

**ORAL HEALTH NEEDS ASSESSMENT AND PLANNING
GRANT APPLICATION**

(Fiscal Year 2014 — July 1, 2013 through June 30, 2014)

In order to streamline the grant application process, the Illinois Department of Public Health, Division of Oral Health, has developed several tools to assist with grant submission and program planning.

A complete application will include the Illinois Department of Public Health Grant Application form. An electronic copy of the DSGP grant application forms can be obtained by emailing Stacey Ballweg at [<Stacey.Ballweg@illinois.gov>](mailto:Stacey.Ballweg@illinois.gov).

Applications must be received **by the close of business (5 p.m.) on April 26, 2013**. Send **two originals** to the Illinois Department of Public Health, Office of Health Promotion, Division of Oral Health, 535 West Jefferson Street, Springfield, Illinois 62761; or you may submit your grant application electronically to [<DPH.OralHealth@illinois.gov>](mailto:DPH.OralHealth@illinois.gov). **Applications received after the deadline will not be reviewed.**

GUIDANCE PACKET INCLUDES:

- Oral Health Needs Assessment and Planning Grant Application Guidance
- Fact sheet and chart
- Section 7 template

FOR IDPH Use Only

Application No. _____

Date Received _____



**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
APPLICATION FOR PUBLIC HEALTH GRANT**

Office of Health Promotion

Oral Health Needs Assessment and Planning Grant



Section 1. APPLICANT INFORMATION	
Legal name of applicant <i>(Attach copy of W-9)</i>	
Name and Title of Chief Officer <i>(If more than one, attach a list of all officers)</i>	Name: Title: Address: Phone: Fax: E-mail:
Applicant Address	
City, State, ZIP code	
Telephone	
Fax	
E-mail	
Website	

Section 2. APPLICANT GRANT HISTORY	
Description of Applicant Organization <i>(200 character maximum)</i>	
Has this Applicant received a grant from the federal government or the State of Illinois within the last three years? If yes, provide the following: <i>(Add additional rows if needed)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO Agency providing grant funding: Grant Number: Grant Amount: Grant Term: Brief Description of grant:

Federal Employer Identification Number (FEIN) or, if not an organization, Social Security Number (SSN) of applicant.		
If applicable, list all names and FEINs registered to your organization or have been registered during the last three years.	Name:	FEIN:
	Name:	FEIN:
	Name:	FEIN:
DUNS number		
Illinois Department of Human Rights Number, if applicable		
Legislative Senate District		
Legislative House District		
Congressional District		

Section 4. KEY GRANT CONTACT INFORMATION	
Grant Application Contact/Title	
Telephone	
Fax	
E-mail	
Fiscal Contact/Title	
Telephone	
Fax	
E-mail	

Section 5. GRANT PROJECT PROPOSAL	
Project title	Oral Health Needs Assessment and Planning Grant
Brief project description <i>(350 character maximum). Note the Scope of Work must be completed separately.</i>	The Oral Health Needs Assessment and Planning (OHNAP) Program assists communities to determine oral health status and plan comprehensive oral health programs designed to meet community needs.

Project period <i>(Include start and end date)</i>	July 1, 2013 – June 30, 2014
Total amount of funding requested from IDPH	\$1,000
Total applicant match or in-kind contribution	N/A
If subcontractors will be used under this grant application, provide name, address and description of services.	Subcontractor name: Address: City, State, ZIP: Phone: Description of services: Subcontractor name: Address: City, State, ZIP: Phone: Description of services:

