

Department of Health and Human Services  
Indian Health Service (IHS)  
Office of Clinical and Preventive Services  
Division of Oral Health (DOH)  
Dental Preventive and Clinical Support Centers Program  
Announcement Type: Program Awards, New and Competing Continuation

**Key Dates:**

Application Deadline Date: Noon EDT, 8 October, 2015

Anticipated Review Dates: 12 - 14 October, 2015

Anticipated Announcement of Program Awards: ~16 October, 2015

Earliest Anticipated Start Date: mid-October, 2015 (dependent on fy16 budget)

**I. Funding Opportunity Description**

**Statutory Authority**

The IHS DOH is accepting competitive program award applications for the Dental Preventive and Clinical Support Centers Program. This program is authorized under the authority of 25 U.S.C. § 13, Snyder Act; 42 U.S.C. § 2001, Transfer Act; Indian Health Care Improvement Act (IHCIA), amended 2010.

**Background**

The primary customers of a support center are IHS, Tribal, and urban dental programs and personnel throughout an IHS area, broad geographic region, or a defined group of programs and personnel. The primary customers are not dental patients or Tribes. The primary function of a support center is not the direct provision of clinical care. Well-designed support centers will impact upon patients' oral health, and document positive oral health outcomes for patients, primarily by providing guidance to field programs and addressing the assessed and perceived needs of dental personnel and IHS/Tribal/urban (I/T/U) dental programs.

Proposed programs focused at one locale or on clinical or preventive care alone, with no concomitant focus on a regional, IHS Area, or defined group of field programs, while well-intentioned and of potential value, are not responsive to this announcement or to the support center project.

**Purpose**

The purpose of this IHS grant program is to combine existing resources and infrastructure with IHS Headquarters (HQ) and IHS area resources in order to address the broad challenges and opportunities associated with IHS preventive and clinical dental programs. In accordance with the recently stated priorities of the Department of Health and Human Services (HHS) Secretary on the need to achieve "higher value" health care services, the dental support centers will

address two priority goals: (1) provide support, guidance, training, and enhancement of I/T/U dental programs; and (2) ensure that the services of the support centers and the I/T/U/ dental programs result in measurable improvements in the oral health status of the American Indian / Alaska Native (AI/AN) patients served. In short, support centers will empower the dental programs they serve and impact oral health outcomes through the guidance and services they provide. Improvements to oral health must be documented.

The ideal Dental Support Center:

- Will clearly state a vision or outcomes-based goal or goals, with effective activities or interventions aimed at achieving the desired outcomes. The connection between proposed activities and attainment of stated outcomes will be obvious, or clearly explained.
- Will assess, and periodically reassess, the perceived needs of the programs served and will strive to meet those needs.
- Will amplify its impact through innovation and collaboration.
- Will have a positive impact on Native American oral health in the form of actual health outcomes such as a decrease in decay experience, and decrease in untreated decay, or a decrease in the rate of O.R. utilization, and will document this impact.
- Will conduct periodic comprehensive assessments of all aspects of the support center, using an outside, objective consultant. The consultant will be identified and approved by both the Dental Support Center and the Project Officer of the DOH.

## **II. Award Information**

### **Type of Award**

Program award.

### **Estimated Funds Available**

The total amount of funding identified for fiscal year (FY) 2016 is approximately \$750,000. Individual award amounts are anticipated to be \$250,000. The amount of funding available for competing and continuation awards issued under this announcement is subject to the availability of appropriations and budgetary priorities of the Agency. The IHS is under no obligation to make awards that are selected for funding under this announcement.

### **Anticipated Number of Awards**

Approximately three awards will be issued under this program announcement.

### **Project Period**

The project period is for approximately five years, and will run consecutively from October, 2015 to September 29, 2020.

### **III. Eligibility Information**

#### **1. Eligible Applicants**

Eligible applicants include:

IHS Area Office dental programs, IHS Federal dental field programs. Federal programs receiving program awards for Dental Support Centers may choose to subcontract with private consultants or Tribal organizations. If it is the intention of a Federal Program to subcontract all or part of the award, this should be explicitly stated in the proposal. Subcontractors, if any, must be identified.

