

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 jlinden@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

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.

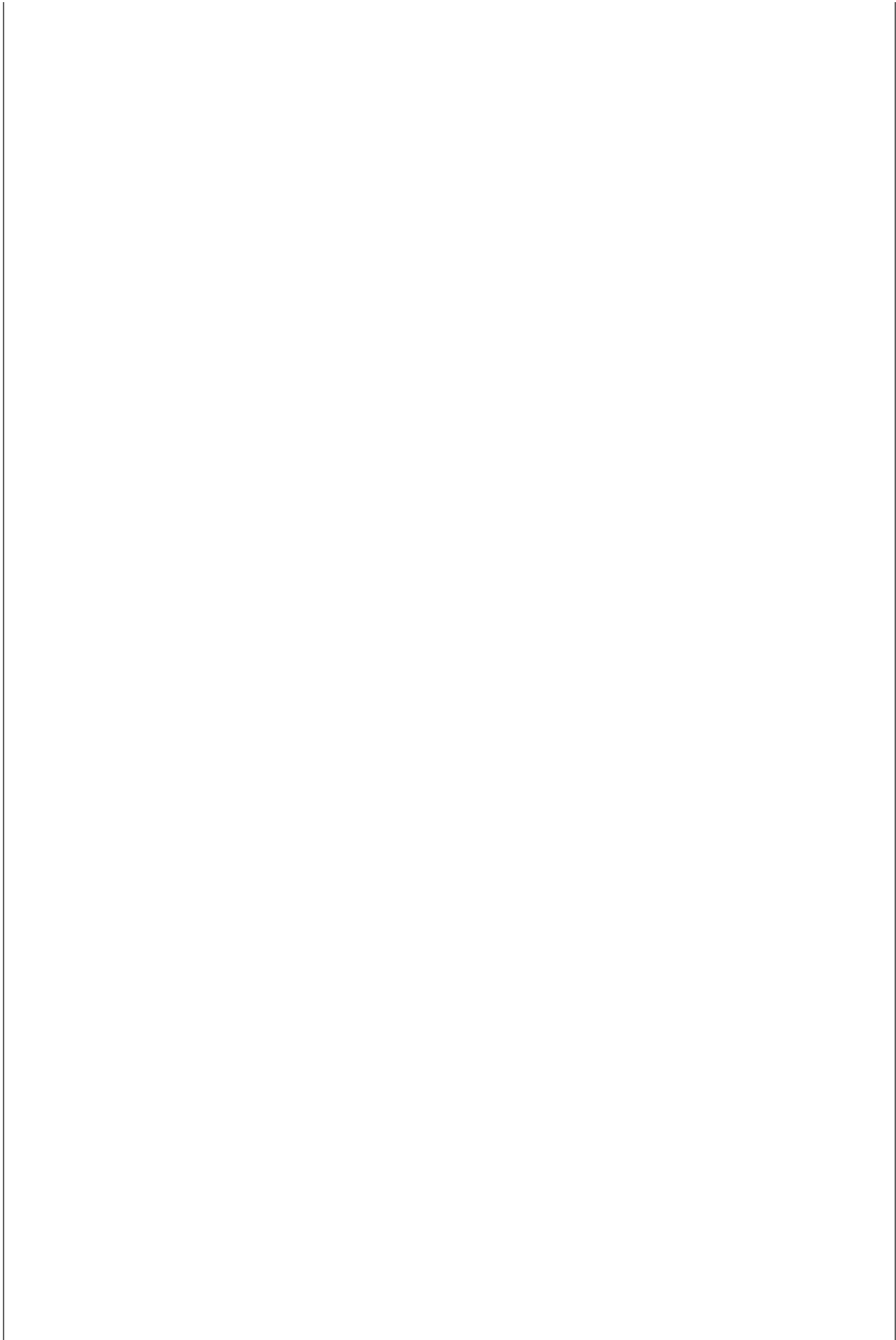
4. Lead clinical staff contact information (if different than project manager)

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	<input type="text"/>
Email	<input type="text"/>
Email	<input type="text"/>
Email	<input type="text"/>
Email	<input type="text"/>

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



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 2022-23 (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 2023-24 (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 2023-24. (Please use the FRMP data that is available on the SAS website). These boxes should add up to your answer to Q7 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 2023-24 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):

Classroom 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

Funding

* 11. Did your program receive funding from Wisconsin Seal-A-Smile in 2022-23 program year?

Yes

No

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.

A large, empty rectangular text box with a thin black border, intended for the user to provide an overview of their program. A small diagonal slash is visible in the bottom right corner of the box.

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

A large, empty rectangular text box with a thin black border, intended for the user to describe existing relationships with various entities. A small diagonal slash is visible in the bottom right corner of the box.

* 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.

A large, empty rectangular box with a thin black border, intended for the student to write their response to the question. The box is positioned below the question text and occupies a significant portion of the page's width.

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



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.



17. 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.



