



BOARD OF SUPERVISORS AGENDA ITEM REPORT **CONTRACTS / AWARDS / GRANTS**

Requested Board Meeting Date: July 7, 2015

or Procurement Director Award ☐

Contractor/Vendor Name (DBA): First Things First, Pima South Regional Partnership Council (Pima South)

Project Title/Description:

"First Smiles Matter" is an early childhood oral health prevention and early intervention program for children, ages 0-5 years, and expectant women.

Purpose:

In collaboration with numerous community partners, children and families across Pima County, from Vail to Ajo, will have greater access to preventive oral health services. Services that will be provided may include: oral health education, dental screenings, referrals, and fluoride applications as indicated.

Procurement Method:

N/A

Program Goals/Predicted Outcomes:

Goal: To improve oral health outcomes of at-risk preschool children so they are healthy and ready to succeed in school.

Public Benefit:

Poor dental health often leads to pain, infection and tooth loss. A child with dental decay may have difficulty eating, speaking, and concentrating, which is likely to have a profound effect on development and their ability to learn. Without the First Things First funding, many under and uninsured children at high risk for tooth decay would have limited access to preventive dental health services.

Metrics Available to Measure Performance:

2612 children, ages 0-5, and 60 expectant mothers will receive an oral health screening and referral

2612 applications of fluoride varnish will be applied to children, ages 0-5 years

200 adults and 44 health professionals will receive education on the importance of early childhood oral health and simple prevention strategies

Retroactive:

Yes. New award begins July 1, 2015. The Pima County Health Department received notice of the award on June 9, 2015.

Original Information

Document Type: GTAW Department Code: HD Contract Number (i.e., 15-123): 15*97
Effective Date: 7/1/2015 Termination Date: 6/30/2016 Prior Contract Number (Synergen/CMS): N/A
☐ Expense Amount: \$ _____ ☒ Revenue Amount: \$ 232,500
Funding Source(s): First Things First (Prop 203 voter approved State funds)

Cost to Pima County General Fund: \$0.00

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No ☒ Not Applicable to Grant Awards
Were insurance or indemnity clauses modified? ☐ Yes ☐ No ☒ Not Applicable to Grant Awards
Vendor is using a Social Security Number? ☐ Yes ☐ No ☒ Not Applicable to Grant Awards

If Yes, attach the required form per Administrative Procedure 22-73.

Amendment Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____
Amendment No.: _____ AMS Version No.: _____
Effective Date: _____ New Termination Date: _____
☐ Expense ☐ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$ _____
Funding Source(s): _____

Cost to Pima County General Fund: _____

Contact: Sharon Grant

Department: Health Telephone: 724-7842
Department Director Signature/Date: *Maria M. Sanchez* 6.15.2015
Deputy County Administrator Signature/Date: *[Signature]* 6-15-2015
County Administrator Signature/Date: *C. D. Melbourn* 6/15/15
(Required for Board Agenda/Addendum Items)



FIRST THINGS FIRST

Ready for School. Set for Life.

**Arizona Early Childhood Development and Health Board
Oral Health**

Pima South Regional Partnership Council

**Request for Grant Applications (RFGA)
FTF-RC018-16-0531-00**

RFGA Summary

RFGA Number: FTF-RC018-16-0531-00

Total Funding Available: \$232,500

Region/Funding Source: Pima South Regional Partnership Council

Strategy: Oral Health

Target Service Units:

Oral Health

- Number of children ages 0-5 years receiving oral health screenings: 2612
- Number of expectant mothers receiving oral health screenings: 60
- Number of participating adults: 200
- Number of participating professionals: 44
- Number of fluoride varnishes applied: 2612

Brief Description:

The intent of the Oral Health Strategy is to provide best practice approaches that enhance the oral health status of 2612 children birth through age 5 in the Pima South region. The expected results are prevention of tooth decay and reduction in the prevalence of early childhood tooth decay and the associated risks for pain and infections that can lead to lifelong complications to health and wellbeing. The approaches for this strategy include: oral health screening for children and expectant mothers with referrals to oral health providers for follow up care as needed; fluoride varnishes for children; and oral health education for families and other caregivers including early learning and care providers, and oral health and medical professionals.

RFGA Deadline:

Grant Applications must be received by First Things First at the following location on or before:

March 30, 2015 by 1:00pm (Arizona MST) at
First Things First Tucson Office
 3610 N. Prince Village Place, Suite 100
 Tucson, AZ 85719

Pre-Application Conference:

A Pre-Application Conference to discuss this RFGA will be held:

February 13, 2015 at 10:00am (Arizona MST)
 Valencia Library, Small Conference Room
 202 W. Valencia Road
 Tucson, AZ 85706

Special Accommodations:

Persons with a disability may request reasonable accommodation such as a sign language interpreter by contacting the Fiscal Specialist at grants@azftf.gov. Requests should be made as early as possible to allow time to arrange the accommodation.

Grant Term/Estimated Start Date:

The estimated grant term is July 1, 2015 through June 30, 2016, unless terminated, cancelled or extended.

Contact Information:

Fiscal Specialist
 First Things First
 Email: grants@azftf.gov

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Overview of First Things First

First Things First is designed to meet the diverse needs of children and families in Arizona communities. The statewide First Things First Board and Regional Partnership Councils in local communities across the state share the responsibility of ensuring that early childhood funds are spent on strategies that will result in improved development, health and education outcomes for young children.

Local Regional Partnership Councils are comprised of community volunteers, with each member representing a specific segment of the community that has a role in ensuring that Arizona's children grow up to be ready for school and set for life: parents, leaders of faith communities, tribal representatives, educators, health professionals, business leaders and philanthropists.

First Things First Strategic Direction

First Things First's commitment to young children means more than only funding programs and services. It means having a shared vision about what being prepared for kindergarten actually means. First Things First specifies that programs and services funded by the First Things First Board and Regional Partnership Councils are to address one or more of the following Goal Areas to impact children birth to age five and their families:

- Improve the quality of early childhood development and health programs
- Increase the access to quality early childhood development and health programs
- Increase access to preventive health care and health screenings
- Offer parent and family support and education concerning early childhood development and literacy
- Provide professional development and training for early childhood development and health providers
- Increase coordination of early childhood development and health programs and provide public information about the importance of early childhood development and health

The First Things First Board established a strategic framework with a set of school readiness indicators that provide a comprehensive composite measure to show if Arizona is making progress in providing opportunity for young children to be ready for school and set for life. The strategies funded by First Things First work collectively to develop a comprehensive system across the state and regionally to address the school readiness indicators. The First Things First Board and Regional Partnership Councils determine the priorities and strategies to be funded across the state and throughout the regions assessing the challenges and building on the resources and assets in place.

School Readiness Indicators

- #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive and motor and physical.
- #/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars.

- #/% of children with special needs enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars.
- #/% of families that spend no more than 10% of the regional median family income on quality care and education with a Quality First rating of 3-5 stars.
- % of children with newly identified developmental delays during the kindergarten year.
- #/% of children entering kindergarten exiting preschool special education to regular education.
- #/% of children ages 2-4 at a healthy weight (Body Mass Index-BMI).
- #/% of children receiving at least six well child visits within the first 15 months of life.
- #/% of children age 5 with untreated tooth decay.
- % of families who report they are competent and confident about their ability to support their child's safety, health and wellbeing.

Available Funding and Eligibility Requirements

Funding Source

First Things First's early childhood development and health fund will provide the funds for this Request for Grant Applications (RFGA). First Things First distributes funds through both statewide and regional grants. Statewide programs are implemented across regional boundaries and are designed to benefit all Arizona's children. Regional programs support Regional Partnership Council funding plans approved by the First Things First Board each year.