While multiple submissions from the same area or region will be reviewed, only one submission from any eligible organization will be accepted, and only one award will be made to any one area or region. Those Areas (Portland, Alaska, Nashville, Albuquerque, and California) benefiting from a support center funded by a grant will not be eligible for a second center funded by a program award. Organizations in the same area are encouraged to share resources in order to produce one collaborative proposal, rather than competing with each other. Individual field programs located in these five IHS Areas already receiving grants for centers may benefit from initiatives of other support centers. However, widespread overlap of field programs served by the same two centers will be avoided.

All of the individual I/T/U hospital- or clinic-based dental programs to be served must be listed in the proposal.

#### **2. Cost Sharing or Matching Requirements**

The IHS does not require matching funds or cost sharing for program awards.

#### **3. Other Requirements**

If the application budget exceeds the highest dollar amount outlined under the “Estimated Funds Available” section within this funding announcement, the application will be considered ineligible and will not be reviewed for further consideration. The applicant will be notified by e-mail by the DOH.

Continuation awards will be issued annually based on satisfactory performance evaluated and documented as described herein, documented progress toward goals and objectives, availability of funding, and the evolving needs of the IHS.

Files illustrating a selection of work products such as pamphlets or handouts produced by existing support centers or through similar initiatives can be appended. Limit appended examples of past work to no more than three examples. Past work is predictive of future performance, but emphasis will be

placed on future plans rather than past achievements.

#### **IV. Application and Submission Information**

##### **1. Application Materials**

There are no additional application materials for these program awards other than this announcement.

Questions regarding the application process may be directed to Project Officer Dr. Patrick Blahut, at [patrick.blahut@ihs.gov](mailto:patrick.blahut@ihs.gov). Label questions e-mailed to the Project Officer as “DSC Program Award Question.”

##### **2. Content and Form of Application Submission**

The applicant must submit a proposal for a program award that includes the following sections. While the length of each individual section is not specified, there is a strict overall length limitation of 22 pages for all of the following sections combined: table of contents, abstract, five sections of the application narrative, and the brief multi-year narrative. Reviewers will be instructed to cease reading and scoring content after 22 pages.

Proposal must be in #12 font, with one inch margins.

##### **Table of contents. (required, but not scored)**

Provide a table of contents to correspond with numbered pages of the narrative and attachments. Format outlined in the table of contents and used for the proposal is discretionary. However, a format for the application narrative similar to the outline of the scoring criteria herein utilizing labels or “signposts” that enable reviewers to easily locate the sections of the proposal being evaluated and scored is suggested.

##### **Abstract. (required, but not scored)**

Provide a project synopsis of “who, what, when, where, why, and a general description of total associated costs.”

##### **Application Narrative.**

It is suggested you outline your narrative in five sections, corresponding to the labels of the scoring criteria listed herein:

- Introduction and need for assistance
- Project objectives, work plan, and approach
- Program evaluation
- Organizational capabilities, key personnel, qualifications
- Categorical budget and budget justification

The application narrative tells your reviewers in detail what you propose to do and accomplish. These instructions for preparing the application narrative also

outline the evaluation criteria that will be used for reviewing and scoring the application. Weights assigned to each of the five sections are noted in parentheses. The application narrative should focus primarily on the first year of activities. Information for subsequent years should be included if activities and focus of the DSC will change over time. See “Multi-year Project Requirements” at the end of this section for more information. The narrative section should be written in a manner that is clear to outside reviewers unfamiliar with prior related activities of the applicant, and only generally familiar with the IHS Division of Oral Health. It should be well organized, succinct, and contain all information necessary for reviewers to understand the project fully. Points will be assigned to each evaluation criteria adding up to a total of 100 points. A minimum score of 65 points is required for funding.

The IHS DOH considers the criteria, comments and scores of reviewers very carefully. The IHS DOH has always, throughout the history of the Dental Support Centers project, funded proposals using the exact rank order of scores produced by reviewers, but the DOH reserves the right to make final decisions concerning awarding grants based on geographic balance and diversity of services and interventions throughout the nationwide program.

