2020 Community Public Water System Fluoridation Equipment Competitive Grant Program Information and Materials

Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975
651-201-4700

Minnesota Department of Health
Drinking Water Protection Grant Information

To obtain this information in a different format, call: 651-201-4700.
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Part 1: Overview

Introduction

This document provides the forms and instruction you will need to complete the Community Public Water System Fluoridation Equipment Competitive Grant application. These documents are available on the MDH Drinking Water Protection Section web site; Fluoridation Grant Information (https://www.health.state.mn.us/communities/environment/water/com/grants.html).

The Minnesota Department of Health (MDH) will be available to provide consultation and guidance during the application process. For assistance, please contact Anita Smith, Grant Coordinator, at 651-201-4665 or anita.smith@state.mn.us. Please note that MDH staff will not be able to help with the actual writing of the application or critique drafts.

Background

Fluoridated drinking water helps prevent tooth decay through direct tooth contact and childhood consumption during tooth formation. Naturally occurring fluoride is commonly adjusted to optimal levels to protect oral health through the community water fluoridation process. The Centers for Disease Control and Prevention (CDC) has reported that optimal community water fluoridation reduces childhood cavities by 20 to 40 percent. Moreover, the preventative protection of water fluoridation lasts throughout adult life.

The MDH implemented community fluoridation at municipal water supplies in 1970. Minnesota Statute §144.145 authorized the Commissioner of Health to prevent tooth decay through fluoride control, testing, and reporting. Minnesota Rule 4700.0030 provides municipal fluoridation regulatory details regarding fluoride content (average 0.7 mg/L within a range of 0.5 to 0.9 mg/L), chemical feed, test equipment, monitoring, and recordkeeping. Currently, over 4 million Minnesotans are benefiting from community fluoridated water.

Public water systems (PWSs) with the greatest need of assistance are typically found in low-income and rural areas, many of which are located in dental health professional shortage areas (HPSAs) (Appendix F). Minnesotans who receive community water through these PWSs are more likely to experience higher rates of tooth decay and suffer from several oral health disparities (including higher prevalence of tooth decay and lower oral and preventive health service use) compared to those not living in Dental HPSAs. These disparities are due to lack of insurance and dental clinics that accept Medicaid and/or new patients, non-uniform distribution of oral health providers, and limited oral health literacy.

Funding and Work Scope

The MDH Drinking Water Protection Section is making available a total of $10,000 in assistance provided through a U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Minnesota Actions to Improve Oral Health Outcomes in the 21st Century federal grant.
Questions and Answers

All questions regarding this RFP must be submitted by email to david.rindal@state.mn.us by 2:00 p.m. Central Time on Monday, April 6, 2020. All answers will be posted on the Drinking Water Protection Grant Information webpage.

Part 2: Program Details

Health Equity Priorities

It is the policy of the State of Minnesota to ensure fairness, precision, equity and consistency in competitive grant awards. This includes implementing diversity and inclusion in grant-making. The Policy on Rating Criteria for Competitive Grant Review (PDF) establishes the expectation that grant programs intentionally identify how the grant serves diverse populations, especially populations experiencing inequities and/or disparities.

Community Fluoridation Grant Goal

The goal of the Community PWS Fluoridation Equipment Grant is to provide assistance to PWSs in updating fluoridation infrastructure for consistency with federal and state regulations. The MDH seeks to assist PWSs that do not have resources to update their infrastructure to meet recent U.S. Department of Health and Human Services (HHS) recommendations for communities to maintain 0.7 mg/L fluoride in drinking water. The MDH Drinking Water Protection Section will administer federal grant funds to reimburse eligible PWSs for costs involved in optimizing drinking water fluoridation. Funding support for the Community Fluoridation Equipment Grant is provided from the “Minnesota Actions to Improve Oral Health Outcomes in the 21st Century” cooperative agreement with the Centers for Disease Control and Prevention (CDC).