This Request for Grant Application (RFGA) is specifically dedicated to funding regional programs. The Regional Partnership Council that is involved in the release of this RFGA is the **Pima South Regional Partnership Council**. The **Pima South Region** is defined as the Pima South County including Ajo, Amado, Arivaca, Green Valley, Lukeville, Sahuarita, Sasabe, Summit View, Three Points, Vail and Why, and some Tucson ZIP codes. Pima South ZIP codes include: 85321, 85341, 85601, 85614, 85622, 85629, 85633, 85641, 85645, 85706, 85735, 85736, 85746, 85747, 85756 and 85757. The region also includes ZIP code 85645 in Santa Cruz County. The region does not include the portion of the Tohono O'odham Nation in Pima County nor ZIP code 85602 in Pima County. As of July 1, 2014, ZIP codes 85730 and 85748 are no longer within the Pima South region and are instead in the Pima North region.

Total Funds Available

This is a **twelve (12)** month contract for the fiscal year ending **June 30, 2016** with an option for renewal for up to two (2) additional twelve (12) month periods. Approximately **\$232,500** is available for each twelve (12) month period. First Things First reserves the right not to award the entire amount of available funds or to award an amount that is greater than the posted available funds. Renewal is contingent upon continued need, satisfactory contract performance, and availability of funds. **One or multiple awards may be made.**

Eligibility Requirements

First Things First awards grants to:

- Units of Arizona government (local, county and state entities as well as schools and school districts).
- Federally recognized Tribal governments or entities providing services within Arizona.
- Arizona institutions of higher learning (colleges and universities).
- Private organizations providing (or proposing to provide) services in Arizona, including for-profit and non-profit 501(c)(3) organizations (both secular and faith-based).

Applicants must demonstrate organizational, fiscal, and programmatic capacity to meet the requirements described in the scope of work listed in this RFGA in order to be susceptible for award.

Scope of Work

Statement of Need

Many young children in the Pima South region reportedly have limited access to dental care. A 2009 study conducted by the Arizona Department of Health Services found 30 percent of Arizona children aged two to four had untreated tooth decay. The study also revealed that four out of every ten four-year-olds had urgent treatment needs. A dental survey conducted in Arizona between 1999-2003 shows that approximately 44 percent of children six to eight years of age have untreated tooth decay with seven percent needing urgent treatment. Although data is not available for children under the age of six, one can extrapolate that these outcomes are likely a result of dental care they did not receive at an earlier age. The Pima South region has identified preventive oral health care as a priority need and has funded an oral health strategy since 2009 in an effort to educate families, early childhood professionals and health professionals on the importance of early preventive oral health care. Data collected through this grant shows that slightly more than four out of ten children screened were treated for the first clinical signs of enamel breakdown, which when treated with fluoride and cleaned regularly can halt or reverse tooth decay.

Oral health is also important during the prenatal period. Poor oral health is associated with premature birth and low birth weight as well as other poor outcomes for the child. Nevertheless, it is estimated that just 22 to 34 percent of women in the U.S. visit a dentist during pregnancy. This strategy supports outreach and messaging regarding the importance of oral health care during pregnancy as well as oral health screening and referral for pregnant women.

Oral health is an important part of the overall health of a child and lack of dental care is linked to children's failure to thrive, poor speech development, school-based absences, and problems concentrating in school. Poor oral health outcomes in most cases are preventable with early intervention and education.

Description of Strategy

The purpose of this strategy is to enhance the oral health of children birth to five as well as to provide education to parents, caregivers and professionals on oral health care. In addition, providing oral health care and education to the prenatal population is a key element of this strategy.

Specifically, this grant requires that the grantee implements an evidence based model to adequately screen children birth to five using a dental caries risk assessment, apply fluoride varnish two-four times per year on each participating child (with parental consent), and provide written and oral instructions on follow up care. The latter should include an overview of findings, treatment needs and options for dental providers. The grant requires oral health screening for prenatal women. Screening for both children birth to five and prenatal women should be provided in an array of locations including but not limited to early care and education centers, WIC offices, physician offices, immunization clinics, etc. When providing screening/varnish in a Head Start or Early Head Start Center, the grantee must collaborate with the Center to ensure that there is no duplication of service and that services do not supplant the oral health care that is federally mandated and funded by Head Start and Early Head Start Centers.

The grantee is required to provide educational curriculum focused on oral health. The curriculum should be designed for the following audiences; children, families, other caregivers and expectant mothers. Education can be provided via individualized or group education sessions as defined in the Standards of Practice. A direct link to the Standards of Practice can be found in the Guidance Materials section of this RFGA.

Utilizing specific parameters outlined in the Standard of Practice, the grantee must provide outreach to medical and oral health professionals not only to develop referral sources, but to educate professionals on the importance of oral health care for children birth to five and pregnant women.

This grant has a specific emphasis on the need for strong coordination and collaboration between the grantee and other oral health providers in the region to build upon the ongoing networking that has occurred in the region in previous years.

Applicable School Readiness Indicators

Applicants implementing this strategy will work collectively with First Things First to address the school readiness indicators below:

- #/% of children age 5 with untreated tooth decay.
- % of families who report they are competent and confident about their ability to support their child's safety, health and wellbeing.

Applicable Goal Areas

Applicants implementing this strategy will work collectively with First Things First to address the goal area below:

- Increase access to preventive health care and health screenings

Target Population and Geographic Area to Serve

The target population for the Pima South Oral Health strategy includes children 0-5, parenting adults of children 0-5, expectant mothers, professionals providing services to children 0-5, i.e. early childhood care and education providers, health care providers, home visiting educators.

The targeted geographic population is the entire Pima South region including rural areas with prioritization given to underserved communities. Applicants responding to this RFGA must provide services throughout the region, or may describe in their application their intended areas of service within the region.

Please note Regional Partnership Council boundaries are set by the Board of First Things First every two years. The Board of First Things First approved updated Regional Partnership Council boundaries for FY2015 and beyond. Please use the following “mapping resource” to see a visual picture of the Regional Partnership Councils and/or search for a council by address:

<http://maps.azftf.gov>

Target Service Units and Performance Measures

A Target Service Unit (TSU) is a First Things First designated indicator of performance specific to each First Things First strategy and it is set by the Regional Council. It is composed of a unit of measure (e.g., participating adults) and a target number. The unit of measure can be a target population (e.g., participating adults), a product (e.g., books distributed) or a service (e.g., fluoride varnishes applied to children, ages 0-5) that a grantee is expected to serve or deliver as part of an agreement. The target number represents the actual number of service units proposed to be delivered during the contract year.

Performance Measures are (1) key indicators of performance (Target Service Units); (2) basic implementation of strategy; (3) alignment of program activities to strategy specific standards of practice; and, (4) performance or progress toward pre-established strategic goals. Performance measures may include the level or type of program activities conducted (e.g. serving families/children through home visits) and/or the direct services and products delivered by a program (e.g., providing scholarships).

For more specific information about the Target Service Units for this strategy, **Refer to the Guidance Materials Section for direct links to these documents.**

The Target Service Units and Performance Measures for this strategy are:

Target Service Units:

Number of children ages 0-5 years receiving oral health screenings: **2612**

Number of expectant mothers receiving oral health screenings: **60**

Number of participating adults: **200**

Number of participating professionals: **44**

Number of fluoride varnishes applied: **2612**

Performance Measures:

- Number of children ages 0-5 years receiving oral health screenings
- Number of expectant mothers receiving oral health screenings
- Number of participating adults
- Number of participating professionals
- Number of fluoride varnishes applied
- Number of complete fluoride varnishes series applied
- Number of expectant mothers and children receiving referrals for treatment
- Number of oral health trainings conducted
- Number of children participating in oral health trainings

Evaluation Criteria

The review committee will evaluate applications based on the responsiveness to the questions and information requested in the application. Examples of the weighted evaluation criteria include:

Capacity for Addressing the Needs and Implementing the Strategy (25 points)

- Provides examples of past experience in implementing First Thing First funded programs, and/or similar programs with documented success
- Clearly articulates the capacity and /or infrastructure required for program implementation
- Provides clear description of how qualified personnel will be recruited, trained, and be linguistically and culturally competent
- Describes established collaborations and the outcomes achieved
- Describes how strategy will build upon the ongoing work related to improving oral health outcomes for pregnant women and children 0-5 that has occurred in the Pima South region in prior years.

