



Rhode Island Oral Health Access Project Oral Health Access Grant Program Technical Assistance Grants Request for Proposals (RFP)

What is the Rhode Island Oral Health Access Project?

Funded by the Robert Wood Johnson Foundation and administered by the Center for Health Care Strategies, the Rhode Island Oral Health Access Project is a partnership between the Rhode Island Department of Human Services, The Rhode Island Foundation, and Rhode Island KIDS COUNT. The purpose of the Rhode Island Oral Health Access Project is to increase access to primary and preventive dental services for children and families covered by Medicaid and for Rhode Islanders underserved for dental care.

The Oral Health Access Action Grant Program is one of two major components of the project, in which performance-based grants will be awarded through a competitive bid process. There are two types of Grants available: Technical Assistance Grants and Action Grants. The Request for Proposals for Action Grants will be released on December 15, 2003. The Action Grants will focus on increasing the supply of dental professional by increasing the number of graduates from training programs in the state, increasing the capacity of dental safety net providers, and expanding the Providence Smiles model to the state's other core cities.

What is a Technical Assistance Grant?

A Technical Assistance Grant is a grant of \$5,000 to \$10,000 per organization to be used for the purposes of technical assistance (e.g., working through some particularly difficult aspect of a project you are considering) or strategic planning regarding improved access to oral health services for Rhode Islanders.

How do I apply for a Technical Assistance Grant?

A Technical Assistance Grant application contains the following components:

- A completed copy of the Technical Assistance Grant Application Form
- A 2-4 page, numbered, narrative responding to the questions in Part II
- A copy of the organization's (or fiscal agent's) 501(c) tax determination letter
- A completed copy of the budget form

Applications should be submitted to Owen Heleen at The Rhode Island Foundation, and may be submitted via mail (One Union Station, Providence, RI 02903), in person, or by e-mail (ohleen@rifoundation.org). Only one (1) copy of the completed Technical Assistance Grant application should be submitted. Technical Assistance Grant applications are reviewed on a monthly basis and will be accepted for three months only, for a period ending **February 15, 2004**. Decisions typically take 4-8 weeks; be sure to submit your request at least 8 weeks in advance of the scheduled beginning of your project.

Who do I call if I have questions?

The Oral Health Access Grant Program is a collaborative initiative between the Rhode Island Department of Human Services, The Rhode Island Foundation, and Rhode Island KIDS COUNT. Organizations interested in applying are encouraged to discuss their project idea with one of the following people:

Jill Baroni
Policy Analyst
Rhode Island KIDS COUNT
One Union Station
Providence, RI 02903
401-351-9400 x20
jbaroni@rikidscount.org

or

Owen Heleen
Special Projects Officer
The Rhode Island Foundation
One Union Station
Providence, RI 02903
401-274-4564
ohleen@rifoundation.org

Technical Assistance Grant Application Form

Part I – General Information

ORGANIZATION INFORMATION

Date application completed _____

Organization/agency name _____

Chief executive name and title _____

Address _____

City _____ State _____ Zip _____

Telephone number _____ Fax number _____

Does your organization have its tax-exempt 501(c) status? Yes No

If not, which organization serves as your fiscal agent for this project? _____

Chief executive of fiscal agent _____ Telephone number _____

PROJECT INFORMATION

Project name _____

Project contact person and title _____

Telephone number _____ Fax number _____

Contact person's email address _____

Is the proposed project a new effort? Yes No

If yes, what is the proposed start-up date of the project? _____

If no, how long has the proposed project been in operation? _____

Total organization budget _____ Amount requested _____

Have you discussed this project with your Board? Yes No

If yes, when? In what ways? _____

Part II – Narrative Explanation

In no more than 2-4 pages, please answer the following questions:

1. What are you going to do? What are the specific goals of your project and what activities will it involve?
2. What is the specific question the project is intended to address? Who has been or will be involved in the design, delivery and evaluation of your project? What role has the Board and external consultants played in the identification and shaping of the project?
3. Do you plan on contracting with a consultant(s) for this project? If so, who do you intend to use? What specific services will they provide? Why did you choose them?

Note: Applicants must decide on the consultant(s) they will work with before applying for a Technical Assistance Grant. A copy of the proposed consultant(s) tasks and breakdown of costs also must be included. If you need assistance on how to identify, hire, and manage the working relationship with a consultant, you may wish to use resources assembled by The Rhode Island Foundation, located on the Foundation's Nonprofit Consultant Directory, at www.rifoundation.org.

4. What impact will the project have on your organization's efforts to expand access to oral health services?
5. What are the estimated total costs for this Technical Assistance Grant? What part of it is being requested from the Oral Health Access Project?
6. If you will be submitting a proposal for a Rhode Island Oral Health Access Project Action Grant in February 2004, how does this Technical Assistance Grant relate to what you will propose? How do the goals, objectives, activities, and timelines relate to one another?

Part III – Tax Determination Letter

Please be sure to submit a copy of the organization's (or fiscal agent's) 501(c) tax determination letter. If applying online, please note whether you will submit your tax determination letter via mail or fax (401.331.8085). In either case, please submit materials to Owen Heleen's attention.

Part IV – Project Budget Form

Organization/agency name _____

Project title _____

Please type or print legibly within the spaces provided:

PROJECT EXPENSES	REQUEST TO RHODE ISLAND ORAL HEALTH ACCESS PROJECT	PAID/DONATED BY YOUR ORGANIZATION	PAID/DONATED BY PARTNER(S) <i>(PLEASE IDENTIFY)</i>	OTHER FUNDING <i>(PLEASE DENOTE ANTICIPATED FUNDING WITH AN ASTERISK)</i>	TOTAL
PERSONNEL					
Salaries and Wages <i>(Break down by individual position and indicate full or part time)</i>					
Fringe benefits and payroll taxes					
Consultants and professional fees <i>(Provide detail of fees on a separate sheet)</i>					
PROGRAM					
Travel					
Supplies					
Printing and copying					
Telephone and fax					
Postage and delivery					
EQUIPMENT					
TOTALS					