18. Please share a story from this past school year about how an individual or family has been impacted by your team through their Seal-A-Smile efforts? Note for privacy purposes, please do not use actual patient/provider names. Also please ensure you have proper consent from school, guardian and/or student in place to share the story. If you have a photo to support this story and proper photo release, please email to jlinden@childrenswi.org



Evaluation

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

* 19. 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 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 (#)

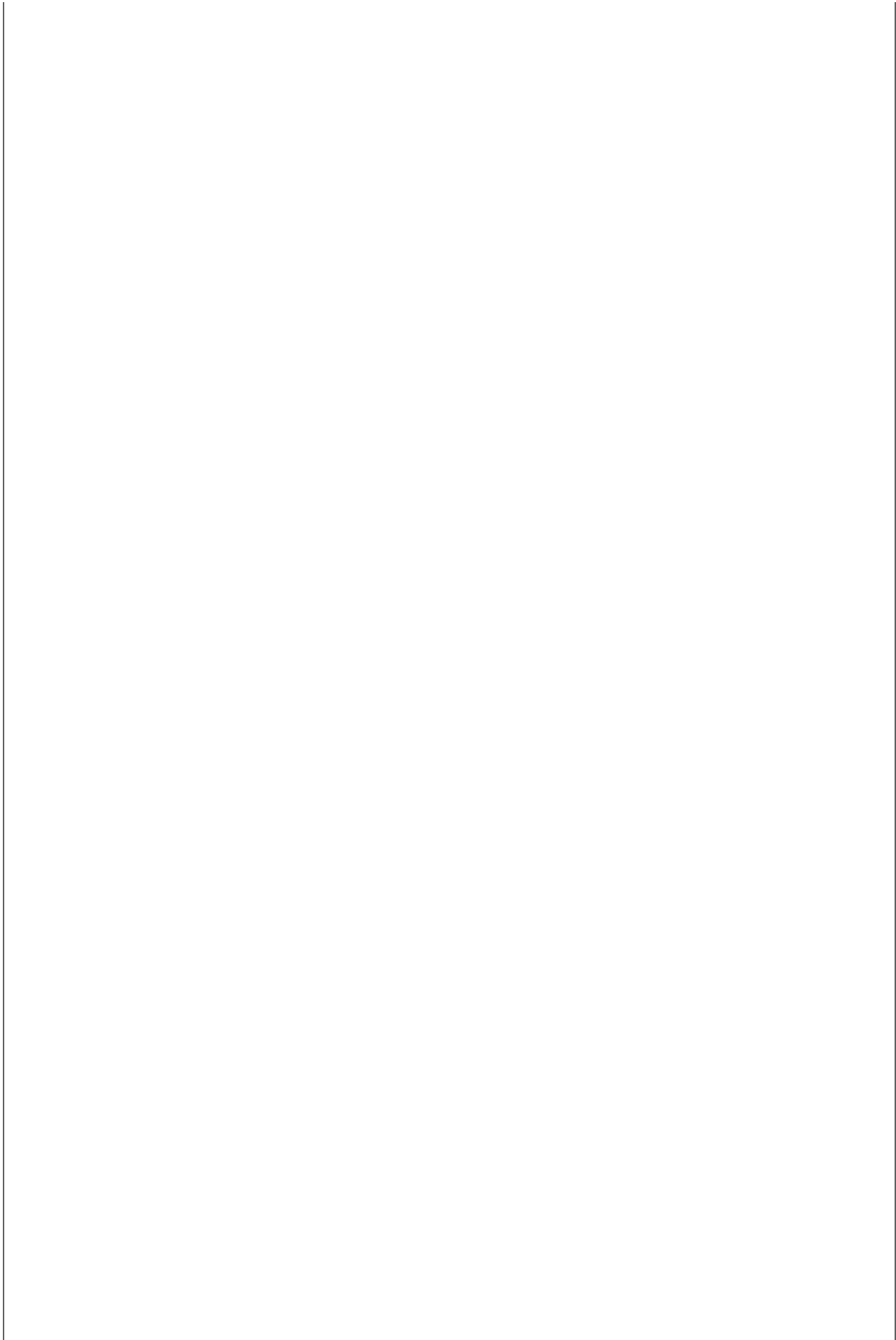
* 20. What was your program's participation rate according to your DentaSeal comprehensive report? (enter 0 if your program is new)

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

Yes

No

If no please explain why?



Finances

* 22. How much Medicaid revenue does your program anticipate it will generate in 2023-24?

* 23. 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).

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

Electronic Signature

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

* 25. 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

* 26. Name of person electronically signing this document:

* 27. 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

* 28. 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

Last Name

Email address

Phone number

29. 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

Last Name

Email

Phone

Electronic workbook submission

* 30. 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 jlinden@childrenswi.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 jlinden@childrenswi.org.

You should name your electronic workbook using this format when submitting (Program Name electronic workbook 2023-24). 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 2023-24 and Comp Report" (i.e. Milwaukee County Health Department SAS electronic workbook 2023-24).

Click "I understand" to submit the online RFP and then please follow up by emailing your electronic workbook to jlinden@childrenswi.org.

I understand