



# Oral Health Infrastructure (OHI) Notice of Funding Opportunity (NOFO) HRSA-19-079

Technical Assistance Website:

<https://bphc.hrsa.gov/programopportunities/fundingopportunities/oralhealth/>

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

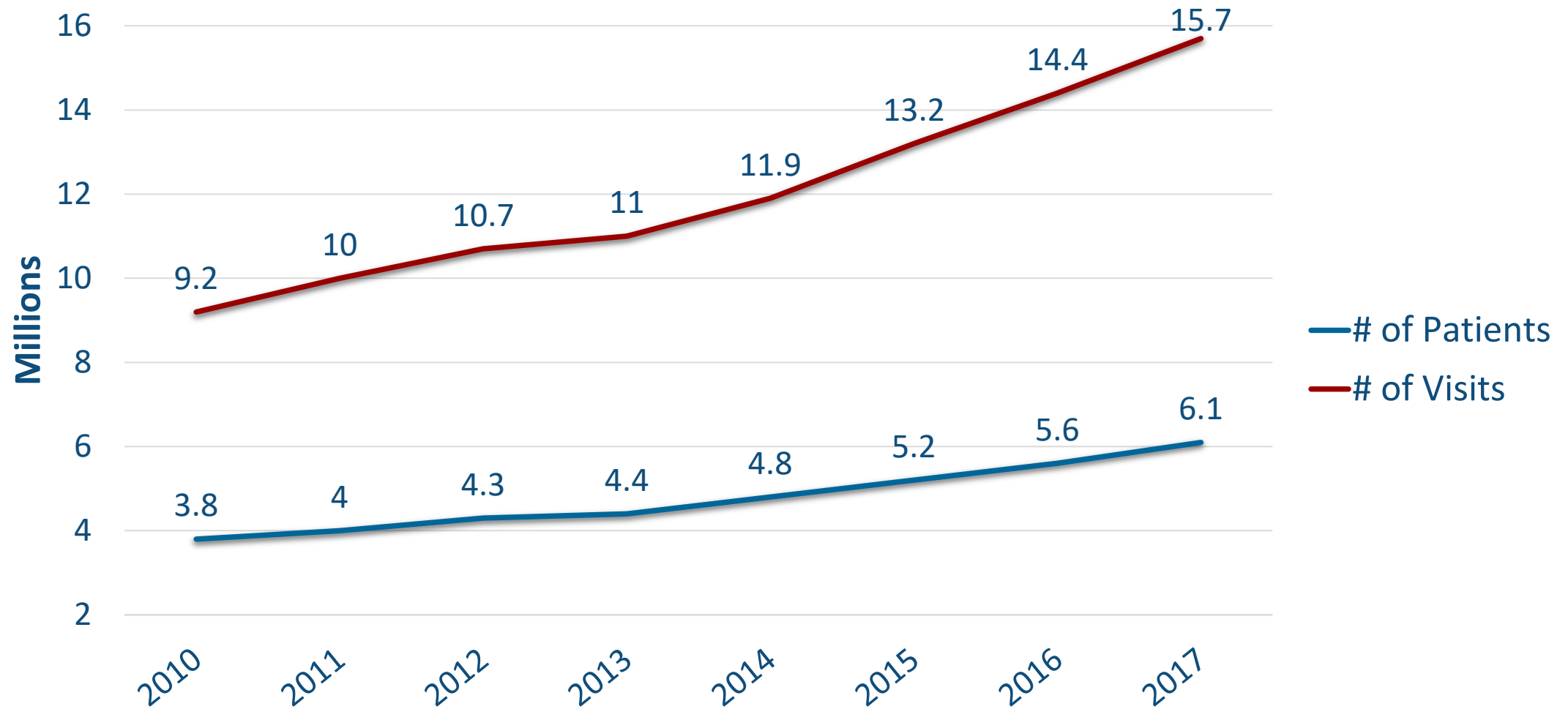


# Agenda

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- **Part 1 – NOFO Overview**
  - OHI Overview
  - Infrastructure Investments
- **Part 2 – Application Overview**
  - Two-Tier Application Submission
  - Application Components
- **Wrap Up**

