

CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

1020 Sundown Way, Roseville, CA 95661

Phone: 916-929-9761 · www.crihb.org

Request for Proposal Dental Support Center Oral Health Mini-Grant Application, Cycle #15

Important Dates

Project Period: **August 1, 2022–November 30, 2022**

Application Deadline: **Extended to July 29, 2022, at 5:00 p.m. PST**

Notification of Funding: **August 1, 2022**

Final Report Due: **December 15, 2022**

Funded by the Indian Health Service Preventive and Clinical Dental Support Center
Grant #31903



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Dental Support Center

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1. Eligibility

- All California Tribal/Urban Dental Health Programs are eligible. Each accepted proposal will be funded up to **\$10,000**. The grant proposal should be no more than six pages in length, including the cover page.

2. Funding Priority Areas

Oral health projects must focus on one or more of the following priority areas:

- Oral health project that improves dental Government Performance and Results Act (GPRA) measures. Required to focus on at least one: access to dental services, sealants, or topical fluoride.
- Oral health project that serves American Indian and Alaska Native (AIAN) infants, children, or youth.
- Oral health project that serves the oral health needs of AIAN adults and elders (diabetes, geriatric, oral cancer, smokeless tobacco use, methamphetamine mouth, etc.).
- Oral health project that improves the oral health of AIAN pregnant women.
- Oral health project that promotes Indian Health Service (IHS) initiatives (Early Childhood Caries [ECC], Periodontal Disease, etc.).

3. Funding Guidelines

- Funds may be used to purchase expendable supplies needed to implement and administer initiatives, including oral hygiene supplies.
- Funds may not be used for food.
- Funds may not be used for overhead costs.
- Funds may not be used for billable services.

4. Grant Period

- August 1, 2022–November 30, 2022

5. Grant Requirements

- Final report due: December 15, 2022.
- A final report must include data on tracking measures and evaluation outcomes of the project. (See attached report template)
- Grant recipients will be invited to present a poster at the annual California Dental Support Center Conference in May 2023.

Once a program is officially notified of funding, recipients will be paid in two installments: 1) 50% upon initial notification and 2) 50% upon submission of the final report, including all tracking measures and evaluation. If your project is completed before the final deadline, you may submit your final report earlier than the due date. The remaining balance will be paid upon submission of your final report.

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6. Cover Page

Name of Organization: _____

Address of Tribal/Urban Dental Program:

Organization's Federal ID Number: _____

Name and Title of Primary Contact: _____

Telephone: _____ E-mail: _____

Person Authorized to Sign, If Different Than Primary Contact: _____

Project Title: _____

Project Period: _____

Amount Requested: \$ _____

Signature of the Chief Executive Officer

Date

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7. **Project Proposal - Please answer the following questions. Funding will be based on your responses.**

- A. Which oral health priority area(s) will the project address? (Check all that apply.)
- Oral health project that improves dental GPRA measures. Required to focus on at least one: access to dental services, sealants, or topical fluoride.
 - Oral health project that serves AIAN infants, children, and youth.
 - Oral health project that serves the oral health needs of AIAN adults (diabetes, geriatric, oral cancer, tobacco use, methamphetamine mouth, etc.).
 - Oral health project that improves the oral health of AIAN pregnant women.
 - Oral health project that promotes IHS initiatives (ECC, Periodontal Disease).

B. Briefly summarize your project.

C. Describe the need for the proposed project in your community.

D. What are the goals for this project? What is the anticipated impact of the project in your community?

E. What are the objectives for the project goals? Please use the SMART objectives format. (**Specific, Measurable, Achievable, Realistic, and Time-bound).**

By [WHEN- Time-bound], [WHO/WHAT- Specific] from [MEASURE (number, rate, percentage of change baseline) - Measurable], [RESOURCES- Achievable], and PRACTICAL – Realistic].

Example: By 4/15/2020, decrease the number of smokers among X Tribe by 50% by promoting anti-smoking resources and activities, including monthly support groups and health education classes.

F. Describe the activities that will be conducted to achieve the objectives. (Methodology)

G. Who will be conducting said activities? Describe their roles in the activities, including the location(s) of the activity sites.

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- H. How and when will the progress of the project be monitored?
- I. Indicate the approximate number of AIAN people the activity will serve.
Adults (18 years and older) _____ Youth (12-17 years) _____
Children (0-11 years) _____
- J. What challenges are anticipated? What steps can be taken to overcome these challenges?
- K. How will the project be evaluated? What tracking measures will be provided in the final report? (Please be specific and list all that apply.)
- L. What dental GPRA reporting measures does this project contribute to? (Required, must check at least one.)
- Access to Dental Services
 - Dental Sealants
 - Topical Fluoride
- M. List partners or collaborators for the project (if any). Letters of support from the project partners may be submitted as additional attachments.

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8. **BUDGET** – Project Budget (not included in the 6-page limit). Use this template as a guide- make necessary additions/changes to complete your project budget.

Project Title: _____

Project Date(s): _____

Site(s) of Project Activities: _____

<u>Category</u>	<u>Amount</u>
1. Supplies (describe item/amount)	\$
•	\$
•	\$
2. Other (_____)	
3.	
4.	
TOTAL BUDGET	

Please list in-kind contributions, if any.

Dental Support Center Mini-Grant Application Deadline:

Friday, July 29, 2022, at 5:00 p.m. PST

E-mail your application to:

Consuelo Gambino, Dental Support Center Coordinator

E-mail: cgambino@crihb.org

Phone: (916) 929-9761, ext.1307