



STATE OF ARKANSAS
ARKANSAS DEPARTMENT OF HEALTH

REQUEST FOR APPLICATIONS
RFA-14-0007

for
Oral Health Consultants

Date Issued: September 15, 2014

Application Timelines

<u>Event</u>	<u>Date</u>
RFA Issued	September 15, 2014
Due date for application submittal to Issuing Officer	October 6, 2014, 2:30 p.m.,
Completion of application reviews, recipient selection and award notices mailed	Anticipated date of October 17, 2014
Anticipated start date of sub grant*	October 27, 2014

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

Available Funding

A total of \$52,246 is available to fund two qualified consultants to be responsible for visiting the offices of pediatric physicians and family practitioners across the state for the delivery of a fluoride varnish toolkit and hands-on fluoride varnish application training to staff members. The consultants will work a minimum of 16 hours per week during the period of 10/2014 through 9/2015.

Two consultants will be contracted at the following rates each:

Professional Services.....	2 @ \$22,000
In-State mileage travel.....	2 @ \$3,360 (8,000 miles at \$0.42 per mile)
Lodging.....	2 @ \$490 (7 nights @ \$70)
Per Diem.....	\$273

The ADH/Office of Oral Health reserves the right to re-advertise a new Request for Applications to garner additional responses if needed.

Abbreviations/Acronyms used in RFA-14-0007

ADH	Arkansas Department of Health
OOH	Office of Oral Health
RFA	Request for Application
CDC	Center for Disease Control

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SECTION I: PROGRAM OVERVIEW

1.1 Purpose

The purpose of this Request for Application is to select two part-time dental hygienists or other qualified personnel to provide outreach to the state's pediatric and family medical practice groups for the purpose of training and education in the use and integration of topical fluoride varnish applications and dentist referrals.

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 August 2014 under the CDC Prevention Grants to support health prevention activities. The Arkansas Oral Health prevention project has several components which build on existing networks and partnerships to address gaps in the oral health services delivery and to initiate new preventive dental services to Arkansans. The component addressed by this Request for Application is promoting fluoride varnish application by physicians and nurses during well baby checkups and other child visits in the medical office. Referral to a dental home is an integral part of the effort.

SECTION II: APPLICANT REQUIREMENTS

2.1 Eligible Applicants

Arkansas Licensed dental hygienist or other qualified dental personnel with a minimum of three (3) years' work experience. Proof of licensure in Arkansas.

2.2 Applicant Commitments/Requirements

2.2.1 Well versed in the knowledge of topical fluoride varnish

- Develop a brief educational presentation for the medical team
- Ability to converse scientifically about the function of fluoride varnish
- Provide contact information to supply companies for inventory orders
- Provide billing codes and anticipated fee compensation

2.2.2 Organizational skills to plan statewide visit

- Effectively devise a plan to maximize travel throughout the state
- Provide contact information to medical practices with local/regional dentists

2.2.3 Create a log to follow operational success

- Develop a tracking log to be completed and faxed in monthly
- Track all offices visited and provide reports on regular basis
 - Number of patients treated
 - Number of patients referred for dental services

2.2.4 Maintain expense records

- Keep detailed log of travels expenses, lodging, etc.
- Submit weekly reports for compensation to OOH

SECTION III: APPLICATION SUBMITTALS & TIMELINES

3.1 SUBMISSION DEADLINE

Applications must be received by the Issuing Officer no later than 2:30pm October 6, 2014. **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
Attention: Bob Broughton
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,
Bob Broughton
Procurement Branch
4815 West Markham Street, Room L156
Little Rock, AR 72205

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

Email: bob.broughton@arkansas.gov
Phone: 501-280-4594

3.3 NUMBER OF COPIES & APPLICATION FORMAT

Applicants must use the official grant application form and provide a signed original marked “**ORIGINAL**” and three copies each marked “**Copy**”.

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

- Personal Information
- Resume
- Contract and disclosure and certification form
- W-9 Form

Applicants must use the official form located in Appendix I of this RFA. For questions contact the Issuing Officer at bob.broughton@arkansas.gov

3.4 SUBMITTING AN APPLICATION

Applications must be received by 2:30pm October 6th, 2014. 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 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 NOTIFICATIONS

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 are permitted from the issue date of this RFA until successful applicants are selected and announced, respondents shall limit all other communications with any ADH staff about this or a related procurement 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 page 5) **2:30pm October 6th, 2014.** 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 by a review committee and applicants scoring the highest will be interviewed and scored on a scale of 1 - 21 points. Positions will be awarded to the applicants 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
Past Experience	3
Appearance	3
Communication Skills	3
Subject Knowledge	3
Organization	3
Travel	3
Contract & Grant Disclosure & Certification Form and W-9 Form	3
Total Points	21

4.4 NOTIFICATION

It is anticipated that the notification of positions will be sent via email from ADH/OOH by October 17th, 2014. Applicants not chosen will also be notified via email by this date.

SECTION V: GENERAL INFORMATION

5.1 REIMBURSEMENT GUIDELINES

The consultants 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 September 30, 2015.

RFA14-0007
OFFICIAL APPLICATION FORM

Application Form

Open to all Arkansas licensed dental hygienists who have been actively providing dental hygiene services for at least 3 years.

Name

Legal Name Date

Address

City/State/Zip Code

Phone Number Fax Number Web address (if applicable)

E-Mail Address Phone Number Fax Number

Name Title Signature

Applicant's Resume

APPENDIX II **CONTRACT AND GRANT DISCLOSURE
AND CERTIFICATION FORM**

The RFA application must include a completed *Contract and Grant Disclosure and Certification Form*.

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 the resume.

APPENDIX III **FORM W-9**

The grant application must include a completed W-9 form.

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.