Clinical Dental Education Innovations Grants
REQUEST FOR PROPOSALS (RFP) FOR FY2018

Project Overview

Under the authority of Minnesota Statutes Section 62J.692, Subdivision 7a, the Commissioner of Health is authorized to award grants to sponsoring institutions and clinical dental training sites for projects that increase dental access for underserved populations and promote innovative clinical training of dental professionals. Qualified applicants include institutions that sponsor accredited clinical dental education programs or interdisciplinary clinical training programs that include dental education; clinical training sites that host or will be hosting dental students or residents, dental therapy/advanced dental therapy students, dental hygiene students or dental assisting students and are currently enrolled as active Medicaid providers (training sites); or consortia consisting of members of one or both groups. Individual providers applying alone are not eligible for grants, nor are clinical training sites or institutions outside of Minnesota.

Potential uses of grant funds include funding or expanding existing programs that have demonstrated success in providing dental services to underserved populations and in developing or implementing new programs designed to improve access for underserved populations through the use of dental occupations residents or students in dental professional training programs. Grants must be used to fund costs directly related to the establishment or ongoing operation of an accredited clinical dental education program or to establish or expand an accredited clinical dental training at a Medicaid-eligible site. Examples of potential uses of funds include, but are not limited to, development of curricula for new dental-only or interdisciplinary programs, training programs for new dental professions such as dental therapy, outreach to potential patients and trainees through innovative programs, acquisition of necessary supplies or equipment at a clinical training site, development of teledentistry systems, recruitment of volunteer or paid preceptors, and/or other expenses related to establishing new clinical training sites or expanding services at existing sites.

Application Process

Following the submission deadline, a committee of dental/oral health and other public health professionals will review qualifying proposals. Based on recommendations from the review...
panel, the Commissioner of Health will determine the number and size of grant awards. Priority will be given to those proposals that:

- Serve areas of the state where the number of dental providers is not sufficient to meet the needs of public program recipients, uninsured individuals or other underserved populations;
- Demonstrate the potential for sustaining access to underserved populations in the long term;
- Use innovative clinical training models to achieve improved access while offering instructional content;
- Address unmet dental workforce needs.

Successful applicants will be required to enter into a grant agreement with the Minnesota Department of Health. Throughout the funding period, grantees will be expected to submit quarterly reports showing progress toward the goals laid out in each proposal. Grantees will also be subject to periodic reconciliation of invoices, including the review of source documents such as payroll records, bank statements, and supplier invoices. This RFP does not obligate the state to award a contract or to spend the total available funding, and the state reserves the right to cancel this solicitation in its entirety.

**Duration and Total Available Funding**

Projects will be approved for the grant period (July 2017 through December 2018). The anticipated start date of grant agreements for successful applicants is July 3, 2017. It is expected that approximately $1.1 million will be available for Fiscal Year 2018 (funding is subject to legislative appropriation so this is an estimate of funds available). In recent years, the average awards have been between $125,000 and $150,000. MDH anticipates making approximately eight to ten grant awards. With the potential for less money available this year than in the past, it is likely that only well-documented, innovative proposals that make an extraordinarily strong case will receive funding.

**Definitions for the purposes of this RFP**

“Accredited clinical training” means clinical training provided by a dental education program that is accredited through an organization recognized by the U.S. Department of Education, the Centers for Medicare and Medicaid Services (CMS) or another body that reviews the accrediting organizations for multiple disciplines and whose standards for recognizing accrediting organizations are reviewed and approved by the Minnesota Commissioner of Health, or a program that is approved by the Commissioner of Health or the Minnesota Board of Dentistry. Evidence of accreditation by program/discipline (dentist, dental therapist, dental hygienists, etc.) is required. Training programs must be accredited at the time of application.
“Sponsoring institution” means a hospital, school or consortium located in Minnesota that sponsors and maintains primary organizational and financial responsibility for a clinical dental professional education program in Minnesota and is accountable to the accrediting body.

“Training site” means a hospital, medical center, clinic, dental practice, or other organization that provides clinical dental education to trainees in Minnesota. Training sites must be enrolled as active Medicaid providers with a provider number at the time of application and throughout the funding period.