For applicant organizations that have been direct or indirect recipients of prior dental support centers funding, DOH will evaluate the level of correspondence between actual achievements and the specific strategies and deliverables described in the previously funded proposals.

Throughout the narrative, maintain a focus on the two primary goals of the support centers:

(1) Assess perceived needs and provide support and technical assistance to Area and field programs for:

- clinical dental programs
- community-based preventive initiatives
- clinic-based preventive programs, and
- regional and national initiatives.

(2) Improve the oral health of AI / ANs. Document these improvements.

Evaluative criteria:

**A. Introduction and Need for Assistance (15 points maximum)**

Applicants will justify the need for a support center. Applicants will discuss needs in their area or defined group of customers not likely to be addressed, and oral health outcomes not likely to be attained, if not for the services and guidance of a support center.

Centers will periodically assess the needs of the dental programs served. In order to be responsive to the perceived needs of the dental personnel throughout an area or region, perceived needs must be systematically assessed. Initial and periodic recurring structured needs assessments or other appraisals of perceived needs of

the dental personnel to be served are essential. Successful proposals will either document the assessed and perceived needs of area dental personnel, or outline how area needs will be assessed.

- a. Proposed new centers and existing centers without a comprehensive assessment of needs less than three years old will outline a plan for an assessment to be completed within the first nine months of the grant funding period, by July, 2016.
- b. Proposed continuing or currently existing centers with a comprehensive assessment of perceived needs less than three years old will summarize the results of that survey, and outline a plan for a future assessment to be completed within the first three years of the five-year funding cycle, by October, 2018.
- c. Ongoing, frequent assessment of perceived needs through feedback from a steering committee or other means is highly recommended.

**B. Project Objective(s), Work Plan and Approach (25 points maximum)**

Centers will provide technical assistance and resources for local and area clinic-based and community-based oral health promotion/disease prevention initiatives.

Centers will produce and document positive health outcomes. Consistent with the HHS Secretary's emphasis upon funding tied to value and outcomes, the activities, guidance, and services provided by the support centers to area dental programs will be structured such that they lead to meaningful and measurable improvements in the oral health status of AI/AN patients. Proposals must describe practical and feasible plans that will foster improved health outcomes, and will include specific plans for periodic objective evaluation of the outcomes of these efforts by objective reviewers with no conflict of interest. The dental support centers will improve the oral health of AI / ANs through their services, guidance, and collaboration with the IHS dental program.

Consistent with the HHS Secretary's emphasis upon funding tied to value and outcomes, proposals are strongly encouraged, but not required, to include as part of their strategy an evaluation of the oral health outcomes of IHS dental program practices and initiatives from recent years. Proposals including such evaluation will enjoy a competitive advantage. This assessment of outcomes could include any of several measures of value obtained for services delivered, including actual patient outcomes. Examples of patient outcomes include but are not limited to measurable improvements to oral health or an assessment of the need for additional restorative care within an intermediate time frame following the initial provision of care.

Centers will send an appropriate representative or representatives to national support centers project meetings convened by IHS HQ DOH. Such meetings will be convened periodically, approximately once every three years, as deemed

necessary by IHS HQ DOH. The DOH will communicate closely with all centers about the perceived need for any meeting. All centers are expected to reserve sufficient funds to send a representative or representatives to these meetings.

Centers will promote the coordination of research, demonstration projects, and studies relating to the causes, diagnosis, treatment, control, and prevention of oral disease. This may be addressed through the collection, analysis, and dissemination of data or other methodology deemed appropriate by the IHS HQ DOH. This may also be addressed through support given to field programs engaged in demonstration projects.

Centers are encouraged to collaborate with IHS HQ DOH on national initiatives such as efforts to reduce Early Childhood Caries, promoting and facilitating the annual Basic Screening Surveys (BSS), promotion of the goals of the Government Performance and Results Act (GPRA) and achieving annual GPRA targets, or other national initiatives.