Purpose of Community Fluoridation Funds

Grant awards will fund the purchase and installation of fluoridation process equipment used by Minnesota community public water systems (PWSs). The grant awards may not be used for the purchase of fluoride chemicals, administrative costs, or other indirect costs.

Applicant Eligibility Requirements

Any Minnesota community PWS that does not currently provide drinking water with a fluoride concentration of at least 0.5 milligrams per liter (mg/L) or that is in need of replacing its existing fluoridation equipment in order to continue providing such a fluoride concentration is eligible to apply. Furthermore, a PWS must meet all of the following conditions in order to qualify for a grant:
• The PWS must employ or contract with a properly certified water operator.
• The PWS must not be currently subject to administrative penalty action by the MDH for violation of state or federal public water system regulations.

Eligible Projects and Funding Description

Grant funds must be used for new or replacement fluoridation equipment purchased in the grant project period within the grant project period. Engineering costs may be included in the request. Grants, if extended, will be contingent upon the funding available and the grantee’s satisfactory performance, including execution and fulfillment of the proposed work plan, achievement of objectives, and appropriate use of the awarded funds.

Each applicant may request up to $2,500 for fluoridation process equipment. A statement from the PWS owner or certified operator will be required to verify the condition of any existing fluoridation process equipment and (if applicable) justification for its replacement.

The total requested grant amount may not exceed $2,500.

Collaboration and Fund Matching

An applicant may propose to collaborate with other community public water systems. The applicant must provide matching funds equivalent to 20% of the total project cost.

Project Dates

Project dates are: May 11, 2020 through August 14, 2020

Scope of Work

Community Fluoridation Equipment Grant funding is to be used solely for the purchase and installation of fluoridation process equipment. Funds may not be used for the purchase of fluoride chemicals, administrative costs, reporting costs, or other indirect costs.

A grant application must identify:
• A description of the work that is to be performed:
• The entity responsible for completing the work:
• The cost of performing the work:
• The outcome or deliverable that will be achieved by conducting the work: and
• An indication of readiness to proceed with using the grant.

Fund recipients must comply with the requirements described in Minnesota Statute §144.145 and Rule 4700.0030. These requirements include but are not limited to: daily monitoring of water production volume, fluoride chemical consumption, and distribution system fluoride concentration; submission of monthly reports of water production, fluoride chemical consumption, and distribution system fluoride concentration to the MDH; and quarterly collection and submission of a distribution system sample to the MDH Public Health Laboratory (PHL). If a fund recipient petitions the MDH for, and is granted, a variance to Minnesota Rule
4720.0030, the fund recipient must satisfy the variance and any conditions attached by the MDH to its granting.

Recipients of funds intended for fluoridation process equipment must submit and receive approval of plans and specifications from the MDH Drinking Water Protection Section prior to installation. Process improvement plans and specifications must be signed by a registered Minnesota professional engineer. The professional engineer signature requirement may be waived in cases where the process improvements consist only of chemical feed equipment, e.g. storage tanks, chemical feed pumps, or feed tubing, and plans and specifications are provided by the chemical company that will supply the chemical feed equipment for that specific project. In addition, the waiver is available only when the plan approval submission: identifies the location of chemical feed equipment and injectors: includes equipment manufacturer’s pamphlets: is signed and dated on all drawing and specification pages by a chemical company representative, is readable, and complies with applicable installation rules.

Please note that no fluoridation process equipment is to be purchased or construction is to take place until the installation and/or construction plans have been reviewed and approved by the MDH Drinking Water Protection Section and a grant agreement signed with the MDH.

Application Form

You may obtain a copy of the Community PWS Fluoridation Equipment Competitive Grant application form by:

- Contacting fluoride grant coordinator by telephone at 651.201.4700 or email at health.drinkingwater@state.mn.us
- Downloading the form that is included with this announcement or at Drinking Water Protection Grant Information (https://www.health.state.mn.us/communities/environment/water/com/grants.html) website.

Required Application Components

Each application must contain the following items in the order listed:

- Signed Application – Appendix A
- Signed Fluoridation Equipment and Engineering Costs Estimates – Appendix C
- Any narrative or supplemental portions of the application must be written in 12-point font, single spaced with one-inch margins. Any supplemental pages must be numbered consecutively.

