

Office of Oral Health
FY 2017 School Dental Sealants Program Grant Application

County Name: _____

Amount of Funding Requested: _____

New Sealant Program Existing Sealant Program

Type of Sealant Program (Check all that apply): School-based School-linked Mobile

Section I. Program Description

- A. Please provide a brief description of your sealant program (i.e. programmatic goals, services provided, etc.). *Limit: 200 Words*

- B. Describe how your program targets a high-risk population. *Limit: 200 Words*

- C. Describe how your program links children with a dental home. *Limit: 200 Words*

- D. Describe how your program conducts rechecks (if applicable). *Limit: 200 Words*

Section II. Budget

- A. Will you be receiving funding for this program from other sources? (Ex: Other grants, revenue) Yes No
 1) If yes, please list source(s)
 a. _____
 b. _____
 c. _____
- B. Please submit a twelve (12) month budget narrative using the budget form supplied with your application, with supporting justification and documentation as per the usual instructions for the DHMH Unified Grant Award along with this completed application to dhmh.ugaoralhealth@maryland.gov.

Section III. Data Collection Method & Evaluation Measures

- A. 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 schools served (total)	
Number of Title 1 schools served	
What grades will your program serve?	
Number of children screened	
Number of children receiving sealants	
Number of children referred for follow-up care	

- B. What type of challenges do you anticipate for your dental sealant program?
 1) _____
 2) _____
 3) _____

IV. Contact Information

Please provide contact information for the following individuals that will be involved in your dental sealant program. This information is used to enter into our reporting system and will be used to generate emails regarding your Oral Health Awards. Therefore it is very important that this information be complete and correct, especially regarding the quarterly reports. Please make sure that the Office of Oral Health is notified when contact information changes.

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