Program Description (30 points)

- Provides a clear description of the proposed program including adherence to the Standards of Practice in program implementation
- Identifies the proposed program as evidence based, evidence informed, or a promising practice, and provides a summary of supporting research and data that supports this determination
- Utilizes a program approach that aligns with and builds on the early childhood system in the region/state
- Clearly identifies the target population and target service numbers are realistic
- Identifies potential barriers to implementation and provides a realistic plan for overcoming barriers

Implementation Plan (30 points)

- Includes detailed descriptions of all required components identified in the Implementation Plan template

- Clearly illustrates the critical steps necessary to operationalize the proposed program

Line-Item Budget and Budget Narrative

(15 points)

- Line-item budget and budget narrative are detailed, accurate and are in alignment with the proposed program. Calculations are provided and demonstrate how costs were determined.
- Budget reflects generally accepted accounting principles and is consistent with policies, regulations, and procedures that apply uniformly to all costs charged and expended by the agency/organization - across all funding sources.
- All travel-related costs are justified and calculated using the State of Arizona travel rate limitations for mileage, per diem and lodging. For the state rates, visit <http://www.gao.az.gov/travel/>.

Guidance Materials

All Standards of Practice and Target Service Unit (TSU) Guidance Documents can be accessed through the FTF Strategy Toolkit, located at <http://www.azftf.gov/pages/strategytoolkit.aspx>.

The documents specific to this RFGA can be found at the links noted below. There may be other documents that appear on those links that do not apply. For difficulties accessing any of the documents, email the name of the document and the RFGA number to grants@azftf.gov for assistance.

Standards of Practice Documents Required for this RFGA

Oral Health Standards of Practice:

<http://www.azftf.gov/pages/WebMain.aspx?PageId=9E8669C97C0C408B9F3567C855744398&StrategyId=53>

Requirements for On-Site Child Care:

<http://www.azftf.gov/pages/WebMain.aspx?PageId=9E8669C97C0C408B9F3567C855744398&StrategyId=53>

Suspected Child Maltreatment - Mandated Reporting Policy:

<http://www.azftf.gov/pages/WebMain.aspx?PageId=9E8669C97C0C408B9F3567C855744398&StrategyId=53>

Target Service Unit (TSU) Guidance Document

Oral Health TSU Guidance Document:

<http://www.azftf.gov/pages/WebMain.aspx?PageId=9E8669C97C0C408B9F3567C855744398&StrategyId=53>

Data Security Guidelines and Requirements for Collaborators

BACKGROUND:

The purpose of the Arizona Early Childhood Development and Health Board (First Things First - FTF) is to aid in the creation of a system that offers opportunities and support for families and communities in the development of all children, so they can grow up healthy and ready to succeed. Our work is accountable and transparent to decision-makers and the citizens of Arizona. Collaboration and direct funding of grantees to undertake work on behalf of the children and families of Arizona is fundamental to the purpose and mission of FTF. Regular submission of data related to funded work is an important part of ensuring accountability and maximum positive impact for young children, as well as a material condition of receiving FTF grant funding.

Data Security Guidelines for Data Submission to FTF

First Things First will ensure that resources allocated have maximum impact for the benefit of children and families. To ensure this accountability, FTF has established data reporting requirements for all state and regional grantees. All funded providers shall regularly submit programmatic and financial reports as identified in the FTF reporting requirements.

FTF data submissions are classified in one of three levels:

- **Public data**
- **Limited distribution data**
- **Confidential data**

The majority of FTF reporting submissions are completed through the FTF Partner Grant Management System (PGMS). Subsequent to the award of a grant, the grantee will receive general training on login and navigation within the PGMS system. With this login, the grantee will be able to manage their contract information. An additional training on strategy-specific data submission requirements will also be conducted. During that training, the grantee will be informed on submission of data reporting requirements through PGMS. All data submitted through PGMS is **public data** or **limited distribution data**. Because PGMS is located in a secure extranet environment, grantees using PGMS for data submission are not required to undertake additional security measures related to their data submission above those identified in the general and data submission orientations (password and login security, guidelines for upload of narrative and other reports).

A small group of grantees submit data requirements, with an agreement between the grantee and FTF, through an established secure web service or FTP (File Transfer Protocol) site via the internet, rather than a PGMS web-based entry form. Such data is likely to contain limited distribution data and shall adhere to the following protocols. Grantees that submit data through the secure web service must submit data within the established data structures and format; follow all login procedures; submit a formal data change request form if needed; and ensure that limited distribution data may not be intercepted or viewed at any time by parties other than the grantee and FTF. Additionally, Grantees must ensure that throughout the reporting and submission process the data is secured and that any confidential data is de-identified and/or encrypted.

Any grantee submitting data identified as confidential must file a formal data security policy with FTF.

Data Security Guidelines for Grantee Maintenance of Data

In order to submit data to FTF in fulfillment of reporting requirements, grantees shall keep all data collected for their program(s) within their system (database) or hardcopies. Grantee data is likely to contain highly sensitive information on individuals, their education and their health. These guidelines and requirements are for the maintenance of those data.

All grantees must have a data security policy in force that identifies how the organization ensures that data is protected in all its forms, during all phases of its life cycle, from inappropriate access, use, modification, disclosure, or destruction.

All grantees subject to HIPAA, FERPA, GITA, tribal law, or other data regulation are required to submit and maintain those approvals for all data.

Data Permission Guidelines for Grantee Data

All grantees must be prepared for FTF review of client-level data (e.g. child-level, teacher-level, or early care and education provider-level) during on-site visits. Additionally, FTF data reporting requirements may include submission of client-level data (e.g. child-level, teacher-level, or early care and education provider-level). The grantee agrees to allow FTF to access such data. Should the data be subject to HIPAA, the grantee agrees to enter into FTF's HIPAA Business Associate Agreement.

To inform clients of FTF's reporting requirements, all grantees must include in their client enrollment forms the statement: "To comply with reporting requirements of the funding source, I grant permission to [insert grantee organizational name] to release background, service, and impact related information to the Arizona Early Childhood Development and Health Board, also known as First Things First." The grantee warrants to FTF that prior to entering into the grant agreement for FTF funding, it has appropriately enquired and satisfied itself that it has the ability and authority comply with the requirements of this section.

Grantees Serving Clients on Tribal Lands

First Things First recognizes Arizona tribes as sovereign nations that have the right to regulate research and data collection on their tribal lands. To this end, First Things First is committed to obtaining all appropriate tribal approvals for data collection, analysis and reporting. Accordingly, grantees shall only collect, use and share data from tribal land in accordance with a data collection agreement between a tribe and First Things First or the grantee.

Compliance with Data Security Guidelines

The grantee acknowledges that failure to comply with any requirement of these Data Security Guidelines shall be a material breach of the grant agreement.

First Things First's own Data Security Policy & Procedures and Tribal Data Policy may be viewed on the FTF website, www.azftf.gov, under Funding/Eligibility & How to Apply or <http://www.azftf.gov/WhatWeDo/Funding/Pages/Eligibility.aspx>.

