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NIHB Application dhat 3-
EDu\_OUT 2020-2021

Tribes and Tribal Organization Education and Outreach Programs for Dental Health Aide Therapy 2020-2021

Request for Application (RFA)

# Funding Opportunity Overview

The National Indian Health Board (NIHB) is offering a funding opportunity for American Indian and Alaska Native (AI/AN) Tribes and Tribal organizations to strengthen efforts and launch new targeted efforts to enhance federal, state, and Tribal policies supportive of dental therapy within the Indian health system. Subawardees will use these funds to support education and outreach on Tribal dental therapy programs.

NIHB will provide funds for up to **3 subawards to Tribes and/or Tribal organizations** in amounts of up to **$25,000** each. The completed application (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 3- EDU\_OUT, 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 federally recognized Tribe or a Tribal organization.
* Applicants must have a strong interest and/or demonstrated commitment to increasing the access and quality of oral health care services to AI/ANs.

# 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:

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

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| Application, Section A: Tribe or Tribal Organization 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
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| 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 shall notify all applicants of the status of their application by Monday, August 31st, 2020.

## Appendix A: APPLICATION

# SEction A: Tribe or Tribal Organization and Contact Information

Instructions: Fill out this application in its entirety by typing directly onto this document. **All completed applications should be sent to** **BWeber@nihb.org** **with the grant code, DHAT 3-EDU\_OUT, in the subject line.**

|  |  |
| --- | --- |
| Name of Tribe or Tribal Organization |  |
| **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: |
| Mail Street Address: |
| City, State, Zip Code: |
| Has your state considered a dental therapy licensure law in the past 3 years? | Yes |
| No |
| Has your Tribe or organization passed a resolution of support for dental therapy? | Yes |
| No |
| Name and address where funding check should be sent should Tribe receive the funding | Pay to the order of: |
| Mailing Street Address: |
| City, State, Zip Code: |

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| **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

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| **PROJECT SUMMARY *(250 words maximum)*** |
| **Please add a brief description of your project and how it will strengthen efforts and/or launch targeted new efforts to enhance federal, state, and Tribal policies supportive of dental therapy programs.** |

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| **AWARD 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:

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

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| **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 Tribal Health Official/Leader or the leadership of a Tribal organization (mandatory). The signed letter of support should be from the Tribal health department’s or the organization’s director or CEO, the chair of the Tribal Health committee, Tribal chairperson, or other official that oversees all or a portion of the public health activities. 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. |

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| **PROPOSED SCOPE OF WORK** |
| All subawardees will have some aspects of their workplan and timeline the same and have been pre-filled in the workplan (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: |  |  |  |

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| **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.