# Health Center Dental Patients and Visits



Source: Uniform Data System, 2017



# Health Center Oral Health Programs



Provided dental sealants to 50.7% of children 6-9 years of age at elevated caries risk



↑ dental patients by 8% to 6.1 million



↑ dental workforce by 10% with 4,882 dentists (FTE) and 2,498 dental hygienists (FTE)

# PART 1

## NOFO OVERVIEW



# OHI Purpose

- Support health center **infrastructure enhancements** to provide new or enhance existing integrated oral health services



Funding is not  
for service  
provision

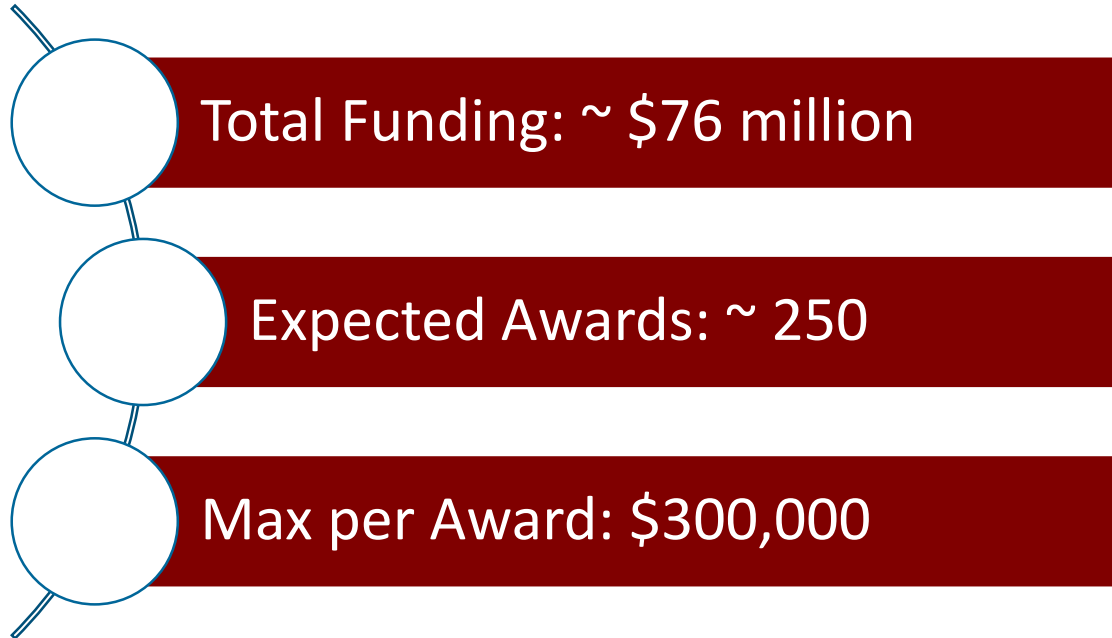


# Eligibility

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- Existing Health Center Program award recipient
- Application must include the Project Narrative
- Application must **not exceed** 50 pages (excluding forms)
- You cannot propose construction or major alteration/renovation
- You must submit your application before the Grants.gov and EHBs deadlines

# Award Information



➡ Awards will not be made to health centers with an **active 60-day or 30-day program requirement-related condition** at time of final OHI funding decisions

- **ONE-TIME** supplemental funding with a period of performance from September 1, 2019 to the end of your FY 2021 budget period



# INFRASTRUCTURE INVESTMENTS



# Minor Alteration/Renovation (A/R)



- Work required to reconfigure interior space to enable you to provide new or enhance existing high quality, integrated oral health services
- Total site-specific project cost is less than \$500,000, excluding moveable equipment
- May propose minor A/R activities for up to 4 sites

# Equipment Purchases



- Each item costs \$5,000 or more
- Useful life exceeds one year
- Examples:
  - Dental chairs
  - Radiographic equipment
  - Mobile dental unit
  - Electronic health record update
  - Telehealth equipment



# Other Infrastructure Investments

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- Equipment that costs less than \$5,000 per item
- Training for staff (e.g., oral health clinical competencies, infection control, interdisciplinary health services integration)
- Consultation on integration of oral health and primary care services
- Contracting for health IT systems
- Redesign workflows to support the use of telehealth and virtual dentistry