Revised December 2014

Grant Terms and Conditions

1. Grant Agreement. The Request for Grant Applicants (RFGA), the Offer and Acceptance and Statement of Assurances (Offer and Acceptance), and the grantee's grant application, together with all exhibits, incorporated documents and amendments, constitute the Grant Agreement.
2. Term. The term of this Grant Agreement is July 1, 2015 through June 30, 2016, unless terminated, cancelled or renewed as otherwise provided herein. This Grant Agreement shall be effective only if a First Things First authorized designee has signed the Offer and Acceptance or another official grant form indicating acceptance of the Offer.
3. Renewal. The parties may renew the Grant Agreement for additional twelve (12) month periods (including lesser parts thereof) as indicated in the Available Funding section of the RFGA.
4. Services. The grantee shall complete the program and implementation plan described in its grant application and approved by First Things First. In providing these services, the grantee shall follow the Scope of Work, the Standards of Practice and the Data Security Guidelines and Requirements for Collaborators found in the RFGA.
5. Reimbursement/Payment.
 - 5.1. The grantee shall be paid on a cost-reimbursement basis for expenses approved in the budget. Payment is conditioned upon receipt by First Things First of timely, accurate and complete (i) reimbursement documents, (ii) Program Narrative Reports and (iii) Data Submission Reports submitted via the First Things First Partner Grant Management System (PGMS).
 - 5.2. The grantee shall submit reimbursement requests at least quarterly, though not more frequently than monthly. **The grantee shall submit a final reimbursement request marked "final" no more than forty-five (45) days after the Grant Agreement end date.** Expenses eligible for reimbursement must be paid, accrued or obligated by the grantee by the Grant Agreement term end date. Final payment shall be contingent upon receipt of all fiscal, programmatic, and data reports required of the grantee under this Grant Agreement. Requests for reimbursement received later than forty-five (45) days after the Grant Agreement end date will not be paid.
 - 5.3. **If awarded a grant, the grantee must have sufficient funds to meet obligations for at least sixty (60) days while awaiting reimbursements.** If an exception is requested to this requirement, it should be provided in writing in the grant application describing the justification and need for alternative considerations, which will be separately considered during the application review and may not be approved. Requests for exceptions to reimbursement-based payments submitted after awards are also made are subject to separate review and may not be approved.
 - 5.4. Funds awarded to the grantee under this Grant Agreement shall only be used to fulfill the grantee's responsibilities under this Grant Agreement. Therefore, if the full amount of the grant award is not expended for any reason, including due to completion of the work at a lower cost than budgeted or ending of the work before completion, the grantee will only receive the amount of the grant award spent in accordance with the Grant Agreement and will not receive the full original award. If the grantee is under budget, the parties may amend the Grant

Agreement to increase the contracted service units so as to use the full amount of the original grant award.

- 5.5. If the grantee receives reimbursement for expenditures that are disallowed by an audit exception by First Things First, the state or the federal government, the grantee shall promptly repay the funds to First Things First.
6. Quarterly Program Narrative and Data Submission Reports.
 - 6.1. At a minimum, the grantee shall submit quarterly one Program Narrative Report and three Data Submission Reports (one per month) by the 20th of the month following the quarter via PGMS. Failure to submit timely reports will result in suspension of reimbursement.
 - 6.2. Program Narrative and Data Submission Reports are due:

1 st Quarter (July 1 - September 30)	Due: October 20
2 nd Quarter (October 1 - December 31)	Due: January 20
3 rd Quarter (January 1 - March 31)	Due: April 20
4 th Quarter (April 1 - June 30)	Due: July 20
 - 6.3. If the grantee provides services to more than one First Things First region (multi-regional strategies), the grantee shall collect, store and report the data for the Data Submission Reports separately for each region served.
7. FTF Grants Uniform Terms and Conditions. First Things First's Grants Uniform Terms and Conditions (revision date January 2015) are hereby incorporated by reference into this Grant Agreement as if fully set forth herein. Copies of this document are available at <http://www.azftf.gov> (under Funding/Eligibility & How to Apply), by emailing grants@azftf.gov or by calling the First Things First Procurement Specialist at 602-771-5114.
8. Working on Sovereign Tribal Land. If the grantee performs any work under this Grant Agreement on sovereign land of an Indian tribe or nation, the grantee shall comply with any requirements set forth by the tribal government in relation to essential functions of the grant operation, including data collection. It is a material requirement of this Grant Agreement that the grantee follow all First Things First tribal policies and procedures including the Tribal Data Policy, complete all Institutional Review Board (IRB) requirements, obtain all appropriate parental consents and obtain appropriate tribal approvals as designated by tribal authorities.
9. Non-Discrimination. The provisions of State Executive Order 2009-09 are incorporated herein by reference. These provisions mandate, in part, that contractors will not discriminate against any employee or applicant for employment because of race, age, color, religion, sex or national origin. The grantee shall also comply with all other applicable state and federal statutes, regulations and executive orders concerning non-discrimination practices, including the Americans with Disabilities Act and Federal Executive Order No. 13279 – Equal Protection of the Laws for Faith-Based and Community Organizations.
10. Nonprofit Corporation Audit Reports. As required by A.R.S. § 35-181.03, if the grantee is a nonprofit corporation that receives in excess of two hundred fifty thousand dollars (\$250,000) in state assistance in any fiscal year, the grantee shall file with First Things First for each such fiscal year at the grantee's expense either audited financial statements prepared in accordance with federal single audit

regulations or financial statements prepared in accordance with generally accepted accounting principles and audited by an independent certified public accountant.

11. Records. Pursuant to A.R.S. §§ 8-1174 and 35-214, the grantee shall retain and shall contractually require each subcontractor and subgrantee to retain all books, accounts, reports, files and other records ("records") relating to the Grant Agreement for a period of five years after the completion of the Grant Agreement. All records shall be subject to inspection and audit by the State (including First Things First) and by an independent auditor at all reasonable times. Upon request, the grantee shall produce any or all such records at First Things First's main office in Phoenix, Arizona.

Notwithstanding the foregoing paragraph, pursuant to 2 C.F.R. § 200.333, if the grant includes federal pass-through funds, then the grantee shall retain and shall contractually require each subcontractor and subgrantee to retain all records pertaining to the federal pass-through funds for a period of three years from the date of submission of the final expenditure report and until any litigation, claims or audit findings involving the records have been resolved and final action taken. All such records shall be accessible and subject to audit in accordance with 2 C.F.R. § 200.336. This paragraph does not apply to a grantee, subgrantee or subcontractor that is a federal agency.

12. Non-Availability of Funds. Every payment obligation of First Things First under this Grant Agreement is conditioned upon the availability of funds appropriated or allocated for the payment of such obligation. If funds are not allocated and available for the continuance of this Grant Agreement, this Grant Agreement may be terminated by First Things First at the end of the period for which funds are available. No liability shall accrue to First Things First in the event this provision is exercised, and First Things First shall not be obligated or liable for any future payments or for any damages as a result of termination under this paragraph.

13. Grant Administration and Operation.

- 13.1. Advertising, Publishing and Promotion of Grant. The grantee shall not use, advertise or promote information for commercial benefit concerning this Grant Agreement without the prior written approval of First Things First.

- 13.2. Acknowledgment of FTF Funding. The grantee shall recognize First Things First as a funding source of programs and services funded in whole or part under this Grant Agreement in all publicly distributed print or electronic materials related to those programs and services. The grantee shall make this recognition in a manner described in First Things First's most current protocol and style guide. First Things First will post any updates to the protocol and style guide under the Grantee Resources section of PGMS. The grantee shall also recognize First Things First as a funding source of programs and services funded in whole or part under this Grant Agreement in all formal oral presentations and media interviews related to those programs and services.

The grantee shall submit to First Things First via PGMS all print and electronic materials related to the programs and services funded under this Grant Agreement before publicly distributing those materials so that First Things First may first review and approve the grantee's compliance with this subsection. In consultation with First Things First, the grantee shall revise the materials to meet First Things First's protocol and style requirements before publicly distributing the materials. First Things First shall have full and complete rights to reproduce, duplicate, disclose, perform and otherwise use all materials prepared under this Grant Agreement.