Section 6. GRANT BUDGET SUMMARY		
<i>(Note: This section is for summary purposes only. A detailed budget is/may be required. See Section 7)</i>		
Budget Line Items Requested	Requested Grant Budget Amount	Applicant Match of In-Kind Contribution
Personal Services <i>(Includes Salary and Wages)</i>	N/A	
Fringe Benefits (Percent use for calculation _____%)	N/A	
Contractual Services	IDPH has determined the reimbursement rate to be \$1,000.00.	
Travel	N/A	
Commodities/Supplies	N/A	
Printing	N/A	
Equipment	N/A	
Telecommunications	N/A	
Grand Total	\$1,000	
If the proposed budget includes Personal Services (Salary or Wage) related costs, please indicate the type of documentation that will be maintained and used to allocate staff costs to the grant.	<input type="checkbox"/> Time Sheets <input type="checkbox"/> Cost allocation plans <input type="checkbox"/> Certifications of time allocable to grant <input type="checkbox"/> Other, please describe _____ <input checked="" type="checkbox"/> Not applicable to this grant application	

Section 7. GRANT SCOPE OF WORK

ORAL HEALTH NEEDS ASSESSMENT AND PLANNING Grant Application Guidance

(Fiscal Year 2014 — July 1, 2013 through June 30, 2014)

A. Program Description

The Oral Health Needs Assessment and Planning (OHNAP) Program assists communities to determine oral health status and plan comprehensive oral health programs designed to meet community needs. The Division of Oral Health will provide your agency with training, technical assistance and copies of the Association of State and Territorial Dental Directors (ASTDD) “Seven-Step Model” and the Division of Oral Health Supplemental Guidance. These tools facilitate a systematic data collection and analysis process that translates into an action plan. The process is completed with development of appropriate community intervention strategies and implementation of the action plan. For review for this application, an electronic copy of the Model can be found on the ASTDD Website at <www.astdd.org> and an electronic copy of the Guidance can be obtained by contacting Stacey Ballweg at the Division of Oral Health at <Stacey.Ballweg@illinois.gov>.

By the end of the program year, the grantee will establish a comprehensive community-based oral health plan consisting of measurable oral health objectives and intervention strategies.

B. Program Requirements

The applicant must:

- Complete an Oral Health Needs Assessment and Plan using the ASTDD: Seven-Step Model and the Division of Oral Health Supplemental Guidance and Worksheets.
- Form a community planning group.
- Review oral health data.
- Translate oral health data into measurable oral health objectives and formulate intervention strategies.
- Submit to the Division of Oral Health, all appropriate worksheets found in the Seven Step Manual/Supplemental Guidance, community objectives, and oral health plan.

C. Payment Methodology

The Department will pay the Grantee \$1,000 upon completion of the project and Department acceptance of the Oral Health Needs Assessment and Plan using the ASTDD “Seven-Step Model” and Division of Oral Health Supplemental Guidance.

Payment to the grantee shall be made on a fee-for-service basis. The grantee shall submit to the Division of Oral Health, by the end of the program year, all appropriate worksheets from the model, community objectives and oral health plan and a Reimbursement Certification Form. After Department review and approval, a state of Illinois Invoice Voucher shall be prepared and processed through the Office of the State Comptroller for payment to the grantee.

D. Application

Illinois Department of Public Health Application for Public Health Grant (attached).

E. Source of funds

Maternal and Child Health Services Block Grant

F. Contact:

For additional information, please contact Ms. Julie Ann Janssen at 217.785.4899 or e-mail at [<Julie.Janssen@illinois.gov>](mailto:Julie.Janssen@illinois.gov).

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Illinois Department of Public Health
Division of Oral Health
535 West Jefferson Street
Springfield, Illinois 62761

or you may submit your grant application electronically to [<DPH.OralHealth@illinois.gov>](mailto:DPH.OralHealth@illinois.gov). Grant applications submitted electronically require an electronic signature on the application.

ORAL HEALTH NEEDS ASSESSMENT & PLANNING

Association of State & Territorial Dental Directors (ASTDD) SEVEN-STEP MODEL Illinois Department of Public Health, Division of Oral Health SUPPLEMENTAL GUIDE

Why Oral Health Needs Assessment & Planning?

Your oral health program will best meet the needs of your community when it is tailored to match current needs and to solve current health problems. Resources are best used when targeted to populations currently at risk, rather than toward established programs or localities with a past incidence or prevalence of disease.