**Statutory Selection Criteria**

The commissioner shall award grants to teaching institutions and clinical training sites for projects that increase dental access for underserved populations and promote innovative clinical training of dental professionals. In awarding the grants, the commissioner shall consider the following:

- Potential to successfully increase access to an underserved population
- Long-term viability of the project to improve access beyond the period of initial funding
- Evidence of collaboration between the applicant and local communities
- Efficiency in the use of the funding, and
- Priority level of the project in relation to state clinical education, access, and workforce goals.

Applications will be scored using these criteria.

**Proposal Requirements**

Proposals are due no later than **4 p.m. on Friday, May 12, 2017**. Proposals must include the following elements **with all pages numbered in consecutive order**:

1. **Grant Application Form (attached)**, including identification of the responder
   
   A Name and mailing address of lead applicant organization
   B Name, title, telephone number and email address of the contact person for questions regarding the application proposal
   C Valid Medicaid Identification Number for each clinical training site.

2. **Verification of Accreditation or Board of Dentistry Approval status** of each clinical educational program participating in proposed project by discipline (dentistry, periodontics, dental assisting, dental hygiene, dental therapy, etc.). This information of current accreditation must be provided in the Appendix.
3. Project Narrative
A Table of Contents
B Executive Summary (two-page maximum, 12 pt. font, double spaced), describing the problem(s) to be addressed, the proposed project, the target population to be served, and the proposed use of funds.
C Narrative description of the project (not to exceed 25 pages, 12 pt. font, double spaced sequentially numbered), including all of the following elements, in this suggested order:

1) Give a clear problem statement that describes the problems or situations the project is designed to address. This section should document any relevant changes in service area populations or needs and the extent to which dental care needs are not currently being met in the proposed service area.

2) Give a description of all proposed activities that will address the issues identified in the problem statement. In the event the application is not selected for full funding, each proposed activity should include a priority ranking.

3) The narrative should also focus on the need for grant assistance (“but-for”) to undertake the proposed project in order to facilitate an innovative approach to clinical dental education and not just the oral health needs of persons, children or families with low incomes to receive affordable dental care.

4) Give a brief description of the lead applicant organization and other major organizations involved and their qualifications to undertake the project. Include experience in providing dental services to underserved or special needs populations and in providing clinical training for oral health professions.

5) Define the target population and geographic area to be served, including information on the percentage of current and proposed patients who are uninsured, public program enrollees, or members of underserved populations. Include supporting data specific to the service area.

6) Explain in detail how the project will increase access to dental services for currently underserved populations, including current and projected estimates of patient encounters per year and the resulting impact/increase if grant funding is received. Also, describe what the increase would be in the unduplicated number of uninsured and underinsured patients to be served over the number currently being served.

7) Describe what is innovative about your proposal. Reviewers expect to see new approaches to old problems/challenges and not just “more” or
“more of the same.” Grantees should not expect to be funded or re-funded without an innovative approach to service delivery and/or clinical dental/oral training.

8) Explain how the applicant organization is or will be collaborating with existing providers of dental services, dental education providers, community organizations or other organizations and discuss the efficiencies you expect from the collaboration.

9) Explain how the project will use an innovative approach to clinical training and how the proposed project differs from existing clinical education for dental assisting, dental hygiene, dental therapy, dental students, residents, etc.

10) In addition, applicants who propose to utilize existing or new dental staff, oral health students and residents, and/or training sites should submit evidence that firm commitments have been secured regarding the number of students, supervising instructional staff, time availability for rotations, necessary space and equipment, and the services to be provided. Student trainees should be identified by oral health profession and educational institution.

11) Define specific, measurable project objectives, and the methods to be used in collecting, tracking, and reporting these objectives. Measurable objectives should include – at a minimum – the number of new patients served and the numbers of students/residents trained.

4. Work plan identifying a time line for implementation of project elements (not to exceed an 18-month period between July 2017 and December 2018), specific tasks to be performed, and key project personnel and their responsibilities.

5. Resumes of the proposed project director and key project staff summarizing their experience and qualifications relevant to the proposed project.