Grant Application Submittal

An eligible PWS may submit only one application. Should a PWS submit multiple applications, only the last application received before the application deadline will be considered eligible for evaluation.
Applicants may submit a grant application either by mail or electronically using the application form provided by MDH. Applications must be received by **2:00 PM CST, Monday, April 20, 2020.** Applications must be sent to:

**Attention: Grants Coordinator**

**Street Address** (hand or courier delivery)
Minnesota Department of Health
Drinking Water Protection Section
625 Robert Street North
Saint Paul, MN  55155-2538

**U.S. Postal Service Mailing Address**
Minnesota Department of Health
Drinking Water Protection Section
P.O. Box 64975
Saint Paul, MN  55164-0975

**Fax**
651-201-4701
Attention Fluoride Grant Coordinator

**Email**
Health.report-fluoride@state.mn.us

The MDH is not responsible for grant applications that are lost in the mail or delayed in electronic transmission. Late applications and applications lost in transit by courier will not be considered for review. Incomplete applications will not be considered for review.

Upon receipt, a grant application will be assigned a time and date which will be used to prioritize applications having equivalent scores. Proposals will then be reviewed and scored. This is a competitive grant application. Funds will be awarded to applicants whose proposals receive the highest scores.

**Trade Secret Information**

The MDH does not anticipate that trade secret information will be compromised as a result of the information presented in a grant application nor documenting the work that is performed and reported under a grant agreement. The MDH does not anticipate a need to request trade secret information during the plan submission and review process, and will retain public data in paper and/or electronic file formats.

**Part 3: Grant Management Responsibilities**

**Grant Agreement**

Sample MDH Grant Agreement can be viewed at Drinking Water Protection Grant Information (https://www.health.state.mn.us/communities/environment/water/com/grants.html).
Each grantee must formally enter into a grant agreement. The grant agreement will address the conditions of the award, including implementation for the project. Once the grant agreement is signed, the grantee is expected to read and comply with all conditions of the grant agreement.

No work on grant activities can begin until a fully executed grant agreement is in place.

The funded applicant will be legally responsible for assuring implementation of the work plan and compliance with all applicable state requirements including worker’s compensation insurance, nondiscrimination, data privacy, budget compliance, and reporting.

Part 4: Review and Selection Process

Grantee Past Performance and Due Diligence Review Process

It is the policy of the State of Minnesota to consider a grant applicant's past performance before awarding subsequent grants to them.

Selection Criteria and Weight

The Community Fluoridation Equipment Grant application is a competitive grant application. Only complete applications received or mailed on or before the deadline will be reviewed competitively. The MDH determines the priority of each community fluoridation measure that is included in a grant application using an internal grant application review team. Reviewers will determine which applications best meet the selection criteria. Reviewers will be required to identify any conflicts of interest and will not review a proposal if they have a direct relationship with the applicant. Staff from the Environmental Health Division of the MDH will develop final funding recommendations based on the scores and comments from reviewers. These funding recommendations will be forwarded to the Commissioner of Health for final approval. The MDH uses the following methodology to score a Community Fluoridation Grant application:

Proposals will be reviewed and scored according to a 100 point system listed below. A Community Fluoridation Grant application must have a minimum score of 60 points in order to be awarded. Grant requests that achieve the minimum score to quality will be awarded funds based upon the 1) score, 2) date placed upon the list, and 3) availability of grant funds.

