>
Last Name	<input type="text"/>
Credentials	<input type="text"/>
Title	<input type="text"/>
Organization	<input type="text"/>
Address	<input type="text"/>
City, ST, Zip	<input type="text"/>
Phone	<input type="text"/>
Email address	<input type="text"/>

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.



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### Target population and history

**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. Enter the number of total schools your program served in 2020-21 (this includes public, private, charter, high school, 4K, Head Starts, middle school and elementary schools)

Total schools

\* 7. Enter the total number of schools your program intends to serve in 2021-22 (this includes public, private, charter, high school, 4K, Head Starts, middle school and elementary schools)

Total schools

\* 8. Enter the total number of schools based on free and reduced meal program (FRMP) participation your program will serve in 2021-22. (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

\* 9. Please enter the number of children your program intends to serve in 2021-22 with (Please consult your most recent DentaSeal Comprehensive report as a guide to determine a proposed number and take into consideration the potential for limited access to some schools):

Education:

Screenings/Exams:

Sealants:

Two or more fluoride varnish applications:

Prophy:

Retention checks:

Restorative care:

\* 10. What grades does your program target?

Pre-K (Head Start)

3rd

7th

K

4th

8th

1st

5th

High School

2nd

6th



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Funding

\* 11. Did your program receive funding from Wisconsin Seal-A-Smile in either 2019-20 the 2020-21 program year?

Yes

No



## 2021-22 Wisconsin Seal-A-Smile Request For Proposals (RFP)

### Program Overview

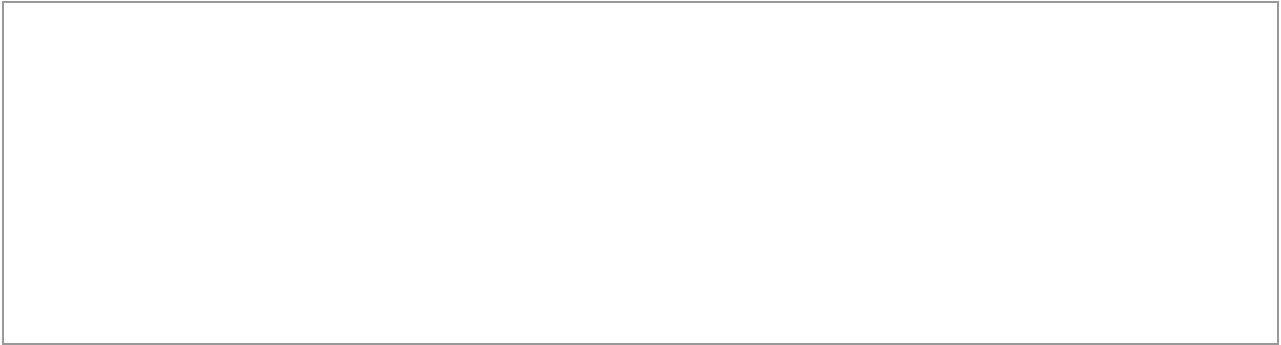
\* 12. Please give an overview of your program including details on how your program will distribute information to schools, implement clinical operations in schools and carry out your day to day operations.

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

\* 13. What existing relationships do you have with local schools, local public health departments, community clinics, FQHC's and other dental providers?



\* 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.







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### Program Protocols

\* 15. 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

\* 16. 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.



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### Evaluation

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

\* 17. Please use your the most recently available comprehensive report from DentaSeal to complete this section. In the most recent program year (#) (enter in only whole numbers, do not use any commas, decimal points or \$\$): IMPORTANT - these should not be estimates but actual figures (aside from MA revenue)

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 (\$)?

What program year is this data from? (i.e. 2019-20 / 2020-21)

18. What was your program's participation rate according to your DentaSeal comprehensive report?

19. Is your program planning on using the online consent this year?

Yes

No



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Program type



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### Finances

\* 20. How much Medicaid revenue does your program anticipate it will generate in 2021-22?

\* 21. 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, all fluoride applications, prophylaxis, etc).

\* 22. 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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Electronic Signature

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

\* 23. 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	<input type="text"/>
Title	<input type="text"/>
Agency/Organization	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

\* 24. Name of person electronically signing this document:

\* 25. 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. **Your program agrees to follow all Wisconsin SAS interim guidance for providing care during Covid 19 and understand if these requirements can not be met care should not be provided.**

I agree



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\* 26. Please enter the contact information for your DentaSeal Local Program Administrator. This is who your primary contact is between SAS Administration and your program. All important DentaSeal communication will flow through this person.

First Name	<input type="text"/>
Last Name	<input type="text"/>
Email address	<input type="text"/>
Phone number	<input type="text"/>

27. Please enter the contact information for your program's infection control coordinator. Per CDC guidance all programs should identify one person to serve in this role and ensure program is complying with CDC guidance on infection control for dental settings and mobile and portable dental settings.

First name	<input type="text"/>
Last Name	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>



## 2021-22 Wisconsin Seal-A-Smile Request For Proposals (RFP)

### Electronic workbook submission

\* 28. Upon completion of the online submission of the RFP you will need to submit the SAS electronic workbook which includes copy of your most recent DentaSeal Comprehensive Report to [mcrespin@chw.org](mailto:mcrespin@chw.org). This electronic workbook and report 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 ALL of your pieces for submission. 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 2021-22). When submitting your electronic workbook and comprehensive report please insert your program name in the subject line of the email along with "SAS electronic workbook 2021-22 and Comp Report" (i.e. Milwaukee County Health Department SAS electronic workbook 2021-22).

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