6. Accounting System and Financial Capability Questionnaire (see attached)

7. Budget and Budget Narrative encompassing the period from the project’s start date to the end of the funding period. Grant funds under this program may be used for expenses directly related to the establishment or ongoing operation of an accredited clinical dental education program or to establish or expand an accredited clinical dental training at a Medicaid-eligible site. The discussion of the budget should reflect cost of the project, as well as any new reimbursement or other revenues that will be received for the performance of services and received from patients, third-party payers, and/or public programs. Include an estimate of increased revenues derived by the funded project.
Project grants may not be used for any expenditure or obligation made prior to the date on which a grant agreement becomes effective.

- **Budget Form (see attached)**
  The budget form provides the categories to be used for calculating resources needed for project expenditures. Identify all sources of funding (cash or in-kind) and uses in addition to state funding requested for each budget category. Submit one form and budget narrative for the grant project period.

- **Budget Narrative**
  For each of the cost items on the budget form, provide a rationale and details on how the budgeted cost items were calculated. This concise narrative should be labeled “Budget Narrative” and should follow the budget form.

  **B1. Salary and Fringe**
  Describe each position to be paid from grant funds. Provide the position title, total salary, fringe benefits, percentage of full time, and the rationale for inclusion in grant request. Include a description of the activities of each position as it relates to the project including the percent of time to be spent on project activities and the amount or percentage of salary to be funded by the project budget. No grant funds may be used for interpreters, childcare, public health education, general clinic/college administrators, or other administrative costs or staff unless directly related to the clinical dental education program. No funds may be used for schedulers unless specifically designed and limited to new dental education program participants.

  If faculty stipends or salaries are proposed, explain what the faculty member’s duties will be and how they relate to the proposed project. In addition, indicate why these activities are not part of their expected, contracted duties as a teaching, research or administrative faculty member.

  **B2. Travel**
  Include a detailed description of proposed travel as it relates to the project. Provide the number of miles planned for project activities as well as the rate of reimbursement per mile to be paid from the project funds. Out-of-state travel is not an eligible grant expense. Payment of patient travel expenses is not likely to be funded.

  **B3. Supplies (useful life of less than one year)**
  Include a description of supplies needed for the completion of the project.

  **B4. Contracted Services**
  For each contract, provide the name of the contractor, components or services to be provided and cost per service, client, or unit.
If subcontractors have been chosen, include background information about the subcontractors including how and why they were selected and how their previous experiences relates to the project. If no subcontractor has been chosen, include a description of the availability of contractors for the services and/or products required and the method to be used to choose a contractor.

B5. Equipment and Capital Improvements
Include a detailed description of the proposed equipment and/or capital improvements as they relate to the completion of the project. If possible, provide itemized costs. No portion of the grant monies may be used to retire debt incurred with respect to any capital expenditure made prior to the date the project is awarded.

B6. Other
Whenever possible, include proposed expenditures in the categories listed above. If it is necessary to include expenditures in “Other,” include a detailed description of the specific activities as they relate to the project. If possible, include a separate line item budget and budget narrative justification. If you are proposing to include resident fees as a grant expense, clearly explain what these fees pay for. See the previous discussion of faculty stipends regarding expectations of faculty.

8. A one-page agency financial statement including total revenue and expenditures and revenue/expenditures by category for the most recent year at the agency level.

9. A post-funding plan describing how the proposed project will be financially sustained beyond the end of the grant period and what specific sources of funding will be used to support the project into the future without additional Clinical Dental Innovations Grant funding. The long-term viability of the project and its ability to improve access beyond the period of grant funding will be evaluated when making funding decisions.

10. An evaluation plan including all measurable objectives, which describes how anticipated gains in access and patient services will be measured, and how the data will be collected, tracked, and reported. Data should ideally include both qualitative and quantitative measures. Preferably more than one evaluation method – e.g. survey, observation, chart review – will be used, and all methods should be appropriate to the population to be served.

11. Letters of cooperation and collaboration from all partner organizations and training programs involved in the proposed project, indicating their commitment to carrying out clearly identified responsibilities described in grant proposal. These letters should be more than just letters of support – they should demonstrate how the organizations will
work together.

12. **Appendix** including required evidence of current certification of accreditation by training program profession. Other documentation should be limited to four pages and only include information directly relevant to the project.

