



STATE OF ARKANSAS
ARKANSAS DEPARTMENT OF HEALTH

Oral Health Program

REQUEST FOR APPLICATIONS

RFA-13-0003

For

Oral Health Workforce

Grant-in-Aid for Dental Professionals

Date Issued:

October 19, 2012

Application Timelines

<u>Event</u>	<u>Date</u>
RFA Issued	October 19, 2012
Due date for application submittal to Issuing Officer	October 30, 2012, 2:30 p.m.,
Completion of application reviews and recipient selection	Anticipated date of November 2, 2012
Anticipated start date of sub grant*	February 1, 2013, if not earlier

*Note: Final processing of funding subsequent to ADH review and protocol.

Available Funding

A total of \$75,000 is available to fund three (3) sub awards as financial incentives to dentists who come to practice in Arkansas for the first time; contract with a CHC to practice for a minimum of two (2) years; and complete the special needs patient communications tool training available from UAMS Partners for Inclusive Communities. In the event that fewer applications are received than Federal grant funding allows, the ADH/Office of Oral Health reserves the right to re-advertise a new Request for Applications to garner additional responses to avoid loss of grant funding.

NOTE: CHCs are limited to one (1) award. The organization may choose to award all of the funding for the grant-in-aid or the balance after allowable expenses are deducted. The maximum sub-grant award is \$25,000. Expenses are deducted from the maximum and the balance then is the amount available for the grant-in-aid to the dental professional. Grant funding must be used for grant-in-aid to a dental professional, and justified allowable expenses in procurement of the dentist. Allowable expenses are limited to advertising and promotion and are not to exceed \$500.00. The grant funding may not be used to support the dentist's salary or fringe benefits.

Three (3) awards for dentists are available @ \$25,000 each. The total financial incentive for new dentists - \$75,000

Abbreviations/Acronyms used in RFA-13-0003

ADH	Arkansas Department of Health
CHC	Community Health Centers
FQHC	Arkansas Federally Qualified Health Centers
OOH	ADH-Office of Oral Health
EIN	Employee Identification Number
HRSA	Health Resources & Service Administration
HPSA	Health Professional Shortage Areas
RFA	Request for Applications
UAMS	Request for Application

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SECTION I: PROGRAM OVERVIEW

1.1 Purpose

The purpose of this Request for Application is to select Arkansas Federally Qualified Health Centers (FQHCs) hereinafter referred to as Community Health Centers (CHCs) to enhance the oral health workforce in Arkansas' underserved areas by providing financial incentives for practicing in CHCs to dental professionals coming to practice in Arkansas for the first time.

1.2 Background

The Arkansas Department of Health/Office of Oral Health (OOH) was established in 1999. Activities within OOH have focused on education, prevention, access to care and policy development. Ongoing projects include promotion and funding for community water fluoridation, promotion of dental sealants, and education on a variety of oral health issues for diverse audiences across the state, tobacco prevention and cessation, and working to improve access through workforce development.

ADH/OOH applied for and received grant funding beginning in September 2006 under the HRSA Grants to States to Support Oral Health Workforce Activities. September 2010 marks the second year of the potential three (3) years of funding under this grant. The Arkansas Oral Health Workforce Development Project has several components which build on existing networks and partnerships to address gaps in the oral health workforce. The component addressed by this Request for Application is promoting dental practice in underserved areas of the state. Three (3) \$10,000 grants-in-aid were awarded in the first year for the promotion of dental practice in underserved areas.

According to the United States Surgeon General, oral health is an integral part of general health and good dental care is critical to oral health. Many Arkansans live in areas lacking adequate oral health services. Community Health Centers (CHC) by design are located in underserved communities or health professional shortage areas (HPSA). CHC dentist salaries are lower than salaries available in private practice making practice in a CHC less than attractive for many new dental graduates because most of them have an overwhelming debt burden. According to the American Dental Association, the average indebtedness of a new dental graduate is more than \$130,000. To counteract that trend, dental professionals coming to practice in Arkansas for the first time may have the opportunity to receive incentives to practice in CHCs. Acceptance of the grant-in-aid will require that a dentist contract at least two (2) years to practice within the CHC and take the special needs communications tool course, with penalties for failure to honor those commitments. Contracted penalties will, at a minimum, include required repayment of all funds to the CHC with subsequent repayment to the ADH/Office of Oral Health.

