****

NIHB Application dhat 1- TCU 2020-2021

Tribal Colleges and Universities
Implementation Activities or Feasibility Study
for Dental Therapy Training Programs 2020-2021

Request for Applications (RFA)

# Funding Opportunity Overview

The National Indian Health Board (NIHB) is offering a funding opportunity for Tribal colleges and universities (TCUs) to implement projects to develop a stronger and more reliant workforce for oral health care in Indian Country. The subawards will support projects to implement activities to support training and educational opportunities for dental therapy students, or to undertake a feasibility study to explore what it would take to begin a dental therapy training program at the TCU.

NIHB will provide **2 subawards to 2 different TCUs** in amounts up to **$15,000** each. The completed application pakcage (Appendix A) is due by **11:59 PM EDT on Monday, July 20, 2020.** The project period will run from approximately September 1, 2020 to February 28, 2021 (six months).

This funding opportunity is supported with funds from the W.K. Kellogg Foundation, and is part of NIHB’s Tribal Oral Health Initiative.

**All completed applications should be sent to** **BWeber@nihb.org** **with the grant code, DHAT 1-TCU, in the subject line.**

# Eligibility\*

\*Applicants for any projects under the NIHB Tribal Oral Health Initiative must be either a governmental unit or a 501(c)(3) nonprofit organization.

In order to be considered eligible for this funding opportunity the following criteria must be met:

* Applicants must be a Tribal college or university.
* Applicants must have a strong interest and/or demonstrated commitment to improving or implementing a dental therapy training program.

Priority will be given to Tribal colleges and universities in states with dental therapy laws. You can see a list of states with such laws [here](https://www.nihb.org/oralhealthinitiative/map.php).

# Project Requirements

Selected Subawardees must agree to:

* Sign and return a contract with NIHB that stipulates the amount of funds to be distributed, a schedule of funds distribution, points of contact, and deliverables. NIHB will furnish the contract after funding decisions are made and announced.
* Designate one main point of contact to serve as the project coordinator. Even if this person will not be leading all project activities, the subawardee must designate one individual with whom NIHB will directly communicate on all matters related to this project. This person will be responsible for submitting all deliverables, participating in conference calls, and completing evaluation activities.
* Maintain complete, accurate, and separate accounting, detailing receipts and expenditures made under the grant for four (4) years after receipt and acceptance of the final report.
* Notify NIHB immediately of any change in its tax status.
* Permit NIHB to share project success, lessons learned and deliverables as part of a broader information dissemination strategy.
* Participate in scheduled phone or video calls with NIHB to discuss progress, barriers, or any technical assistance that may be needed.
* Participate in project evaluation and technical assistance activities. All subawardees must develop an evaluation plan for the dental therapy work plan.
* Develop a work plan that includes an outline of the objectives and activities they plan to implement.
* Participate in a pre and post project assessment.

Application Process:

Complete the application package (Appendix A). The following will comprise a complete application package:

|  |  |
| --- | --- |
| Application, Section A: Tribal College or University and Contact Information |  |
| Application, Section B: Application Narrative and Scope of Work* Project Summary
* Attached budget as a Word, Excel, or PDF document.
* Table 1: Proposed scope of work for DHAT subaward
 |  |
| Supporting Documents  |  |

Selection Process:

* Incomplete application packages will not be reviewed.
* All complete applications will be reviewed by a team of qualified public health professionals with experience working in Indian Country, public health, and/or dental health.
* NIHB will notify all applicants of the status of their application by Monday, August 31st, 2020.

## APPENDIX A: APPLICATION

Instructions: Fill out this application in its entirety by typing directly into this document. **All completed applications should be sent to** **BWeber@nihb.org** **with the grant code, DHAT 1-TCU, in the subject line.**

