

PA Coalition for Oral Health

PA Oral Health Plan Mini-Grants 2018 -2019 Guidelines and Application

Purpose

The purpose of the PA Coalition for Oral Health (PCOH) PA Oral Health Plan Mini-Grant Program is to facilitate the implementation of the goals and recommendations of the 2017-2020 PA Oral Health Plan, as well as to advance the oral health of all Pennsylvanians. This will be accomplished by supporting the completion of smaller projects not eligible or unable to compete for alternative funding methods that will benefit from the speed and agility afforded by the Oral Health Plan (OHP) Mini-Grant Program.

This program is funded through a grant by the PA Department of Health and administered by PCOH.

Eligibility

Eligible applicants for PCOH OHP Mini-Grants consists of all community-based organizations, including county or municipal governments, school districts, colleges/universities, and non-profit organizations within the Commonwealth of Pennsylvania.

Eligible Project Categories

Projects eligible for funding must fall within the 67 counties of the Commonwealth of PA that support implementation of the 2017 – 2020 Oral Health Plan.

Eligible projects will come from the following priority areas and address specific goals and objectives identified in the Oral Health Plan:

- Oral Health Prevention and/or Care Delivery Model (Objective 1.1)
- Sealant Program (Objective 1.2)
- Oral Health Education Model (Objective 1.3)
- Community Water Fluoridation (Objective 1.4)
- Oral Health Workforce Development (Objectives 2.1, 2.2, and 2.3)
- Oral Health Surveillance (Objectives 3.1, 3.2, and 3.3)

Funding

Maximum Request The maximum request may not exceed \$2,000.

Allowable Expenses All mini-grant funded expenses must be clinically or educationally relevant. Food/beverage, prizes and other "swag" are *not* allowable expenses.

Applicant Match Applicant match is not required, but all applicants are encouraged to leverage other funding sources. A cash commitment receives favorable consideration in project evaluations.

Cost Reimbursement The project sponsor does not receive a check upon approval of their project.

Funding is strictly on a reimbursement basis. All costs are paid by the applicant and a reimbursement request is submitted to PCOH for payment upon receipt of all necessary documentation.

All grant-associated expenses must be incurred by June 1, 2019 and billed to PCOH by June 14, 2019.

Application Procedure

Application Form

The OHP Mini-Grant application and guidelines are available on PCOH's website at www.paoralhealth.org/resources

Closing Date

Applications must be signed and received by PCOH by **September 28th, 2019**. Applications received after this date will not be considered. Submissions can be made electronically or via hard copy.

Electronic submissions can be sent to info@paoralhealth.org and hard copy submissions can be mailed to PCOH, PO Box 242, Delmont, PA, 15626.

Evaluation

Review Process

Applications will be reviewed and awarded by PCOH. Awardees will be notified in November, 2018.

Project Description 20 points

Application thoroughly describes the project; project can be completed within grant cycle.

Reach of Project 10 points

Application provides detailed description of targeted population.

Project Meets OHP Goals 40 points

Project is derived from/consistent with PA OHP Goals and Priorities and specifically identifies which objective(s) are addressed. Use of evidence-based practices is encouraged.

Budget 10 points

Detailed budget included with application

Goal Evaluation Process 20 points

Demonstrates necessary process for reporting

Contacts/Resources

Helen Hawkey, Executive Director
PA Coalition for Oral Health
helen@paoralhealth.org
724.972.7242

Jan Miller, Oral Health Program Coordinator
Department of Health
janmille@pa.gov
717.787.5900

Resources (click to review)

PA Oral Health Plan

Seeking Best Practices: A Conceptual Framework for Planning and Improving Evidence-Based Practices

Required Final Report Form - Due June 14, 2019 from awardees

Grant Application – PA Coalition for Oral Health

Organization Information

Legal Name of Organization

Mailing Address

City

State (Postal Abbreviation)

ZIP Code

Website (optional)

Federal Tax ID Number

This is a nine-digit number of two-digits followed by a dash, then the last seven-digits.
Example: 01-2345678

Type of organization. (Select the category that describes your organization)

- Nonprofit corporation, as described in United States Internal Revenue Service Code
- Government Agency
- Municipality/School
- Other _____

Contact Person for Applicant

Prefix (i.e., Mr., Ms.)

First Name

E-mail Address

Last Name

Phone Number

Title

Project Information

Project Name

Brief Description of Grant Request

Please limit your response to no more than 325 characters (approximately 50 words)

Major Funding Category: *(select the category and objective that best describes your grant request)*

- Oral Health Prevention and/or Care Delivery Model (Objective 1.1)
- Sealant Program (Objective 1.2)
- Oral Health Education Model (Objective 1.3)
- Community Water Fluoridation (Objective 1.4)
- Oral Health Workforce Development (Objectives 2.1, 2.2, and 2.3)
- Oral Health Surveillance (Objectives 3.1, 3.2, and 3.3)

Certification

I certify that this application has been made with the support of the Governing Board and chief executive of my organization.

Narrative

Organization Information – Briefly summarize your organization’s history, mission, current programs and activities. Include a brief overview of your organizational structure, including board, staff and volunteer involvement.

Please limit your response to no more than 1400 characters (approximately 200 words)

Purpose of Grant – Describe the proposed program/project ***identifying the OHP Priority(ies) to be addressed.*** Identify project/program goals and objectives and your timetable for implementation. Include information about the targeted population and anticipated reach of your project/program.

Please limit to no more than 2100 characters (approximately 300 words)

Evaluation – Describe your plan to document progress and results. How will you tell if the project is successful? Linking your expected success to the priorities of the PA Oral Health Plan is extremely helpful. Final evaluation and expenditure reports will be required for every grant awarded. Please refer to attached report form.

Please limit to no more than 1400 characters (approximately 200 words)

Financial Information

Dollar Amount of Grant Request (2018 - 2019 grants available for up to \$2,000)

\$ Enter numbers and decimals only. Do not enter commas or dollar signs.

Total Project Cost

\$ Enter numbers and decimals only. Do not enter commas or dollar signs.

Current Annual Operating Budget

\$ Enter numbers and decimal points only. Do not enter commas or dollar signs.

Attachments/Document Upload

Project/Program Budget - Using the budget form provided, upload a detailed project/program budget that specifically outlines all funds that you are requesting.

[Click for Budget Form](#)