About the Seven-Step Model & Supplemental Guide

If carried out properly, the model and guide will help educate your community about the importance of oral health and build community capacity to address the identified oral health needs.

The Seven-Step Model and Supplemental Guide are assessment and planning tools tailored specifically to determine oral health needs and develop a comprehensive community-based oral health plan. When used effectively, the process provides integrated information about health status, the existing health system and health resources.

The model and guide incorporate risk assessment methods to assist in identifying individuals or groups who are at risk for poor oral health.

Just as you do not need to read the entire cookbook to prepare a meal, you don't have to use the entire manual to conduct a community oral health needs assessment. Review the set of options and select those tabbed sections that most effectively match your program's capabilities and oral health goals.

The model relies on a systematic data collection and analysis process that is translatable to an action plan. Oral health needs assessment in your community will provide valuable data which can help determine, establish and adapt services and programs to best serve community needs.

Step-by-Step with the Seven-Step Model & Supplemental Guide

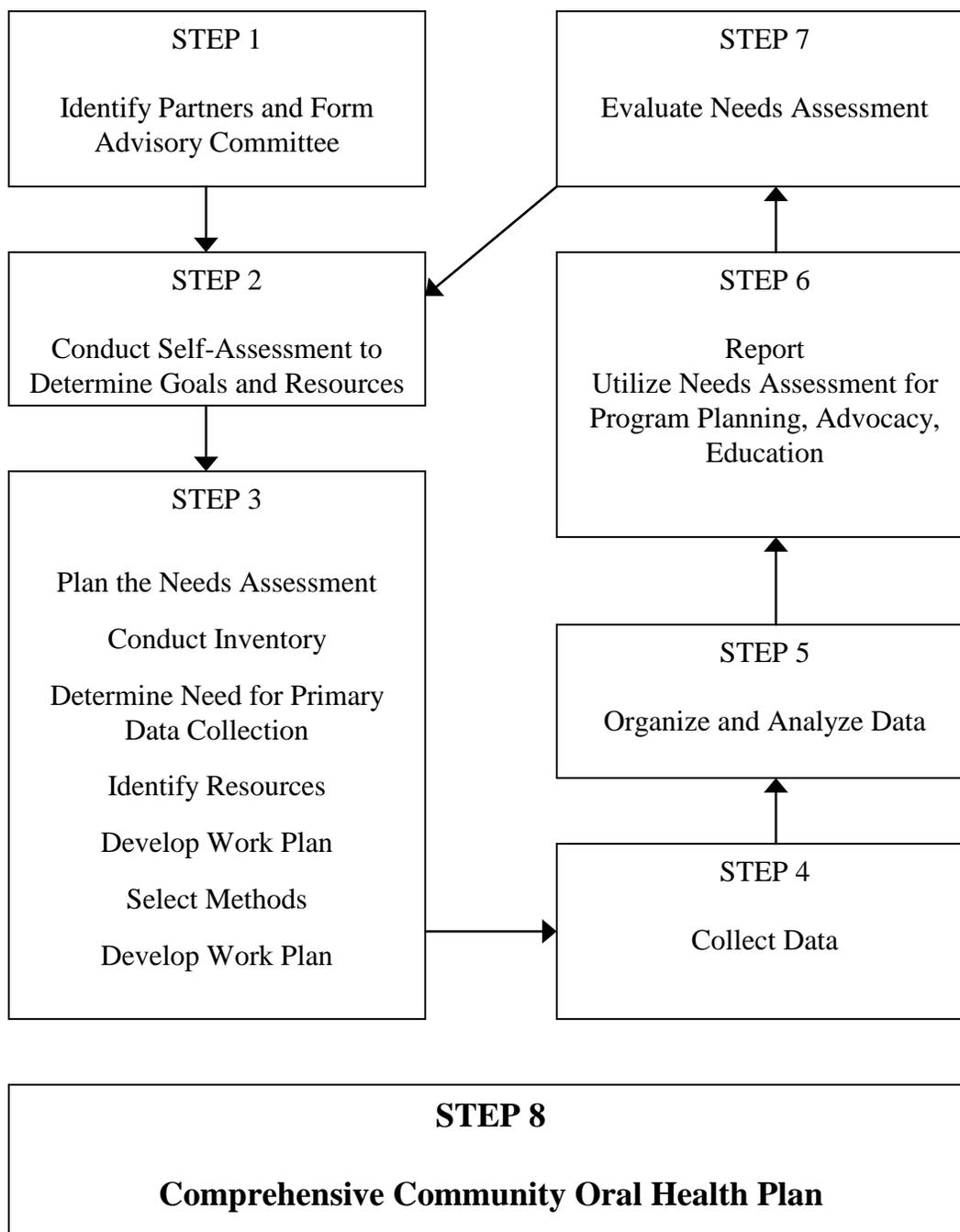
The model & guide provide a step-by-step, logical approach to help you conduct an oral health needs assessment and develop an oral health plan. It is based on a large-scale consensus-building process involving a number of diverse key stakeholders. Involving a community planning group is critical to the success of your needs assessment and plan.

