

**Office of Oral Health
FY 2015 Dental Sealants Program Grant Application**

County Name:

Amount of Funding Requested:

New Sealant Program Existing Sealant Program

Type of Sealant Program: School-based School-linked Mobile Other

Section I. Program Description

A. Please provide a brief description of your sealant program.

B. What are your programmatic goals? (*i.e. to prevent and control dental caries (tooth decay) across the life stages*).

- 1) _____
- 2) _____
- 3) _____

C. What is your target population?

- High percentage of children receiving free or reduced lunch
- Title I designated school – (# of Title I schools in jurisdiction _____)
- Other (explain) - _____
- Not applicable

Section II. Budget

A. Will you be receiving funding for this program from other sources? Yes No

If yes, please list source(s)

- a. _____
- b. _____
- c. _____

B. Please use the attached budget justification form to detail what Office of Oral Health funding will support.

Section III. Data Collection Method & Evaluation Measures

A. What database system will you use to house your dental sealant data?

- 1) _____
- 2) _____

D. Please provide an estimate of your anticipated reach for the following services and/or measures. **(These are the measures to be included with your Budget Package, DHMH 4542, if you are awarded funding.)**

Measures	Anticipated Number
Number of Title 1 schools visited	
Number of children screened	
Number of children receiving sealants	
Number of children referred for follow-up care	

C. What type of challenges do you anticipate for your dental sealant program?

- 1) _____
- 2) _____
- 3) _____
- 4) _____

IV. Contact Information

Please provide contact information for the following individuals that will be involved in your dental sealant program.

Contact Position	Name	Phone	Email
Application Preparer			
Sealant Coordinator			
Quarterly Report Contact 1			
Quarterly Report Contact 2			
Fiscal Report Contact			