Applicant Information (10 Points)

- Is the application attached, completed, and readable? (Appendix A) (5 Points)
- Is the applicant a Minnesota municipal community PWS? (5 Points)

Project Need (70 Points)

- Does the applicant’s distribution service area include either a geographic or low-income Dental Health Professional Shortage Area (HPSA)? (Appendix D) (35 Points)
- Is the maximum natural fluoride concentration of source water use by the applicant less than 0.5 mg/L? (15 Points)
- Does the applicant currently not provide drinking water containing an average fluoride concentration between 0.5 and 0.9 mg/L to all its customers? (10 Points)
• Is the applicant a community PWS that provides water to a school or daycare facility attended by children? (10 Points)

**Work Scope** (15 Points)

• Does the request for award not exceed $2,500 for fluoridation process equipment? (5 Points)
• Does the application include a verification of replacement process equipment need? (10 Points)

**Budget** (5 Points)

• Does the application include an identified vendor or engineer and an attached estimate of fluoridation process and/or fluoride analysis equipment costs? (Appendix C) (5 Points)

**Notification Process**

The MDH will provide written notification to grant applicants of the scoring results by **Friday, April 24, 2020**. Successful applicants will be informed that they will receive a grant using the $10,000 in federal CDC funds. All funds must be spent by August 15 2020.
Appendix A

2020 Community Public Water System Fluoridation Equipment
Competitive Grant Application

Notice: This application must be completed and signed in order to score your grant request.

Public Water Supply System (name of primary applicant): ____________________________

Public Water Supply System Fiscal Agent: __________________________________________

PWSID No.: __________________________________________________________________

Mailing Address: ______________________________________________________________

Federal Tax ID #: ______________________________________________________________

Note: List all of the public water supply systems involved if more than one is applying:

____________________________________________________________________________

Name of the Grant Contact:  _____________________________________________________

Phone No. and Extension: _______________________________________________________

E-mail address: _______________________________________________________________

Person Authorized to Sign Grant Agreement on Behalf of the Public Water Supply System:
Name: ____________________________________________ Title: _____________________

Total Cost of Project (Amount Requested + Cost Share):  $ _______________________

Total Grant Amount Being Requested (2,500 maximum):  $ _________________________

20% Cost Share Amount (amount contributed by Grantee):  $ ________________________

Work Item(s) to be performed under this grant

For each work item to be funded under the grant, please provide the following information (use an additional page if necessary).

1. Work Item 1 – describe the work that will be performed: __________________________

1a. PWS is ready and able to complete project by August 14, 2020: Yes____ No_____
1b. **Amount Requested** for performing this work: $ ____________________________

1c. Fluoridation Process Equipment type: New _____ Replacement _____

1d. Public water supply customers include: Daycare _____ School attended by children _____

1e. Product(s) produced or anticipated **outcomes** of performing this work item: ______________

2. **Work Item 2** – describe the work that will be performed: _____________________________

   ______________________________________________________________________________

2a. PWS is ready and able to complete project by August 14, 2020: Yes _____ No _____

2b. **Amount Requested** for performing this work: $ ____________________________

2c. Fluoridation Process Equipment type: New _____ Replacement _____

2d. Public water supply customers include: Daycare _____ School attended by children _____

2e. Product(s) produced or anticipated **outcomes** of performing this work item: ______________

2d. Public water supply customers include: Daycare _____ School attended by children _____

3. **Work Item 3** – describe the work that will be performed: _____________________________

   ______________________________________________________________________________

3a. PWS is ready and able to complete project by August 14, 2020: Yes _____ No _____

3b. **Amount Requested** for performing this work: $ ____________________________

3c. Fluoridation Process Equipment type: New _____ Replacement _____

3d. Public water supply customers include: Daycare _____ School attended by children _____

3e. Product(s) produced or anticipated **outcomes** of performing this work item: ______________

Environmental Health Division
Drinking Water Protection Section
P.O. Box 64975
St. Paul, Minnesota 55164-0975
Phone: 651-201-4700

03/23/2020

*To obtain this information in a different format, call: 651-201-4700.*
Checklist

☐ I have filled out all the fields in my application.

☐ I have signed my application.

☐ I have provided a detailed budget for each work item.

Disclaimer and Signature

I certify that the information herein is true and accurate to the best of my knowledge and I submit this application on behalf of the applicant public water supply system. I acknowledge that the project will be completed by the grant expiration date and that all work performed will be done in accordance with all Local, State and Federal Regulations:

Signature: _________________________________________ Date: _____________________

Note: If you are awarded a grant, NO work should begin until all required signatures have been obtained on the grant agreement, and grantee receives a signed copy of the grant agreement.