# Option for New Sites

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- May propose new site(s) within current service area **if necessary to increase access to integrated oral health services**
- New sites can be a **fixed** or **mobile**
- **Demonstrate support** for the new site from other health care providers in the service area
- New sites must be indicated on **Form 1B** and documented on **Form 5B**

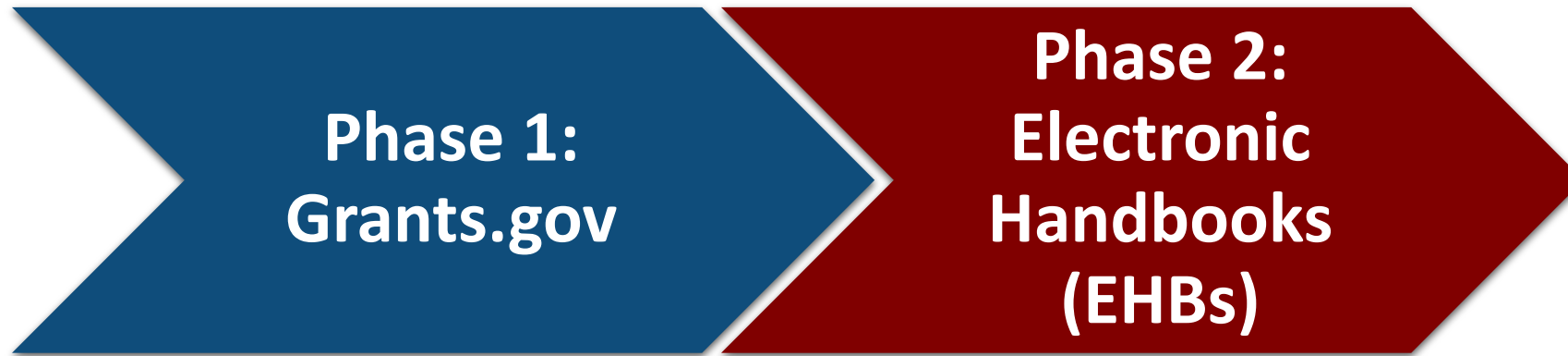
# **PART 2**

## **APPLICATION OVERVIEW**



# Two-Tier Application Submission

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# Phase 1: Grants.gov Application Components

Phase 1



**SF-424:** Application for Federal Assistance

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**SF-424B:** Assurances

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Project/Performance Site Location(s)

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Grants.gov Lobbying Form

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SF-LLL: Disclosure of Lobbying Activities

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Key Contacts

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Upload Project  
Abstract (box 15)

As applicable





# Phase 2: EHBs Application Components

Phase 2



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**Project Narrative**

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**Budget Presentation**

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**-SF-424A: Budget Information Form**

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**-Budget Narrative**

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**Attachments**

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**Program Specific Forms**

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# Project Narrative - Review Criteria

## Review Criteria

**Need  
(15 pts)**

**Response  
(30 pts)**

**Impact  
(15 pts)**

**Resources/  
Capabilities  
(25 pts)**

**Support  
Requested  
(15 pts)**

# SF-424A: Budget Information Form

Enter your budget for the entire period of performance

★ Section A - Budget Summary

Grant Program Function or Activity

Community Health Centers

Migrant Health Centers

Update Sub Program

New or Revised Budget			Update
Federal	Non-Federal	Total	
\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	

The federal amount refers only to the OHI funding requested, up to \$300,000

# Align SF-424A with Budget Narrative

★ Section B - Budget Categories				
Object Class Categories	Grant Program Function or Activity		Total	
	Federal	Non-Federal		
Personnel	\$ 0.00	\$ 0.00	\$0.00	
Fringe Benefits	\$ 0.00	\$ 0.00	\$0.00	
Travel	\$ 0.00	\$ 0.00	\$0.00	
Equipment	\$ 0.00	\$ 0.00	\$0.00	
Supplies	\$ 0.00	\$ 0.00	\$0.00	
Contractual	\$ 0.00	\$ 0.00	\$0.00	
Construction	\$ 0.00	\$ 0.00	\$0.00	
Other	\$ 0.00	\$ 0.00	\$0.00	
Indirect Charges	\$ 0.00	\$ 0.00	\$0.00	
Total	\$0.00	\$0.00	\$0.00	