Centers will share information and work products proactively with other areas and other support centers. Large quantities of work products need not be provided free of charge, but examples of work products will be shared widely.

Centers are encouraged to provide technical assistance and resources for local and area clinical programs. Supporting routine restorative care or the direct provision of clinical care are not primary functions of the support centers.

Centers are encouraged to communicate frequently with their Area Dental Officer (ADO), in order to coordinate activities and initiatives closely. Centers are encouraged to amplify impact and increase effectiveness through detailed communication and coordinated efforts with the ADO.

Centers are encouraged to provide technical assistance for continuing education opportunities, including but not limited to, annual area-wide meetings for area dental personnel.

Centers are encouraged to address Early Childhood Caries on a local level, area-wide level, or regional basis. Interventions must include an evaluation process assessing outcomes in addition to process (that is, an assessment of actual prevalence of disease over the course of the intervention, in addition to counts or assessments of activities or services and products provided to clientele). Such evaluation does not require original data, if appropriate other data such as, for example, BSS data are available.

**C. Program Evaluation (25 points maximum)**

Centers will evaluate their ongoing efforts and progression toward goals and objectives in an objective manner, utilizing reviewers without conflicts of interest.

Centers will assess and document changes to selected oral health outcomes over

time.

Centers will adhere to an annual reporting cycle, providing three quarterly reports and one annual report at the end of the fourth quarter to the project officer.

Annual reports from the support centers must describe: (1) services and support provided to the dental program; (2) the methods used to influence oral health; (3) details of the evaluative methodology; (4) progress toward goals and objectives, and (5) the oral health outcomes status. Funding beyond year one of the five year noncompetitive renewal cycle will be contingent upon documentation provided by an objective evaluator of ongoing evaluation and progress deemed suitable by the DOH program official.

**D. Organizational Capabilities, Key Personnel and Qualifications (15 points maximum)**

Centers will document organizational capabilities, and how these capabilities will be used to address program goals and objectives.

Centers will list key personnel, and describe their qualifications. If a key position is not currently occupied, a description of key desired qualifications of the individual to be recruited will suffice.

**E. Categorical Budget and Budget Justification (20 points maximum)**

Centers will provide a detailed proposed budget for the initial year of operation.

Centers will justify all line items or categories of proposed expenditures within their proposed budgets by providing a line item budget justification and narrative relating to the attainment of specific goals and objectives.

Centers will justify all proposed expenditures that relate to the attainment of specific goals and objectives of their grant project. If the application requests indirect costs, applicants are required to submit with their proposal their current Indirect Cost Rate Agreement and explain briefly what these funds are used for.

**Multi-Year Project Requirements (if applicable)**

The application narrative should focus on the first year of activities, services, and outcomes. Projects requiring a second, third, fourth, and/or fifth year should include a brief narrative and budget addressing the developmental plans and evolving goals for each additional year of the project. Focus on anticipated changes over five years. If minimal changes over time are anticipated, so state.

**Additional documents can be submitted as appended items:**

- Consultant or contractor proposed scope of work and letter of commitment (if applicable). Any appended proposed scope of work will add no new or additional content or information to the application narrative. It will simply identify those activities to be addressed by the consultant or contractor.

- Organizational chart.
- Map identifying project location(s).
- Three or fewer examples of recent work products, if any.
- A (one-page) Timeframe Chart.
- Biographical sketches for all Key Personnel, no more than one page in length total for all personnel. Proposals for new support centers do not need to identify key personnel, if they are to be hired. In lieu of biographical sketches, detailed descriptions or attributes of key personnel will suffice.
- If any work is to be subcontracted to Tribal organizations, a copy of the current Negotiated Indirect Cost rate (IDC) agreement, required in order to receive IDC.
- All appended documents excluding the IDC are limited to ten pages total.

### **3. Public Policy Requirements:**

All Federal-wide public policies apply to IHS program awards.

### **4. Additional Information**

Provide a cover page that labels the submission as a “Proposed Dental Preventive and Clinical Support Center” for one or more identified IHS areas, a defined geographic region, or a defined set of field programs. Include contact information for one primary author or contact, and contact information for one alternate contact.