**Application Submittal**

A labeled original and four copies of the application are due by **4 p.m. on Friday, May 12, 2017** at:

- **Mailing Address:**
  - Keisha Shaw
  - Office of Rural Health and Primary Care
  - Minnesota Department of Health
  - PO Box 64882
  - St. Paul, MN 55164-0882

- **Courier Address:**
  - Keisha Shaw
  - Office of Rural Health and Primary Care
  - Minnesota Department of Health
  - 85 E Seventh Place, Suite 220
  - St. Paul, MN 55101

**RFP Submittal Checklist**

1. Grant Application Form (enclosed)
2. Table of Contents with all page numbers indicated
3. Executive Summary (three page maximum, 12 pt., double spaced and numbered)
4. Narrative (not to exceed 25 pages, 12 pt. font, double spaced and numbered)
5. Work plan and project timeline
6. One page resumes of project director and key staff
7. Completed Budget Form (enclosed)
8. Detailed Budget Narrative, detailing each line of the budget, and uses of funds
9. Accounting System Financial Capability Questionnaire (enclosed)
10. One-page agency/organization financial statement for the most recent year
11. Post-funding sustainability plan and evaluation plan
12. Letters of cooperation and commitment from all collaborating organizations
13. Appendix, if any (4-pages maximum including verification of accreditation)

**Please Note:**

Write your activity description(s), budget and budget justification(s) so that if only a portion of your proposal is selected for funding reviewers will be able to determine the activity priority, cost associated with each proposed activity, target population (elderly, children, community, etc.), or oral health profession.

All application documents submitted to MDH become public information after the announcement of awards.
MINNESOTA DEPARTMENT OF HEALTH
GRANT APPLICATION FORM
Clinical Dental Education Innovations Grant Program - FY2018

1. Applicant or Organization (with which grant contract is to be executed)

Legal Name _____________________________________________________________
Address ________________________________________________________________
Phone (______)__________________________
Federal ID Number _________________________           State Tax ID Number ________________________
Medicaid Identification Number(s) for training sites __________________________

2. Director of Applicant or Organization                              3. Fiscal Management Officer of Applicant

Name/Title __________________________________  Name/Title _______________________________________
Address_____________________________________   Address __________________________________________
Phone  (______)_____________________       Phone   (______)_________________________
Fax      (______)_____________________     Fax       (______)_________________________
Email ______________________________________    Email ____________________________________________

4. Owner of Organization (if different than # 1)

Name_____________________________________________________________________________________ 
Address____________________________________________________________________________________
Contact Person  ______________________________________________   Phone   (_____)____________________

5. Other applicants or organizations with the same owner or system affiliation applying simultaneously to this program

Name/Location __________________________________________________________________________________
Name/Location _____________________________________________ _____________________________________

6. Contact person for further information on application (if different from # 2)

Name/Title _________________________________________________________________________________________
Address___________________________________________________________________________________________
Phone (______)_________________________   Fax (______)____________________________
Email _____________________________________________

Title of Project _______________________________________________________________________________

7. Grant Amount Requested $ ______________________________Total Project Cost $ ____________________

8. I certify that the information contained herein is true and accurate to the best of my knowledge and that I submit
this application on behalf of the applicant organization.

Signature of Authorized
Agency Representative ____________________________________________________________
Title ____________________________________________________________
Date ____________________________________________________________
2018 Clinical Dental Education Innovations Grant Program  
State of Minnesota

SUGGESTED BUDGET FORM

<table>
<thead>
<tr>
<th>Categories</th>
<th>State Funding Requested</th>
<th>Funding from Other Sources</th>
<th>Total Project Cost</th>
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<tbody>
<tr>
<td>Personnel</td>
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<tr>
<td>Salaries</td>
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<td>Fringe</td>
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<td>Supplies</td>
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<td>Travel</td>
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<td>Equipment</td>
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<tr>
<td>Capital Improvements</td>
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<tr>
<td>Consultants/ Subcontractors</td>
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<td></td>
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<tr>
<td>Other</td>
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<td><strong>TOTAL</strong></td>
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Notes:

1) One budget form should be prepared for the entire time period for which funds are being sought.
2) The budget must be accompanied by a budget justification narrative that explains each line item.
3) Subcontractors must be identified, if known.
4) If contractors have not yet been identified, explain the selection process to be used.
5) Indirect cost rate recovery is not an eligible expense.
6) Identify all sources and proposed uses of funds (cash and in-kind) in addition to the state grant funding requested and include a description in the budget narrative.
ACCOUNTING SYSTEM AND FINANCIAL CAPABILITY QUESTIONNAIRE

This is the standard form to be used in order to determine the financial capacity of grant applicants. The creation and implementation of this form is in response to the best practices stated by the Office of Legislative Auditor.

