

**State of Connecticut  
Department of Social Services  
25 Sigourney Street  
Hartford, CT 06106**

**Funding Application  
Dental Improvements Initiative**

The Department of Social Services is pleased to announce the availability of \$4.5 million in one time funding to be used to support initiatives that will improve access to dental services and/or improve the quality of dental care provided to clients. Existing hospital dental clinics, school based health centers and non – FQHC safety net facilities are eligible to submit an application for funding that will demonstrate how the funding, if awarded would be used to improve facility infra – structure or to assist with operating expenses in order to support improvements in access to dental services and/or improve the quality of dental care delivered to clients.

Existing facilities that fall into a category of eligible facility types specified below may apply for funding up to \$60,000.00 to be used to support operating expenses or minor capital improvements that will improve access to or the quality of dental care. Consideration will not be given to applications that propose the construction of new facilities or locations.

The following facility types are eligible to apply for funding up to \$55,000.00:

- Mobile dental vans that are non – FQHC associated and provide PREVENTION SERVICES only;
- School – based health centers with dental clinics that are not associated with FQHCs and provide PREVENTION SERVICES only; and
- Dental clinics that are non – FQHC safety net facilities and provide PREVENTION SERVICES only.

The following facility types are eligible to apply for funding up to \$60,000.00:

- Mobile dental vans that are non – FQHC associated and provide PREVENTION AND RESTORATIVE SERVICES;
- School – based health centers with dental clinics that are not associated with FQHCs and provide PREVENTION SERVICES AND RESTORATIVE SERVICES; and
- Dental clinics that are non – FQHC safety net facilities and provide PREVENTION SERVICES AND RESTORATIVE SERVICES

Please note that facilities that bill through FQHC's are not eligible to apply for this funding.

The goal of the Department in the allocation of these funds is to recognize an improvement in the access to care, an expansion of services currently offered or improvement in the quality of dental services delivered to patients. An eligible facility's receipt of funds is contingent upon the submission of and the Department's review and approval of a written application. The application must describe how the funds, if awarded, will be used and how the use of the funds will achieve the Department's stated goals.

The Department will favorably consider applications that propose to use awarded funds to cover operating expenses, and/or infrastructure or minor capital improvements for activities that when implemented will promote the goals of this initiative. Examples of proposed activities to be funded through this initiative include but are not limited to:

Client Education – Through a combination of in-house activities and interactions with the community and community providers, the funds will be used to support a client oral hygiene education program to improve awareness of oral health prevention and treatment compliance in the HUSKY population. The applicant may propose localized client education activities.

Dental Equipment – The applicant may propose that funding be used for the purchase of replacement or new dental chairs, new or replacement instruments or handpieces, X-ray equipment or other dental items which will allow clinics to expand services to clients.

E-Dental Health – The applicant may propose that funds be used to support the purchase of hardware and software to enhance the automation of dental treatment records.

Increase Manpower - The applicant may propose funding to increase clinic capacity by hiring additional support or direct service staff.

Portable Dental Equipment – The Department will provide funding towards the purchase of portable operatories, chairs and dental-equipped vans to allow clinics to expand services in their local communities.

If an applicant proposes the implementation of an on-going activity that would require continued financial support, the application must include evidence of the availability of financial support to maintain this initiative beyond the exhaustion of the initial funds.

If your facility is interested in applying for funding up to the categorical amount for this initiative you must complete the **Dental Improvements Initiative - Funding Application** (pages 4 – 6) and submit the same to the Department **no later than 3:00 pm on Wednesday, April 30, 2008**. Potential applicants may submit clarifying questions to the Department but to be considered they **MUST** be directed to the Department's

FINAL – April 14, 2008

Contract Administrator, Kathleen Brennan through e-mail at [Kathleen.brennan@ct.gov](mailto:Kathleen.brennan@ct.gov) or fax at 860-424-4953. Clarifying questions MUST be received by Friday, April 25, 2008.

To be considered, completed applications must be received by 3:00 pm on Wednesday, April 30, 2008. Applications may be received via e-mail (pdf format) or fax and must be directed to:

**Kathleen M. Brennan**  
**Contract Administrator**  
**Department of Social Services**  
**25 Sigourney Street**  
**Hartford, Connecticut 06106**  
**(860) 424-5693 phone, (860) 424-4953 fax**  
**E-mail: [Kathleen.Brennan@ct.gov](mailto:Kathleen.Brennan@ct.gov)**

The Department will establish a team to review all applications and provide the Commissioner with funding recommendations. The extent of the review will focus on the proposed use of the funding, how the funding will achieve the Department's goals as stated herein and how, if necessary the facility will be able to support the initiative proposed after the initial funding has been exhausted. Funds that remain unallocated at the conclusion of this application process may, at the Department's sole discretion, be redistributed.

The Department of Social Services is enthusiastic about offering this opportunity and reviewing creative proposals for the improvement of care for our clients. Thank you for your continued partnership with the Department of Social Services.

**State of Connecticut  
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25 Sigourney Street  
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**Dental Improvements Initiative  
Funding Application**

Name of Applicant Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

FEIN Number: \_\_\_\_\_

Description of Facility Type: \_\_\_\_\_

Consenting Authority: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Funding Requested: \_\_\_\_\_

Description of Current Program (include type of services delivered):

I. Brief description of the proposed use of the funding will be used and how the use of the funds will achieve the Department's stated goals of an improvement in the access to care, an expansion of services currently offered or improvement in the quality of dental services delivered:

II. If the funding will be used to support an initiative that will require funding beyond the exhaustion of the funds awarded through this application, a brief statement of the facility's ability to maintain the financial support for the continuation of the initiative.

III. Total Cost of Goods or Services: (Please attach an EXCEL Spreadsheet listing each item, service or good and itemized cost of each good, service or item; include your facilities' operating budget, time table for initiation and completion of improvements and provide a measurable outcome for each requested good, service or item)

IV. Additional Comments Regarding the Use of Funding and the Expected Impact:

\_\_\_\_\_  
Signature of Authority

\_\_\_\_\_  
Date