All content of the application should relate directly to the overarching emphasis of the support center project, to improve the oral health of AI/AN people, and to provide support and technical assistance to I/T/U dental programs for:

- clinical dental programs
- community-based preventive initiatives
- clinic-based preventive programs
- regional and national initiatives.

Applications proposing services to proportionately greater numbers of I/T/U dental programs will gain a competitive advantage over proposals outlining services to relatively few I/T/U dental programs per Area or region. Applicants outlining a strong collaborative effort with other programs that amplifies effectiveness will gain a competitive edge. Applicants outlining a truly innovative approach to providing services or improving oral health will gain a competitive edge. Applicants should strive to provide services to all individual dental programs within a defined area, region, or cluster of defined field programs.

Technical information regarding the support centers project, including clarification of any unclear information herein, may be obtained from the program official: Dr. Patrick Blahut, Division of Oral Health, e-mail

[patrick.blahut@ihs.gov](mailto:patrick.blahut@ihs.gov).

## **5. Submission Dates and Times**

Applications must be submitted via e-mail by noon Eastern Daylight Time (EDT) on the Application Deadline Date listed in the Key Dates section on page one of this announcement. Any application received after the application deadline will not be accepted for processing, nor will it be given further consideration for funding.

## **6. Funding Restrictions**

- Pre-award costs are not allowable in conjunction with this program award application.
- The available funds are inclusive of direct and appropriate indirect costs. Appropriate indirect costs are defined solely by an approved indirect cost agreement, which must be included with the application if indirect costs are anticipated. No indirect costs will be allowed without an indirect cost agreement included as part of the submitted proposal.
- No more than one program award will be awarded per applicant.
- Funds may be used for new activities to accomplish the objectives of your support center.
- Funds may be used to pay for consultants, materials, resources, travel, and associated expenses to implement and evaluate intervention activities outlined in your proposal.
- Funds may not be used for diagnostic testing, patient rehabilitation, pharmaceutical purchases, facilities construction, lobbying, or routinely for direct patient care.
- Each dental support center program award shall not exceed \$250,000 per year, or a total of \$1,250,000 for five years.
- While support centers are encouraged to collaborate with each other, no more than one grant will be awarded to each area or geographic locale, and no entire IHS Area will be directly served by more than one support center.
- Non-competitive annual renewal of funding is not guaranteed. Funding subsequent to the initial year of funding is contingent upon satisfactory performance, judged solely by the DOH.

## **7. Submission Requirements**

- Applications must be submitted via e-mail, to [patrick.blahut@ihs.gov](mailto:patrick.blahut@ihs.gov). Those applications received prior to the submission deadline will be acknowledged via e-mail.
- All applicants must comply with any page limitation requirements described in this Funding Announcement.
- All HHS recipients are required by the Federal Funding Accountability and Transparency Act of 2006, as amended (“Transparency Act”) to report information on subawards. Accordingly, all recipients of IHS program awards

must identify in their proposals all potential first-tier subrecipients or subcontractors.

## **V. Review and Selection**

Each application will be prescreened by DOH staff for eligibility and completeness as outlined in the funding announcement. Applications that meet the eligibility criteria shall be reviewed for merit by a panel of reviewers based on evaluation criteria in this funding announcement. The panel will be composed of both Federal and non-Federal reviewers appointed by the IHS DOH to review, score, and make recommendations concerning these applications. The technical review process ensures selection of quality projects in a national competition for limited funding. Incomplete applications and applications that are non-responsive to the eligibility criteria will not be reviewed. Applicants may be notified by the Project Officer via e-mail to outline minor missing components such as audit documentation or key contacts needed for an otherwise complete application. All additional information or documentation requested must be provided to the Project Officer within 48 hours of the request in order to be made available to reviewers for their consideration.

Feedback from reviewers is not available following the review process.

## **VI. Award Administration Information**

All proposals will fall into one of three categories. Following the review, all applicants will be contacted via e-mail and informed of the outcome of the review.