SECTION II: APPLICANT REQUIREMENTS

2.1 Eligible Applicants

Arkansas Community Health Centers are eligible to apply for grant funding.

2.2 Applicant Commitments/Requirements

2.2.1 Ensure that funds are used only to support an incentive to a dental professional coming to practice in Arkansas for the first time and contracting with the CHC.

2.2.2 "It shall be a breach of ethical standards for a person to be retained, or to retain a person, to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except for retention of a bona fide employee of bona fide established commercial selling agencies maintained by the contractor for the purpose of securing business."

2.2.3 Submit a financial report and an evaluation report by August 31, 2013.

SECTION III: APPLICATION SUBMITTALS & TIMELINES

3.1 SUBMISSION DEADLINE

Applications must be received by the Issuing Officer no later than 2:30pm October 30, 2012. **Failure to meet submission requirements shall result in a disqualification from consideration of the application.**

3.2 DELIVERY OF APPLICATIONS

Applications must be mailed to the following address:

Arkansas Department of Health,
Procurement Branch **RFA-13-0003**
Attention: Tim Smith, CPPB
4815 W. Markham St. Slot 58
Little Rock, AR 72205 -3867

For applications to be hand delivered use the following address:

Arkansas Department of Health,
Tim Smith, CPPB
Procurement Branch **RFA-13-0003**
4815 West Markham Street, Room L163
Little Rock, AR 72205

For questions or information concerning this RFA or a submittal, please contact ADH Issuing Officer as follows:

Email: timothy.w.smith@arkansas.gov
Phone: 501-280-4573

3.3 NUMBER OF COPIES & APPLICATION FORMAT

Applicants must use the official grant application form and provide a signed original marked "**ORIGINAL**" and three (3) copies each marked "**Copy**".

The official grant application form is provided in Appendix I and consists of the following sections:

- Organization Information
- Contact Person
- Organization's Mission Statement
- Organizational Chart / Listing of Current Dental Professional Staff
- Statement of need
- Evaluation
- Budget Form

Applicants must use the official form located in Appendix I of this RFA. For questions contact the Issuing Officer as listed in 3.2 above.

3.4 SUBMITTING AN APPLICATION

Applications must be received by 2:30pm October 30, 2012. Applications received after this date and time will NOT be reviewed and will be returned to the applicant. The following items must be submitted for a complete application:

- Original and three (3) copies of the completed application form (Appendix I)
- Completed Contract & Grant Disclosure & Certification Form (Appendix II)
- Completed W-9 form (Appendix III)

SECTION IV: REVIEW OF APPLICATIONS & AWARD NOTIFICATION

4.1 Review for Compliance with RFA Requirements

Applications will be dated and time stamped upon receipt. Omission of any required document or form, failure to use required formats for response, or failure to respond to any requirement may lead to rejection of the application as non-responsive and will not be evaluated. All communications regarding RFA's from the issue date of this RFA until successful applicants are selected and announced shall be limited to the RFA Issuing Officer. All questions and requests for clarification should be addressed to the Issuing Officer. All questions, clarifications, or requests for additional information regarding the RFA must be submitted to, and received by, the Issuing Officer (refer to Section III) **2:30pm October 30, 2012.** After this date, no questions will be permitted. ADH is not bound by information provided verbally.

4.2 Evaluation & Scoring

Each application will be evaluated and scored by a review committee on a scale of 0 to 25 points. Funding will be awarded to the respondents receiving the highest scores. In the event there is a tie score, the tying applications will be resolved by use of a coin toss conducted by the Issuing Officer and a witness. Applicants will not be present during the tie-breaker, but documentation of the tie-break will be provided upon request.