Appendix A

Instructions

You may complete this form manually or electronically. Please print the information if you opt to do this manually. Once you are finished, you have three options for submitting the application form to the Minnesota Department of Health:

Option 1 - Mail the form to:
Minnesota Department of Health
Drinking Water Protection Program
Fluoride Grant Coordinator
P.O. Box 64975
St. Paul, Minnesota  55164-0975

Option 2 - Fax the form to:
Fluoride Grant Coordinator
651-201- 4665

Option 3 - E-mail the application to:
Health.report-fluoride@state.mn.us
Appendix B

Definitions

**Public Water System** means the name that is used by the Minnesota Department of Health to identify the public water supplier and that is associated with a public water system identification number.

**Name of the Grant Contact** means the name of the individual who will be responsible for managing the grant.

**Telephone Number** means the telephone number of the contact person that the Minnesota Department of Health can call during its regular business hours (M-F from 8:30 a.m. to 4:30 p.m.).

**E-mail** means an internet address for the contact person that the Minnesota Department of Health can use to electronically transmit information related to the grant.

**Mailing Address** means the official mailing address of the public water system that shall be used for correspondence with MDH.

**Name and Title of the Person Authorized to Sign the Grant Agreement on Behalf of the Public Water System** means a person who has authority to administer a financial agreement between the public water supplier and the Minnesota Department of Health.

**Total Grant Amount Being Requested** means the sum of the costs of the work items that are identified in the grant application (1b + 2b + 3b)

**Work Item** is the community fluoridation activity or activities that are to be performed under this part of the grant application. Fill one box for each activity included in the project; feel free to insert more boxes if needed.

**Amount requested for performing this work** means the estimated amount requested by the grantee for completing the activity performed under this part of the application.

**Fluoridation Process Equipment type** is the indicator of a need for new treatment process equipment or a need for upgraded, improved, or more efficient process equipment

**Product(s) produced or anticipated outcomes of performing this work** means the tangible results of performing the work that is funded by this grant.
Appendix C

Estimates for Fluoridation Equipment Costs

It is helpful to estimate and detail the expected costs associated with process equipment. General cost estimate information is available in the form of excerpts from “Water Fluoridation: A Manual for Engineers and Technicians” (CDC), available upon request. MDH plan review fee estimates are available upon request.

Recipients of funds intended for fluoridation process equipment must submit and receive approval of plans and specifications from the MDH Drinking Water Protection Section Administrative Unit prior to installation.

Fluoridation process equipment will include, but will not be limited to (not all items may be applicable or necessary).

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemical feed pump(s)</td>
<td>$</td>
</tr>
<tr>
<td>Chemical supply scale(s)</td>
<td>$</td>
</tr>
<tr>
<td>Bulk storage tank</td>
<td>$</td>
</tr>
<tr>
<td>Day storage tank</td>
<td>$</td>
</tr>
<tr>
<td>Chemical spill containment</td>
<td>$</td>
</tr>
<tr>
<td>Chemical transfer pump</td>
<td>$</td>
</tr>
<tr>
<td>Chemical feed tubing, pipe(s), and/or injector(s)</td>
<td>$</td>
</tr>
<tr>
<td>Electrical wiring</td>
<td>$</td>
</tr>
<tr>
<td>Miscellaneous costs</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total Estimated Costs</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

**Contact information of PWS owner or certified operator** (please print)

Name: _________________________________________________________________

Phone number: __________________________________________________________

E-mail address: _________________________________________________________

Signature: __________________________________________________________________

Title: ___________________________________________________________________

Date: ____________________________________________________________________
Appendix D

Minnesota Dental Health Professional Shortage Areas

Dental HPSA designations are shown in the map below.

Source: Health Professional Shortage Areas (PDF)
(https://www.health.state.mn.us/facilities/underserved/docs/2018hpsadental.pdf)