Submit a budget narrative that aligns with the SF-424A, minor A/R budget justification(s), and equipment list, as applicable



# Forms and Attachments

## Forms

- Form 1B: BPHC Funding Request Summary **(Required)**
- Form 5B: Service Sites (required for addition of new sites)
- Minor A/R Forms (if applicable)
  - Project Cover Page
  - Other Requirements for Sites
- Equipment List Form (if applicable)
- Supplemental Information Form **(Required)**

## Attachments

1. Collaboration Documentation **(Required)**
2. Lease Documentation (if applicable)
3. Indirect Cost Rate Agreement (if applicable)
4. Other Relevant Documents (as desired)

# Form 1B: BPHC Funding Request Summary

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- Complete the SF-424A: Budget Information Form **before** completing Form 1B
- Review the OHI funding request
- Indicate if you are requesting funds for equipment and/or minor A/R
- If you are not requesting funds for equipment or minor A/R, select “activities other than minor A/R and equipment”
- Identify if you are proposing to add a new service delivery site



# Form 5B: Service Sites

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- Complete if you are proposing to add a new service site that is necessary to address identified oral health infrastructure needs
- New site address **and** service area zip codes must be limited to the your service area zip codes in scope at the time of the OHI NOFO release

# Minor A/R Forms



If requesting funding for minor A/R, you must complete the following forms for each site where minor A/R will occur:

- ✓ Alteration/Renovation Project Cover Page
  - Environmental Information and Documentation Checklist (attachment)
  - A/R Project Budget Justification (attachment)
  - Floor Plans/Schematic Drawings (attachment)
- ✓ Other Requirements for Sites
  - Landlord Letter of Consent, *as applicable* (attachment)





# Equipment List Form

- Complete if you are requesting funding for equipment purchases
- The total on this form must match the equipment line item on the SF-424A: Budget Information Form, Section B

## Equipment

- Useful life exceeds one year
- Costs \$5,000 or more per item

## Supplies

- Includes equipment items that cost less than \$5,000
- Do not include supplies on the Equipment List form

# Supplemental Information Form

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- Review your current scope of project for:
  - Preventive Dental services
  - Additional Dental services
- Indicate if you will need a post-award Scope Adjustment or Change in Scope
- Indicate if you will use funding to:
  - Purchase telehealth equipment
  - Increase oral health access through virtual dentistry



# WRAP UP

# Key Points

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- OHI funding is for infrastructure enhancements, not service provision
- You can propose to use funds for organizational infrastructure building, such as staff training as well as physical infrastructure enhancements, such as minor A/R and equipment
- Application cannot exceed 50 pages
- **Ongoing compliance is critical!** You will not receive an OHI award if you have an active 60-day or 30-day Health Center Program requirement-related condition at the time of funding decisions

# Application Technical Assistance Resources



Assistance Needed	Contact
Guidance on Requirements and Application Components	<a href="#">OHI Technical Assistance Website</a>
Application Questions	Oral Health Technical Assistance Team <a href="#">Web Request Form</a>
Budget and Grant Administration Questions	Travis J. Wright or Joi M. Grymes-Johnson <a href="mailto:twright@hrsa.gov">twright@hrsa.gov</a> or <a href="mailto:jgrymes@hrsa.gov">jgrymes@hrsa.gov</a>
Grants.gov Submission Issues	Grants.gov Contact Center 1-800-518-4726 or <a href="mailto:support@grants.gov">support@grants.gov</a>
EHBs Submission Issues	Health Center Program Support 1-877-464-4772 or <a href="#">Web Request Form</a>



# Thank You!

**Renetta Boyd and Robyn Bess**

Public Health Analysts, Office of Policy and Program Development

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



[Health Center Program Support](#)

**Oral Health Technical Assistance Team**



[bphc.hrsa.gov/ProgramOpportunities/FundingOpportunities/oralhealth/](http://bphc.hrsa.gov/ProgramOpportunities/FundingOpportunities/oralhealth/)

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[www.bphc.hrsa.gov](http://www.bphc.hrsa.gov)

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Sign up for the *Primary Health Care Digest*