# SEction A: Tribal College or University and Contact Information

|  |  |
| --- | --- |
| Name of Tribal College or University |  |
| **CONTACT INFORMATION** |  |
| Contact information for the individual to receive notification of application status: | Name: |
| Title: |
| E-mail Address: |
| Mailing Street Address: |
| City, State, Zip Code: |
| Tribe with which the College or University is Affiliated (if institution is affiliated with multiple Tribes, write “multiple” in the box to the right) | Name: |
| Mail Street Address: |
| City, State, Zip Code: |
| Enrollment | Student enrollment: |
| Number of Faculty: |
| Name and address where funding check should be sent should TCU receive the funding | Pay to the order of: |
| Mailing Street Address: |
| City, State, Zip Code: |

|  |
| --- |
| **PROJECT COORDINATOR CONTACT INFORMATION** |
| Contact information for the individual to serve as Project Coordinator (if the same as above, then leave all fields blank). **This person will be the main point of contact and be responsible for submitting all deliverables, participating in conference calls, and completing evaluation activities.** | Name: |
| Title: |
| E-mail Address: |
| Phone Number: |
| Mailing Street Address: |
| City, State Zip Code: |

# sECTION b: aPPLICATION nARRATIVE AND sCOPE OF wORK

|  |
| --- |
| **PROJECT SUMMARY *(250 words maximum)*** |
| **Please add a brief description of your project and how it will improve or help in establishing your Tribal College or University’s dental therapy training program.** |

|  |
| --- |
| **SUBAWARD BUDGET** |
| Please attach a budget with this application as a separate Word, Excel, or PDF document. The requested amount should be appropriate to the level of effort required to engage in the proposed scope of work and produce the deliverables outlined in the next table. Expected budget categories include: salary, consultant, and/or travel, etc.No more than 10% of the subaward may be used to support indirect costs.These funds will be provided as follows:

|  |
| --- |
| Please note that 50% of the total subaward will be paid at the beginning of the subaward cycle to begin activities in the work plan. The balance of the subaward will be paid upon successful completion of all milestones and NIHB’s receipt of the project deliverables and final report. |

Subawards can be used to: disseminate dental therapy media materials; conduct trainings and meetings on dental therapy; hire consultants; conduct course evaluations; update curricula; recruitment activities; design surveys; or complete other activities in the workplan.Subawards may not be used for lobbying or to influence the outcome of an election. |

|  |
| --- |
| **SUPPORTING DOCUMENTATION** |
| Please select the corresponding box for all supporting materials being submitted with the application package (they can be added as additional pages to this document or as a separate PDF).[ ]  Letter of Support from a TCU official, such as a president, dean, or department chair (mandatory). The letter should include the relevant body’s awareness of and/or commitment to the project activities and support for completion of all deliverables. [ ]  Letter(s) of Support from Other Entities (optional) [ ]  Other (please identify:      )The applicant may submit additional material to demonstrate their commitment and experience with dental therapy training programs. However, these are not required for a complete application package. |

|  |
| --- |
| **PROPOSED SCOPE OF WORK** |
| All subawardees will have some aspects of their work plan and timeline the same and have been pre-filled in the work plan (in blue) below. There are blank fields available for the addition of activities specific to individual project needs. Please add any additional rows, if needed. |

### Continue to work plan tables below

## **table 1. Proposed Scope of Work for dhat SUBaward**

|  |
| --- |
| **Objective 1: [insert description]** |
| **Expected Outcome 1: [insert description]** |
| **Activities** | **Deadlines** | **Deliverables** | **Person (s) Responsible** |
| Activity 1.1:  |  |  |  |
| Activity 1.2: |  |  |  |
| Activity 1.3: |  |  |  |

|  |
| --- |
| **Objective 2\*: Participate in processes and evaluation to ensure effective and successful project implementation.** |
| **Expected Outcome 2: Successful project implementation and reporting through collaboration with the National Indian Health Board.** |
| **Activities** | **Deadlines** | **Deliverables** | **Person (s) Responsible** |
| Activity 2.1: Complete a pre-assessment with NIHB to assess dental therapy program and feasibility to implement new trainings and initiatives. |  | 1 pre-assessment |  |
| Activity 2.2: Complete a post-assessment with NIHB to assess dental therapy program and/or feasibility to implement a dental therapy program. |  | 1 post-assessment |  |
| Activity 2.3: Attend periodic check-in calls with NIHB. |  | periodic calls |  |
| Activity 2.4: Submit a mid-project progress report to NIHB. |  | 1 mid-project report |  |
| Activity 2.5: Submit a project-end report to NIHB that will include evaluation data. |  | 1 project-end report |  |

\*This objective is mandatory for all NIHB subawardees to include in project work plan and budget.