4.3 POINT ASSIGNMENTS

The review committee will award points based on the following criteria:

CRITERIA	POSSIBLE POINTS
Organization Information / Mission Statement	1
Contact Person	1
Organizational Chart / Staffing List	1
Statement of Need	15
Evaluation	4
Budget Summary	2
Contract & Grant Disclosure & Certification Form and W-9 Form	1

4.4 AWARD NOTIFICATION

It is anticipated that the selection of awards will be by November 2, 2012.

SECTION V: GENERAL INFORMATION

5.1 REIMBURSEMENT GUIDELINES

The sub-grantee will be reimbursed on an "Actual Cost" method of reimbursement. Actual cost reimbursement is based on a complete itemized listing of allowable program expenses. These expenses must be within the approved budget's itemized listing of allowable program cost. No advance payments are allowed.

NOTE: Pursuant to Arkansas Code Annotate 19-4-1206, the agency shall certify that services have been performed or the goods received prior to payment being authorized and processed.

5.2 REPORTING AND MONITORING

A final report summarizing grant activities and budget expenditures is due on August 31, 2013. A program contact person, with contact information, will be assigned pending issuance of an award.

ADH program personnel will conduct a minimum of one (1) site visit to insure that sub grant assurances are being met and to evaluate the effectiveness of program expenditures.

RFA-13-0003
OFFICIAL GRANT APPLICATION FORM

Application Form

Open to all Arkansas Community Health Centers that demonstrate need for grant-in-aid funding to provide incentives to newly graduated dentists and or experienced dentists coming to practice in Arkansas for the first time. Applicants must use this official grant application form and must type or neatly print the complete application to become eligible.

Organizational Information

Legal Name of Organization 501 (c)(3) EIN#
Attach a copy of current ruling letter and send a copy of most recent audited financial statement for the 501 (c)(3)

Address

City/State/Zip Code

Phone Number	Fax Number	Web address (if applicable)
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Applicant Contact Person

Name	Title	Signature
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E-Mail Address	Phone Number	Fax Number
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Organization's Mission Statement

Organizational Chart/Listing of Current Dental Professional Staff

Please attach the organizational chart and dental professional staff listing to the application after page four (4) of the application.

Name of Organization

Statement of Need

Briefly describe your organization's current resources in facilities and staffing and the organization's specific need for sub-grant funding to provide a grant-in-aid to newly graduated dental professionals or dental professionals coming to Arkansas for the first time. Please limit the description to this page and the space provided on the following page. **(Use Arial 12 font.)**

Name of Organization

Evaluation

RFA-13-0003
Oral Health Workforce Grant-In-Aid for Dental Professionals
Budget Form

Organization: _____

Grant Request

Provide a budget and grant request of \$25,000.00 for dentists and include justification for allowable expenses. The total budget cannot exceed the grant request. If the organization wishes to use funding for advertising, then the grant-in-aid to the dentist must be reduced by that amount. Expenditures for advertising may not exceed \$500.00.

Expense	Amount	Justification
Dentist		
Advertising		
TOTAL		

APPENDIX II CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

The grant application must include a completed *Contract and Grant Disclosure and Certification Form*. There are two options for completing the form: electronic or hard-copy.

1. The form may be downloaded at <http://www.dfa.arkansas.gov/offices/procurement/Documents/contgrantform.pdf>
Complete the form by **typing or printing** the required information onto the form. When completed, print out the two pages, obtain signatures, and attach it to the application after page four (4) following the "Organizational Chart and Listing of Current Dental Professionals" attachment.
2. Or complete the attached hard copy of the *Contract and Grant Disclosure and Certification Form* by **typing or printing** the required information onto the form, obtaining signatures and attaching as instructed.

APPENDIX III FORM W-9

The grant application must include a completed W-9 form. There are two options for completing the form:

1. Form W-9 may be downloaded at <http://www.irs.gov/pub/irs-pdf/fw9.pdf> Please complete the form, print it out, obtain the authorized signature, and attach it to the application after page four (4) following the "Contract and Grant Disclosure and Certification Form" attachment.
2. Or complete the hard copy of Form W-9 included in the packet by **typing or printing** the required information onto the form, obtaining authorized signature and attaching as instructed.