- 13.3. Public Awareness Efforts. The grantee shall consult with First Things First in the planning of public awareness/marketing strategies, such as websites, advertising or media campaigns, related to the programs or services funded under this Grant Agreement.
- 13.4. Property of the State. Any materials and data required to be collected, delivered or created under this Grant Agreement, including but not limited to reports, computer programs and other deliverables are the sole property of the State (First Things First). The grantee is not entitled to a patent or copyright on those materials and may not transfer the patent or copyright to anyone else. The grantee shall not use or release these materials without the prior written consent of First Things First.
- 13.5. Ownership of Intellectual Property. Any and all intellectual property, including but not limited to copyright, invention, trademark, trade name, service mark and/or trade secrets created or conceived pursuant to or as a result of this Grant Agreement and any related subcontract or subgrant ("Intellectual Property"), shall be work made for hire and First Things First shall be considered the creator of such Intellectual Property. First Things First shall own (for and on behalf of the State) the entire right, title and interest to the Intellectual Property throughout the world. The grantee shall notify First Things First, within thirty (30) days, of the creation of any Intellectual Property by it or its subcontractor(s) and subgrantee(s). The grantee, on behalf of itself and any subcontractor(s) and subgrantee(s), agrees to execute any and all document(s) necessary to assure ownership of the Intellectual Property vests in the State and shall take no affirmative action that might have the effect of vesting all or part of the Intellectual Property in any entity other than the State. The Intellectual Property shall not be disclosed by the grantee or its subcontractor(s) and subgrantee(s) to any entity not the State without the express written authorization of First Things First.
- 13.6. Fund Management. The grantee must maintain any funds received under this Grant Agreement on other than a cost reimbursement basis in separate ledger accounts and cannot mix these funds with other sources. The grantee must manage all funds according to applicable regulations for administrative requirements, cost principles and audits. The grantee shall maintain proper audit trails for all reports related to this Grant Agreement.
14. Relationship of Parties. The grantee under this Grant Agreement is an independent contractor. Neither party to this Grant Agreement shall be deemed to be the employee or agent of the other party.
15. Indemnification.
- 15.1. Not Government Agency. This paragraph applies if the grantee is not a governmental entity. To the extent allowed by law, the grantee shall defend, indemnify and hold harmless the State of Arizona and its departments, agencies, boards, commissions, universities, officers, officials, agents and employees ("State") from and against any and all claims, actions, liabilities, damages, losses, costs or expenses (including court costs, attorneys' fees and costs of claim processing, investigation and litigation) ("Claims") for bodily injury or personal injury (including death) or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of the grantee or any of its owners, officers, directors, agents, employees, volunteers, subcontractors or subgrantees. This indemnity includes any Claim or amount arising out of, or recovered under, the Workers' Compensation Law or arising out of the failure of the grantee to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. It is the specific intention of the parties that the State shall, in all instances, except for Claims arising solely from the

negligent or willful acts or omissions of the State, be indemnified by the grantee from and against any and all Claims. It is agreed that the grantee will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. In consideration of the award of this grant, the grantee agrees to waive all rights of subrogation against the State for losses arising from the work performed by the grantee for the State.

- 15.2. Government Agency. This paragraph applies if the grantee is a governmental entity and is not a department, agency, board, commission or university of the State of Arizona. Each party (as "Indemnitor") agrees to indemnify, defend and hold harmless the other party (as "Indemnitee") from and against any and all Claims arising out of bodily injury of any person (including death) or property damage but only to the extent that such Claims which result in vicarious/derivative liability to the Indemnitee are caused by the act, omission, negligence, misconduct or other fault of the Indemnitor or any of its officers, officials, agents, employees or volunteers.
- 15.3. Patent and Copyright. The grantee shall indemnify and hold harmless the State against any liability, including costs and expenses, for infringement of any patent, trademark or copyright arising out of grant performance or use by the State of materials furnished or work performed under this Grant Agreement. The State shall reasonably notify the grantee of any claim for which it may be liable under this paragraph. This paragraph does not apply if the grantee is insured pursuant to A.R.S. § 41-621.
- 15.4. Subcontractors. The grantee shall contractually require its subcontractors and subgrantees, if any, to defend, indemnify and hold harmless the State as described in this Section unless the subcontractor or subgrantee is a state agency.

16. Insurance.

- 16.1. In the event the grantee is a governmental entity, then the insurance requirements in this Section do not apply, except that such governmental entity grantee shall provide a Certificate of Self-Insurance. If the governmental entity grantee is a department, agency, board, commission or university of the State of Arizona, then the Certificate of Self-Insurance requirement does not apply either.
- 16.2. The grantee shall procure and maintain until all of its obligations have been discharged or satisfied, including any warranty periods under this Grant Agreement, insurance in the amounts stated below against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the grantee and any of its owners, officers, directors, agents, employees, volunteers or subcontractors. The grantee shall require and ensure that all of its subcontractors comply with this Section as well.
- 16.3. The insurance requirements herein are minimum requirements for this Grant Agreement and in no way limit the indemnity covenants. First Things First in no way warrants that these minimum requirements are sufficient to protect the grantee from liabilities that might arise out of the performance of the work under this Grant Agreement, and the grantee is free to purchase additional insurance. The minimum insurance requirements are as follows:

Commercial General Liability – Occurrence Form

Policy shall include bodily injury, property damage, personal and advertising injury and broad form contractual liability coverage.

• General Aggregate	\$2,000,000
• Products – Completed Operations Aggregate	\$1,000,000
• Personal and Advertising Injury	\$1,000,000
• Damage to Rented Premises	\$50,000
• Each Occurrence	\$1,000,000

The policy shall include coverage for sexual abuse and molestation. This coverage may be sub-limited to no less than \$500,000. The limits may be included with the General Liability limit, provided by separate endorsement with its own limits or provided as separate coverage included with the professional liability.

The grantee must provide the following statement on its Certificate(s) of Insurance: “Sexual Abuse/Molestation coverage is included.” Policies/certificates stating that “Sexual Abuse/Molestation coverage is not excluded” do not meet this requirement.

The policy shall be endorsed to include the following additional insured language: “The State of Arizona and its departments, agencies, boards, commissions, universities, officers, officials, agents and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the grantee.” Such additional insureds shall be covered to the full limits of liability purchased by the grantee, even if those limits of liability are in excess of those required by this Grant Agreement.

The policy shall contain a waiver of subrogation endorsement in favor of the “State of Arizona and its departments, agencies, boards, commissions, universities, officers, officials, agents and employees” for losses arising from work performed by or on behalf of the grantee.

Business Automobile Liability

Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in the performance of this grant.

• Combined Single Limit (CSL)	\$1,000,000
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The policy shall be endorsed to include the following additional insured language: “The State of Arizona and its departments, agencies, boards, commissions, universities, officers, officials, agents and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the grantee, involving automobiles owned, leased, hired or borrowed by the grantee.”

The policy shall contain a waiver of subrogation endorsement in favor of the “State of Arizona and its departments, agencies, boards, commissions, universities, officers, officials, agents and employees” for losses arising from work performed by or on behalf of the grantee.

The policy shall contain a severability of interests provision.

Workers’ Compensation and Employers’ Liability

• Workers’ Compensation	Statutory
• Employers’ Liability	
Each Accident	\$1,000,000

Disease – Each Employee	\$1,000,000
Disease – Policy Limit	\$1,000,000

The policy shall contain a waiver of subrogation in favor of the “State of Arizona and its departments, agencies, boards, commissions, universities, officers, officials, agents and employees” for losses arising from work performed by or on behalf of the grantee.

This requirement shall not apply to each grantee or subcontractor exempt under A.R.S. Chapter 23, Title 6 (§ 23-901 et seq.) when such grantee or subcontractor executes the appropriate waiver (Sole Proprietor/Independent Contractor) form.

Professional Liability (Errors and Omissions Liability)

• Each Claim	\$1,000,000
• Annual Aggregate	\$3,000,000

In the event that the professional liability insurance required by this Grant Agreement is written on a claims-made basis, the grantee warrants that any retroactive date under the policy shall precede the effective date of this Grant Agreement and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning at the time work under this Grant Agreement is completed.

The policy shall cover professional misconduct or wrongful acts for the positions of professionals/Key Personnel identified in this Grant Agreement.

- 16.4. Additional Insurance Requirements. The policies shall include, or be endorsed to include, the following provisions:

The grantee’s policies shall stipulate that the insurance afforded the grantee shall be primary insurance and that any insurance carried by First Things First, its agents, officials, employees or the State of Arizona shall be excess and not contributory insurance, as provided by A.R.S. § 41-621(E).

