2025-26 Wisconsin Seal-A-Smile Request For Proposals (RFP)

chawsealasmile@childrenswi.org

Please submit your program's request for proposal via the online Survey Monkey submission and not using the RFP Questions Document PDF. The RFP Questions Document is PDF copy of all the questions/information needed to apply and is available on the SAS website. It is advised you collect your responses/information in a separate word document and then enter the information online. 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. If you begin the online submission process and encounter an error, you will need to contact chawsealasmile@childrenswi.org and begin a new online submission. You will not be able to save your work in the online submission form.

* 1. Program title (this is the program name that will be listed in DentaSeal and on the student take home letter)

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 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.**

* 3. DentaSeal Local Program Administrator information

First Name	
Last Name	
Email address	
Phone 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.

* 4. 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.

5. Lead clinical staff contact information (if different than program manager)

First Name	
Last Name	
Credentials	
Title	
Organization	
Address	
City, ST, Zip	
Phone	
Email address	

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.

6. Program infection control coordinator information

First name	
Last Name	
Email	
Phone	

7. **SAS correspondence will primarily be sent to the *Local Program Administrator* email address**. Please list an additional contacts/clinical staff below, whom you would like to receive the SAS newsletter (The Prevention Post) and other general SAS correspondence.

Email	
Email	
Email	
Email	
Email	
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.

* 8. Enter the number of total schools your program served in 2024-25 (this includes public, private, charter, high school, 4K, Head Starts, middle school and elementary schools). If your program was not funded through WI-SAS last school year, please list N/A.

Total schools

9. If funded by WI-SAS last school year, were there schools your program included in your 23-24 RFP that you did not serve during the 24-25 school year? If so, please explain why the schools were not served. If your program was not funded through WI-SAS last school year, please list N/A.

* 10. Enter the total number of schools your program intends to serve in 2025-26 (this includes public, private, charter, high school, 4K, Head Starts, middle school and elementary schools)

Total schools

* 11. Enter the total number of schools based on free and reduced meal program (FRMP) participation your program will serve in 2025-26. (Please use the FRMP data that is available on the most recent SAS master school list). These boxes should add up to your answer to Q9 above.

0% - 34.9% FRMP participation

35.0% - 49.9% FRMP participation

50.0% - 100% FRMP participation

other/no FRMP

* 12. Please enter the number of children your program intends to serve in 2025-26 with (If previously funded, please consult your most recent DentaSeal Comprehensive report as a guide to determine a proposed number.):

Classroom Education:	
Screenings/Exams:	
Sealants:	
Two or more fluoride varnish applications:	
Prophy:	
Retention checks:	
Restorative care:	

* 13. What grades does your program target? (WI SAS recommends all grades at a school are offered participation in the program.)

- [ ] Head Start
- [ ] Pre-K
- [ ] K
- [ ] 1st
- [ ] 2nd
- [ ] 3rd
- [ ] 4th
- [ ] 5th
- [ ] 6th
- [ ] 7th
- [ ] 8th
- [ ] High School

14. Is your program interested in expanding this school year? Please indicate yes or no in the comment box below. If yes, please explain what type of growth opportunities you're interested in (e.g. new grades or more students within your current schools, new schools within the current counties you serve, new schools outside of the current counites you serve etc.) If no, please explain why your program isn't interested in expanding at this time.

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Funding

* 15. Did your program receive funding from Wisconsin Seal-A-Smile in 2024-25 program year?

- ◯ Yes
- ◯ No

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Program Overview

* 16. If this is your first time applying for Wisconsin Seal-A-Smile funds, 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.

If you have received funding in previous years from Wisconsin Seal-A-Smile, please share how you evaluate progress towards your program goals and any programming changes you plan to make to improve outcomes.

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

* 18. Discuss your protocol for providing case management and referral of patients for each of the categories listed below. Please include details such as number of phone calls made, letter sent etc.

Children enrolled in Medicaid

Children with no insurance/families looking for options for free dental care

Your protocol for addressing early vs. urgent needs

Describe any formal/informal agreements you have in place with area dental providers who will provide restorative care

Is your program staff responsible for case management, is school staff/nurse responsible or combination of the two. Please describe.

What is the greatest challenge you experience in ensuring follow up dental care for students?

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Program Protocols

* 19. 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. Please also indicate if your program currently uses silver diamine fluoride.