At the heart of this model is a core set of information that all oral health programs should include as well as optional information items.

For More Information Contact:

Illinois Department of Public Health
Division of Oral Health
535 West Jefferson Street
Springfield, Illinois 62761
217.785.4899

Model Oral Health Needs Assessment



Name of grant program Oral Health Needs Assessment and Planning Grant

Legal name of applicant _____

Section 8. APPLICANT CERTIFICATION		
<p>Under penalty of perjury, I certify that I have examined this application and the document(s), proposal(s), and statement(s) submitted in conjunction herewith, and that to the best of my information and belief, the information contained herein is true, accurate, correct, and complete. I represent that I am the person authorized to submit this application on behalf of the applicant, and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this grant application is approved for funding.</p> <p>I, hereby release to IDPH, the rights to use photographs and/or written statements of information, regardless of the format, contained in or provided after the grant application for the purposes of publication on the IDPH website, unless the applicant submits a written request asking that the information not be disclosed.</p>		
Signature	Printed name/title	Date

FOR DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE

Type of Grant Application

- Direct Appropriation
- Allocation by Administrative Rule
- Competitive Request for Application
- Statutory Board Review Required
- Formula and/or Caseload Allocation
- Non-Competitive

Funding Source:	
General Revenue Fund	<input type="checkbox"/>
State Special Fund	<input type="checkbox"/>
Federal	<input type="checkbox"/>

Grant Application Funding Recommendation by Division/Program

<input type="checkbox"/>	Grant application disqualified/not eligible for funding under this award
<input type="checkbox"/>	Grant application recommended for funding at full request
<input type="checkbox"/>	Grant application recommended for funding at \$_____.

Division Chief/Program Manager _____ Date _____

Grant application funding recommendation approved by

Deputy Director _____ Date _____

Grants Review Committee Score _____ (Full review grants only)

Assistant Director _____ Date _____

Section 7. Grant Scope of Work - TEMPLATE Oral Health Needs Assessment and Planning Grant

Detailed Description

The Oral Health Needs Assessment and Planning Program assists communities to determine oral health status and plan comprehensive oral health programs designed to meet community needs. The Division of Oral Health provides agencies with training, technical assistance and copies of the Association of State and Territorial Dental Directors (ASTDD) “Seven-Step Model” and the Division of Oral Health Supplemental Guidance. These tools facilitate a systematic data collection and analysis process that translates into an action plan. The process is completed with development of appropriate community intervention strategies and implementation of the action plan.

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Program Requirements

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Expected Outcomes and how outcomes will be measured (Oral Health Needs Assessment and Planning Grant)

Grantee will engage community partners and form a community planning group.

- Division of Oral Health staff reviews all documents submitted by the grantee.

Grantee will develop a community-specific comprehensive oral health improvement plan.

- Division of Oral Health staff reviews all documents submitted by the grantee.

List of Goals

To create a comprehensive community-specific oral health plan.

Proposed Timeline

[Insert your agency’s timeline.]