Coverage provided by the grantee shall not be limited to the liability assumed under the indemnification provisions of this Grant Agreement

- 16.5. Notice of Cancellation. With the exception of ten (10) day notice of cancellation for non-payment of premium, any changes material to compliance with this Grant Agreement in the insurance policies shall require thirty (30) days written notice to the State of Arizona. Such notice shall be sent directly to First Things First, Fiscal Specialist, 4000 N. Central, Suite 800, Phoenix, AZ 85012, and shall be sent by certified mail, return receipt requested.
- 16.6. Acceptability of Insurers. The grantee’s insurance shall be placed with companies licensed in the State of Arizona or on hold approved non-admitted status on the Arizona Department of Insurance List of Qualified Unauthorized Insurers. Insurers shall have an “A.M. Best” rating of not less than A- VII. The State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the grantee from potential insurer insolvency.
- 16.7. Verification of Coverage. The grantee shall furnish the State of Arizona with certificates of insurance (ACORD form or equivalent approved by the State of Arizona) as required by this Grant Agreement. The certificates for each insurance policy are to be signed by an authorized representative.

All certificates and endorsements are to be received and approved by the State of Arizona before work commences. Each insurance policy required by this Grant Agreement must be in effect at or prior to commencement of work under this Grant Agreement and remain in effect for the duration of the program. Failure to maintain the insurance policies as required by this Grant Agreement or to provide evidence of renewal is a material breach of the Agreement.

All certificates required by this Grant Agreement shall be sent directly to First Things First, Fiscal Specialist, 4000 N. Central, Suite 800, Phoenix, AZ 85012. The State of Arizona program/grant number and program description shall be noted on the certificate of insurance. The State of Arizona reserves the right to require complete copies of all insurance policies required by this Grant Agreement at any time. DO NOT SEND CERTIFICATES OF INSURANCE TO THE STATE OF ARIZONA'S RISK MANAGEMENT SECTION.

- 16.8. Subcontractors. The grantee's certificate(s) shall include all subcontractors as insureds under its policies or grantee shall furnish to the State of Arizona separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to the minimum requirements identified above.
- 16.9. This Section assumes the grant award is for more than \$50,000, that the grantee will be using vehicles beyond commuting in order to provide the services under the Grant Agreement, that the grantee will be working with children in order to provide the services under the Grant Agreement, and that the grantee will be providing professional services in order to provide the services under the Grant Agreement. If any of these assumptions do not apply to this Grant Agreement, then upon agreement of First Things First, the insurance requirements will be reduced or removed in part from the Grant Agreement as appropriate.
- 16.10. If the Grant Agreement requires the grantee to handle money on behalf of the State, the grantee shall also procure and maintain a fidelity insurance policy, consistent with the State of Arizona Risk Management Insurance Modules, that includes third party fidelity coverage.
- 16.11. If the Grant Agreement requires the grantee to provide information technology (IT) services, the grantee shall also procure and maintain errors and omissions coverages, consistent with the State of Arizona Risk Management Insurance Modules, including technology errors and omissions, network security/privacy and media liability.
- 16.12. The grantee understands and agrees that any modification or variation from the insurance requirements in this Grant Agreement may only be made by First Things First in consultation with the Department of Administration, Risk Management Section or in accordance with its published insurance modules. Such action will not require a formal grant amendment, but may be made by administrative action.
17. Notices. Notices to the grantee required by this Grant Agreement shall be made by First Things First to the person indicated on the Offer and Acceptance form submitted by the grantee unless otherwise stated in the Grant Agreement. Notices to First Things First required by the Grant Agreement shall be made by the grantee to an authorized First Things First representative, unless otherwise stated. An authorized First Things First representative and an authorized grantee representative may change their respective person to whom notice shall be given by written notice to the other and an amendment to the Grant Agreement shall not be necessary.

Instructions to Applicants

A. Preparation

1. Technical Requirements. Applications will be reviewed initially for compliance with technical requirements. Noncompliance with these requirements may result in the application being deemed non-responsive, and therefore not susceptible for award.

Applications will:

- Be typed using a twelve-point font, single-spaced, single-sided (not duplexed), with at least one-inch margins.
- Include page numbers on all pages and a table of contents that follows the layout of the application.
- Be stapled (or secured with a binder clip) in the upper left-hand corner. Applications are not to be bound in spiral binders or in 3-ring notebooks.
- Be clearly marked with the **name** of the submitting agency/organization and the **RFGA number** on the outside of a **sealed** envelope/package.
- Not include additional materials, such as promotional brochures or materials, unless they directly relate to the information required in the application.

The sealed envelope/package that contains the applications **shall be in possession** of the First Things First office/designated location identified on Page 2 of this RFGA by the deadline time and date. Applications received after the specified due date and time shall be rejected.

No facsimiles or electronic mail versions of the applications will be accepted by First Things First.

2. Application Content. Application packets will include one (1) original copy of the application with signatures (clearly marked "original") and nine (9) additional copies that each include:

- Application Cover Sheet
- Checklist
- Completed and signed First Things First Offer and Acceptance/Statement of Assurances form
- Table of Contents
- Executive Summary (Section A)
- Capacity for Addressing Needs (Section B)
- Program Description (Section C)
- Personnel (Section D) - Personnel Table and Program Organizational Chart
- Implementation Plan (Section E)
- Line Item Budget and Budget Narrative (Section F)
- Funding Sources and Financial Controls (Section G)
- Agency/Organization Profile (Section H)

Include one copy of the following with your original copy:

- One set of signed amendments issued for the RFGA (if applicable)
- One State of Arizona Substitute W-9 Form (must be downloaded and printed) and signed, if applicable,
https://gao.az.gov/sites/default/files/AZ_subw-9_010713-S%26S.pdf
- One copy of the applicant's audit report for its previous fiscal year, if the Federal Audit Requirement described below applies

3. Evidence of Intent to be Bound. The Offer and Acceptance and Statement of Assurances form included in the RFGA shall be submitted with an authorized signature, which will signify the applicant's intent to be bound by the application, and the Grant Terms and Conditions included in the RFGA and that the information provided within the application is true, accurate and complete. Failure to submit verifiable evidence of intent to be bound, such as an original signature, may result in rejection of the application.
4. Exceptions to Terms and Conditions. All exceptions included with the application shall be submitted in a clearly identified separate section of the application in which the applicant identifies the specific paragraphs of the RFGA where the exceptions occur. Any exceptions not included in such a section shall be without force and effect in any resulting grant agreement unless such exception is specifically accepted by First Things First in a written statement. The applicant's preprinted or standard terms will not be considered by First Things First as a part of any resulting grant agreement. All exceptions that are contained in the application may negatively impact the applicant's susceptibility for award and may result in the rejection of the application.
5. Budget Increases. If an applicant seeks annual cost of living or inflationary increases in its budget in the event the applicant is awarded a grant and the Grant Agreement spans multiple years, the applicant shall specify the amount of the requested annual increases by budget line item in the application.
6. Capital Expenditures. Items over \$5,000 with a life of more than one (1) year are allowable and must be included in the line item budget and budget narrative to explain the purpose, intent and use specific to the benefit of the grant services that the applicant will provide.
7. Federal Audit Requirement. If this RFGA is funded in whole or in part by federal pass-through funds and the applicant expends \$750,000 or more in federal awards during its fiscal year, the applicant shall provide a copy of its audit report for its previous fiscal year with its application.
8. Subcontracts. An applicant shall clearly list any proposed subcontractors or subgrantees and their proposed responsibilities in the application.
9. RFGA Amendments. If an RFGA amendment is released prior to the application due date, it will be posted on the FTF website, www.azftf.gov, under Funding/Grants Available. A copy of the amendment must be submitted with an original, authorized signature and be submitted with the application or no later than the application due date and time. It is the sole responsibility of the applicant to check the website. Failure to return a signed copy of an RFGA Amendment may result in rejection of the application.
10. Statement of Lawful Presence. An applicant that is a natural person (i.e., individual), as opposed to an agency/organization, will be required to submit a completed Statement of Lawful Presence & Eligibility form and acceptable evidence of eligibility and lawful presence as required by federal regulations and Arizona Revised Statutes sections 1-501 & 1-502. The Statement of Lawful Presence & Eligibility form, which includes a list of acceptable evidence of eligibility and lawful presence, is available on the FTF website, www.azftf.gov, under Funding. After the application due date, First Things First will notify any applicant to whom this paragraph applies. At that point, the applicant shall submit the completed form and acceptable evidence within thirty (30) days, otherwise the application will not be susceptible for award.