No applicants will be excluded from receiving funding based solely on the answers to these questions.

<table>
<thead>
<tr>
<th>SECTION A: APPLICANT INFORMATION</th>
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<tbody>
<tr>
<td>1. Organization Name and Address</td>
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<tr>
<td>2. Employer Identification Number</td>
</tr>
<tr>
<td>3. Number of Employees</td>
</tr>
<tr>
<td>Full Time: Part Time:</td>
</tr>
<tr>
<td>4. When did the applicant receive its 501(c) 3 status? (MM/DD/YYYY)?</td>
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</table>

| 5. Is the applicant affiliated with or managed by any other organizations (Ex. regional or national offices)? | YES | NO If “Yes,” provide details: |
|-------------------------------------------------------------------------------------------------------------------------------|
| 6a. Total revenue in most recent accounting period (12 months). |
| 6b. How many different funding sources does the total revenue come from? |

| 5b. Does the applicant receive management or financial assistance from any other organizations? | YES | NO If “Yes,” provide details: |
|-----------------------------------------------------------------------------------------------|
| 6a. Total revenue in most recent accounting period (12 months). |
| 6b. How many different funding sources does the total revenue come from? |

<table>
<thead>
<tr>
<th>7. Does the applicant have written policies and procedures for the following business processes?</th>
</tr>
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<tbody>
<tr>
<td>a. Accounting</td>
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<tr>
<td>b. Purchasing</td>
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<tr>
<td>c. Payroll</td>
</tr>
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</table>

| 6a. Total revenue in most recent accounting period (12 months). |
| 6b. How many different funding sources does the total revenue come from? |

<table>
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<tr>
<th>SECTION B: ACCOUNTING SYSTEM</th>
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<tr>
<td>1. Has a Federal or State Agency issued an official opinion regarding the adequacy of the applicants accounting system for the collection, identification and allocation of costs for grants</td>
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**Note: If a financial review occurred within the past three years, omit Questions 2 – 6 of this Section and 1-3 of Section C.**

| a. If yes, provide the name and address of the reviewing agency: |
| b. Attach a copy of the latest review and any subsequent documents. |

<table>
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<tr>
<th>2. Which of the following best describes the accounting system?</th>
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<tr>
<td>Manual</td>
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| 3. Does the accounting system identify the deposits and expenditures of program funds for each and every grant separately? | YES | NO | Not Sure |

| 4. If the applicant has multiple programs within a grant, does the accounting system record the expenditures for each and every program separately by budget line items? | YES | NO | Not Sure |

| 5. Are time studies conducted for an employee(s) who receives funding from multiple sources? | YES | NO | Not Sure |

| 6. Does the accounting system have a way to identify over spending of grant funds? | YES | NO | Not Sure |

<table>
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<tr>
<th>SECTION C: FUND CONTROL</th>
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<tbody>
<tr>
<td>1. Is a separate bank account maintained for grant funds?</td>
</tr>
</tbody>
</table>

| 2. If grant funds are mixed with other funds, can the grants expenses be easily identified? | YES | NO | Not Sure |

| 3. Are the officials of the organization bonded? | YES | NO | Not Sure |

<table>
<thead>
<tr>
<th>SECTION D: FINANCIAL STATEMENTS</th>
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<tbody>
<tr>
<td>1. Did an independent certified public accountant (CPA) ever examine the organization’s financial statements?</td>
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<tr>
<th>SECTION E: CERTIFICATION</th>
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<tbody>
<tr>
<td>I certify that the above information is complete and correct to the best of my knowledge.</td>
</tr>
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</table>

| 1. Signature |
| 2. Date / / |

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*MINNESOTA DEPARTMENT OF HEALTH*