### **1. Approved, Funded Applicants**

Notice of award will be provided to the primary author listed on the cover page of the proposal via e-mail and telephone. Transfer of funding is subject to when FY16 funding becomes available to the DOH.

### **2. Approved But Unfunded Applicants**

Applications receiving an average score of 65 or greater may be approved for funding by the reviewers, but unfunded due to lack of sufficient funding. It is anticipated that a maximum of three program awards will be made. Therefore, applications scoring 65 or greater may fall into this category if there are three or more other applications with higher scores.

### **3. Disapproved Applicants**

Applicants who receive a score less than the recommended funding level for approval of 65 will be disapproved.

## **VII. Administrative requirements**

Initial program awards and all noncompetitive annual renewals are administered in accordance with the following regulations, policies, and OMB cost principles:

- A. The criteria as outlined in this program announcement.
- B. Any future requirements outlined by the DOH.
- C. Audit Requirements: Uniform Administrative Requirements for HHS Awards, “Audit Requirements,” located at 45 C.F.R. Part 75, Subpart F.
- D. Continuation of funding is dependent upon available funds, and acceptable progress toward stated goals, as documented by the support center and assessed solely by the DOH.

### **VIII. Indirect costs**

This section applies to all program award recipients that request reimbursement of indirect costs (IDC) for subcontractors listed in their application. In accordance with HHS Policy Statement, Part II-27, IHS requires applicants to obtain a current IDC rate agreement prior to award. The rate agreement must be prepared in accordance with the applicable cost principles and guidance as provided by the cognizant agency or office. A current rate covers the applicable program award activities under the current award budget period. If the current rate is not on file with the DOH at the time of the award, the IDC portion of the budget may be withheld. Withholding of the IDC portion of the budget will remain in place until the current rate is provided to the DOH. At that time, a prorated portion of the annual IDC may be awarded.

Generally, IDC rates for IHS grantees are negotiated with the Division of Cost Allocation (DCA) <https://rates.psc.gov>, and the Department of Interior, Interior Business Center [http://www.doi.gov/ibc/services/Indirect\\_Cost\\_Services/index/cfm](http://www.doi.gov/ibc/services/Indirect_Cost_Services/index/cfm).

### **IX. Reporting requirements**

The awardee must submit required quarterly reports consistent with the applicable deadlines. Failure to submit required reports within the time allowed may result in suspension or termination of an active award, withholding of additional awards for the project, or other enforcement actions such as withholding of payments or converting to the reimbursement method of payment. Continued failure to submit required reports may result in one or both of the following: (1) the imposition of special award provisions; or (2) the non-funding or non-award of annual non-competitive renewal program awards. This requirement applies whether the delinquency is attributable to the failure of the awardee organization or the individual responsible for preparation of the reports.

Program progress reports are required quarterly, by December 31, March 31, and June 30 each year. These deadlines, and the deadline for annual reports, may be revised by consensus of all grantees and the program official. Progress reports must be submitted as attachments to e-mail to both Project Officer Dr. Patrick Blahut and Dr. Carol Bassim. These reports must include a brief comparison of actual accomplishments to the goals established for the period, or, if applicable,

provide sound justification for the lack of progress, and other pertinent information as required. An annual report must be submitted by 30 September each year. As with the progress report due dates, the deadline for submission of an annual report can be revised by consensus of the support centers and the project officer.

**X. Agency contacts**

Questions on programmatic issues may be directed to:

Patrick Blahut, DDS, MPH  
Deputy Director, IHS DOH  
801 Thompson Ave., Suite 332  
Rockville, MD 20852  
(301) 443-2017  
[patrick.blahut@ihs.gov](mailto:patrick.blahut@ihs.gov)

## **XI. Other Information**

The Public Health Service strongly encourages all program award recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of the facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children. This is consistent with the HHS mission to protect and advance the physical and mental health of the American people.

---

Dr. Patrick Blahut  
Project Officer, IHS Dental Support Centers

---

Dr. Timothy Lozon  
Director, IHS Division of Oral Health

Date: 17 September 2015