B. Inquiries

1. Submission in Writing. All inquiries/questions related to the RFGA must be submitted in writing and must include the RFGA number, page and paragraph. Emails are preferred, which should be sent to grants@azftf.gov. Inquiries should be sent at least seven days before the application due date for adequate review and determination by First Things First.
2. Pre-Application Conference. If a Pre-Application Conference is scheduled for this RFGA, applicants should raise any inquiries/questions about the RFGA at that time. However, FTF staff may direct applicants to submit any questions that raise material issues and potentially result in an RFGA Amendment in writing to grants@azftf.gov. An applicant shall not rely on verbal responses to inquiries. A verbal reply to an inquiry does not constitute a modification of the RFGA.
3. Other Contacts. Other than as described in this Section, an applicant should not contact any state employee concerning this RFGA while the solicitation and evaluation are in process.

C. Submission

1. Late Applications. Applications received after the specified due date and time shall be rejected.
2. Application Amendment or Withdrawal. An application may not be amended after the application due date and time except as otherwise provided under this RFGA or applicable law.
3. Application Opening. Applications will be opened publicly at the time and place identified in this RFGA. The name of each applicant will be read publicly and recorded.
4. Disqualification. An applicant (including each of its principals) who is currently debarred, suspended or otherwise lawfully prohibited from any public procurement activity shall have its application rejected.
5. Confidential Information. If an applicant believes that any portion of the application, a protest, or correspondence contains a trade secret or other proprietary information, the document shall clearly designate the trade secret and other proprietary information using the term "confidential." The applicant shall provide a statement detailing the reasons why the information should not be disclosed, including the specific harm or prejudice that may arise upon disclosure. First Things First shall review all requests for confidentiality and provide a written determination. Until a written determination is made, First Things First shall not disclose information designated as confidential except to those individuals deemed to have a legitimate state interest. In the event First Things First denies the request for confidentiality, the applicant may appeal the determination to the Chief Executive Officer of First Things First within the time specified in the written determination. Contract terms and conditions, pricing, and information generally available to the public are not considered confidential information.

D. Award

1. Award. First Things First may award one or multiple grants under this RFGA. First Things First also reserves the right to fund more than one program in an area, not to award the entire amount of available funds, or to award an amount that is greater than the posted available funds.

2. Grant Inception. An application does not constitute a grant nor does it confer any rights on the applicant to the award of a grant. A grant is not created until the application is accepted in writing by the First Things First authorized designee's signature on the Offer and Acceptance Form. A notice of award or of the intent to award shall not constitute acceptance of the application.
3. Budget and TSU Adjustments. After submission of the application and before award, First Things First may request changes in the proposed target service units (TSUs) and budget.
4. Geographic Distribution. First Things First seeks applications that propose to serve children across an entire First Things First region (or statewide). An application that offers to provide programs or services only for the benefit of children living within a limited area (e.g., zip code) of a region may receive an award, at First Things First's discretion, if there is a disparate need for the program or services in that limited area that will not be met by other grantees.
5. Waiver and Rejection Rights. Notwithstanding any other provision of the RFGA, First Things First reserves the right to:
 - 5.1 Waive any minor informality,
 - 5.2 Reject any and all applications or portions thereof, or
 - 5.3 Cancel the RFGA.
6. Effective Date. A grant shall be effective on the date that the First Things First authorized designee signs the Offer and Acceptance form or other official grant form indicating acceptance of the Offer, unless another date is specifically stated in the Grant Agreement.
7. Public Record/Inspection. All applications submitted and opened are public records. Applications will be open and available to public inspection after the grant is awarded pursuant to A.R.S. § 41-2702, except for portions of such applications designated trade secrets or proprietary if First Things First concurs with the designation.
8. Protest. A protest of the RFGA, a determination of not susceptible for award, or the award of a grant shall comply with and be resolved according to A.R.S. §§ 41-2611 & 41-2704 and A.A.C. R2-7-A901 et seq. If the protest is based upon alleged improprieties in an RFGA that are apparent before the application due date and time, the interested party shall file the protest before the application due date and time. For any other protest, the interested party shall file the protest within ten (10) calendar days after First Things First makes the applications and evaluator assessments available for public inspection. All protests shall be in writing and filed with the Chief Executive Officer, Arizona Early Childhood Development and Health Board (with a copy to the state procurement administrator) and include:
 - 8.1 The name, address, email address, and telephone number of the interested party,
 - 8.2 The signature of the interested party or its representative,
 - 8.3 Identification of the RFGA or grant number,
 - 8.4 A detailed statement of the legal and factual grounds of the protest including copies of relevant documents, and
 - 8.5 The form of relief requested.

Application Cover Sheet

From:	Pima County Health Department
RFGA Number:	FTF-RC018-16-0531-00
Strategy:	Oral Health
Requested Amount:	\$232,500

Applicant's Contact Information:

Margaret Perry
Program Coordinator
520-724-7902
Margaret.Perry@pima.gov

Checklist

Include the following in the application submission:

One (1) copy (with original signatures) clearly marked **original** and nine (9) additional copies that each include:

- ☒ Application Cover Sheet
- ☒ Completed Checklist
- ☒ Completed and signed First Things First Offer and Acceptance/Statement of Assurances form
- ☒ Table of Contents
- ☒ Executive Summary (Section A)
- ☒ Capacity for Addressing Needs (Section B)
- ☒ Program Description (Section C)
- ☒ Personnel (Section D) - Personnel Table and Program Organization Chart
- ☒ Implementation Plan (Section E)
- ☒ Line Item Budget and Budget Narrative (Section F)
- ☒ Funding Sources and Financial Controls (Section G)
- ☒ Agency/Organization Profile (Section H)

Include one copy of the following with your **original** copy:

- ☐ One set of signed amendments issued for the RFGA (if applicable)
- ☐ One State of Arizona Substitute W-9 Form (must be downloaded and printed) and signed, if applicable, https://gao.az.gov/sites/default/files/AZ_subw-9_010713-S%26S.pdf Not applicable- Pima County is a current vendor
- ☐ One copy of your audit report for the previous fiscal year and a schedule showing the total federal funds (by granting agency) expended by you for the most recent fiscal year, if the Federal Audit Requirement described in the RFGA Instructions to Applicants applies. Not applicable- no Federal funds for this RFGA

General submission reminders:

- ☒ Include page numbers on all pages, twelve point font, single-spaced, single-sided with at least one inch margins.
- ☒ Staple or binder clip the applications in the upper left-hand corner. Do not bind your application in spiral binders or in 3-ring notebooks.
- ☒ The submitting agency's/organization's name and the **RFGA number** should be clearly marked on the outside of a sealed envelope/package.
- ☒ The sealed envelope/package that contains the applications **shall be in possession** of the First Things First office/designated location identified on Page 2 of this RFGA by the deadline time and date. Applications received after the specified due date and time shall be rejected.



FIRST THINGS FIRST

Ready for School. Set for Life.

**OFFER and ACCEPTANCE
and
STATEMENT of ASSURANCES**

TO THE STATE OF ARIZONA, ARIZONA EARLY CHILDHOOD DEVELOPMENT AND HEALTH BOARD:

APPLICANT OFFER

By signing and initialing below, the applicant hereby offers and agrees to complete the program and implementation plan described in its grant application and approved by the Arizona Early Childhood Development and Health Board and to be bound by and comply with the Grant Terms and Conditions contained in the RFGA and with all other documents constituting the Grant Agreement, including the following Assurances.