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Sustainability

* 20. 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.

21. Does your program/organization receive enhanced reimbursement through designation as a FQHC, a FQHC look-a-like, other designation that qualifies for enhanced payment or through a contractual agreement with an FQHC or FQHC look-a-like? If so, indicate your specific designation and/or explain the contractual agreement details.

22. Does your program attest to provide an impact story about how an individual or family has been positively impacted by your team through Seal-A-Smile operations. Stories must be submitted at the mid-point of the funding period.(Please note a story template will be provided)

- [ ] Yes, our Seal-A-Smile program attests to submit an impact story by the funding mid-point.

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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.

* 23. If your program was funded by SAS last school year, 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). If your program was not funded by WI-SAS last year please list 0.

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

How many unique CHILDREN did you provide screenings to

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 (#)?

What was your goal/estimate for the number of CHILDREN you anticipated would receive two or more fluoride varnish applications (per your SAS contract) (#)

How many CHILDREN received TWO or more fluoride varnish applications (#)

* 24. What was your program's participation rate last school year according to your DentaSeal comprehensive report? (enter 0 if your program is new)

* 25. Is your program planning on using the WI-SAS online consent this year?

- ◯ SAS Online consent only
- ◯ SAS Paper consent only
- ◯ Combination of SAS online and paper consent
- ◯ Please explain what type of consent you are using.

26. If utilizing a consent form (paper or electronic) other than the WI-SAS consent form, please upload your consent form below. Please name your consent form using the following format: *Your Program Name Wi SAS consent form 2025-26*. If your program is new or only use the WI- SAS consent, please skip this question.

Choose File Choose File No file chosen

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Finances

* 27. How much Medicaid revenue does your program anticipate it will generate in 2025-26?

* 28. 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, prophy, etc).

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

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Written infection control plan attestation and equipment requests

30. All programs are required to adhere to the Guidelines and Recommendations as outlined in Infection Prevention & Control in Dental Settings from the Division of Oral Health CDC, and OSAP's Infection Prevention & Control Guide for School Sealant Programs. In alignment with this adherence, all programs must have a written infection control plan (including a post-exposure control plan) that describes protocols and procedures. Please attest below to having a written infection control plan.

- [ ] Yes, our Seal-A-Smile Program attests to having a written infection control plan including a post-exposure control plan which will be made available to WI-SAS state administrators upon request.

31. Please list DNTLworks equipment your program is requesting as part of your WI-SAS application. In the comment field for each piece of equipment please provide a justification of need and how the additional equipment supports program growth. (Available DNTLworks equipment options include: Pro Seal 1, patient chair, patient chair case, operator stool, operator stool case, overhead light, light case) If you have additional questions about equipment please email ldeinhammer@childrenswi.org

Item 1:

Item 2:

Item 3:

Item 4:

Item 5:

Item 6:

Item 7:

* 32. Is your program requesting a curing light/s as part of your WI-SAS application? Please select one option from below:

- [ ] No
- [ ] Yes, 1 curing light
- [ ] Yes, 2 curing lights
- [ ] Yes, 3 curing lights

Please provide a justification for each curing light indicated above.

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Electronic signature

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

* 33. 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	

* 34. Name of person electronically signing this document:

* 35. By clicking the "I agree" box the fiscal agent for this program is agreeing to perform the responsibilities as described withing 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

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Electronic workbook submission

* 36. Upon completion of the online submission of the RFP you will need to submit the following:

- SAS electronic workbook which includes a list of the schools you plan to serve for the upcoming school year.

This electronic workbook must be submitted by the RFP due date in order to complete your submission. If we do not receive 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 5 business days of us receiving ALL of your pieces for submission. If you do not receive an electronic confirmation within 5 business days and you have submitted pieces of information, please contact chawsealasmile@childrenswi.org.

- Name your electronic workbook using the following format when submitting (*Program Name WI SAS Electronic Workbook 2025-26*).
- When submitting your electronic workbook, please insert your program name in the subject line of the email along with "WI SAS Electronic Workbook 2025-26" (i.e. *Mouth County Health Department WI SAS Electronic Workbook 2025-26)*.

Click "I understand" to submit the online RFP and then please follow up by emailing the workbook listed above to chawsealasmile@childrenswi.org.

◯ I understand