Pima County Health Department

Applicant Name (Agency/Organization)


Signature of Authorized Official

3950 S. Country Club Rd., Suite 100

Address



Printed Name

Tucson, AZ 85714

City

State

Zip


Title

Arizona Transaction Privilege (Sales) Tax

License No:

10060155-B

Point of Contact Concerning this Application:

Name: Margaret Perry

Federal Employer Identification No:

86-6000543

Phone: 520-724-7902

E-Mail: Margaret.perry@pima.gov

APPLICANT ASSURANCES

Initial the following:

GENERAL



To adhere to the most recent version of the
Standards of Practice documents



To adhere to the Data Security Guidelines, as
applicable.

mp To review and adhere to the First Things First Grants Uniform Terms and Conditions Copies of this document are available at <http://www.azftf.gov> (under Funding/Eligibility & How to Apply)

mp To accept funds and administer the programs in accordance with all applicable federal and state statutes and regulations and Grant Agreement requirements.

mp To maintain internal controls, including policies and procedures, for assuring compliance with applicable cost principles and other Grant Agreement requirements.

mp To follow established personnel policies related to salary scales, fringe benefits, and travel reimbursement.

mp To use generally accepted accounting principles (GAAP).

PROGRAMMATIC

mp To use proven, effective and/or evidence based programs.

mp To maintain the personnel qualifications outlined in the Standards of Practice with subsequent hires.

mp To comply with any applicable federal, state, and local health and safety requirements that apply to the facilities used for a program.

mp To actively participate in the Quality Assurance process, including assessments.

mp To coordinate, to the extent possible, with other programs in the same geographic area that serve similar target populations.

mp To perform required financial and compliance audits in accordance with federal law and guidelines, including the Single Audit Act and 2 CFR Part 200.

mp To maintain documentation for employees working across multiple funding sources to ensure the amount of time charged to each employee does not exceed 100%.

mp To have fiscal control and fund accounting procedures in place to ensure proper disbursement of and accounting for any funds paid to subcontractors.

mp To maintain enrollment and participate in e-verify, if an employer.

mp To maintain a system of contract administration to ensure conformance with the Grant Terms and Conditions.

mp To provide regular and timely reporting and to participate in all pertinent First Things First research and evaluation efforts.

mp To coordinate with First Things First during the length of the program period.

mp To acknowledge funding from FTF in publicly-distributed materials in compliance with FTF's brand guidelines and submit such materials in advance for review.

mp To consult with FTF in the planning of public awareness/marketing strategies such as websites, advertising or media campaigns.

ACCEPTANCE OF APPLICATION AND OFFER

The grant application is hereby accepted. The applicant is now bound to perform the program and implementation plan described in the grant application and approved by the Arizona Early Childhood Development and Health Board and to comply with the Grant Terms and Conditions contained in the RFGA and with all other documents constituting the Grant Agreement, including the Assurances above.

This grant shall henceforth be referred to as Grant No. FTF-RCD18-16-0531-01

Arizona Early Childhood Development and Health Board
Awarded this 15th day of July, 2015



First Things First Authorized Designee

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Section A - Executive Summary

Pima County Health Department's (PCHD) Oral Health Program (OHP) has been in existence since 2002, and thus far, the Program has served over 30,000 children. Improving oral health outcomes of at-risk children is, and will continue to be, the Program's primary focus. Pima County's First Smiles Matter Program (FSM), funded since 2009, was created in response to First Things First (FTF) South Pima Regional Partnership's goal to improve oral health outcomes in preschool aged children in support of school readiness, which includes oral health as a part of overall health. The FSM Program provides evidence based and best practice interventions that enhance the oral health status of children birth to age 5 and expectant mothers in the Pima South region. Activities include oral health screenings for children and expectant mothers; 2-4 fluoride varnish applications per year to prevent and control dental caries in children; referrals to oral health providers for follow up care as needed; and oral health education for families and caregivers, early learning and childcare providers, and dental and medical professionals. Tooth brushing programs in early childcare and educational settings, as a best practice, are implemented to promote early oral health good habits. The Program employs one registered dental hygienist (RDH) as Program Coordinator and two dental assistants. Contracts are in place with seven RDHs, two dentists to assist with providing program services.

Strong community partnerships help to make the First Smiles Matter Program successful in Pima County. The OHP has contracts with the University of Arizona Board of Regents' Mobile Health Program (MHP), El Rio Community Health Center (El Rio CHC) and the Desert Senita Community Health Center's (DSCHC) Dental Programs to provide screenings, fluoride treatments, and education to children and families in various settings and communities across southern Pima County. PCHD's Affiliation Agreement with Pima Community College allows dental hygiene and assisting student rotations through the OHP. This provides a valuable experience and helps to promote and develop the dental public health workforce. Within Pima County, programs such as the Nurse Family Partnership, Child Care Health Consultants, Health Start, Family Planning, WIC (Women, Infants and Children) and Public Health Nursing promote oral health by educating and referring clients for appropriate services. By continuing to develop strong community based partnerships within the department and out in the community, the Program can better serve a larger portion of those communities that are underserved.

Program data will be regularly tracked to ensure that program deliverables are met. Outcomes will be measured using the target service units and performance measures as outlined in the FTF oral health strategy:

- Number of children ages 0-5 years receiving oral health screenings: 2612
- Number of expectant mothers receiving oral health screenings: 60
- Number of participating adults: 200
- Number of participating professionals: 44
- Number of fluoride varnishes applied: 2612

Pima County is very excited about the prospect of continuing our partnership with First Things First and the Pima South Regional Partnership Council. Thank you for your consideration of our request.

Section B - Capacity for Addressing the Needs and Implementing the Strategy

Respond to each of the following items:

1. Provide examples of experience implementing related programs and the outcomes of those programs. It should be noted that past performance on any grants may be taken into consideration in the evaluation of your proposal.

PCHD's OHP has been in existence since 2002. Improving the oral health of children at risk for dental decay has been the Program's focus of work. Our strong community based partnerships and professional staff have contributed to the success in developing and implementing effective preventive oral health programs. Thus far, we have served over 30,000 at-risk children.

Below are descriptions of programs that have been successfully developed, implemented and evaluated to address the oral health needs of target populations in Pima County.

Child Health Initiative Program Oral Health (2002-2004)

PCHD received a grant from the Arizona Department of Health Services (ADHS)/Office of Maternal and Child Health to provide screenings and dental sealants to 2nd and 6th grade students in schools that demonstrated over 65% of students were enrolled in the National School Lunch Program. Assistance was provided to parents to apply for insurance for those children with urgent oral health needs. Referrals were made to local dental providers and follow-up was done to assess whether children received services. Community partners El Rio CHC Dental Clinic, United Community Health Center (UCHC), the Southern Arizona Dental Association's Grayline Program, and local dentists and hygienists all participated in providing services in over five school districts. In year two of the grant, funding was available to pay for dental services for the uninsured.

Program Objectives and Outcomes for Child Health Initiative Program			
Program Objectives:		Program Outcomes:	
<i># of children to be screened</i>	<i># of children to be sealed</i>	<i># of children screened</i>	<i># of children sealed</i>
2,000	3,029	900	1,134

Dental Sealant Program (2005 to Present)

The Child Health Initiative Program/Oral Health transitioned to the ADHS/Office of Oral Health (OOH) in 2005. PCHD received funding to implement the school based Arizona Dental Sealant Program in Pima County. This program targets children in 2nd and 6th grades in schools that have 50% of students or

greater enrolled in the National School Lunch Program. All children with a signed consent receive a dental screening and oral hygiene kit. Only children that have public health insurance and those that are uninsured, qualify for the application of dental sealants. PCHD continues to provide the Dental Sealant Program to children in five school districts.

Program Objectives and Outcomes for Dental Sealant Program			
	Program Objectives:	Program Outcomes:	
Year	# of children to be sealed	# of children sealed	# of children screened
2005/2006	1156	1010	1225
2006/2007	1000	1158	1387
2007/2008	1200	1826	2355
2008/2009	1200	1193	1278
2009/2010	1800	1112	1775
2010/2011	1200	1041	1371
2011/2012	1200	1119	1553
2012/2013	1290	1245	1993
2013/2014	1300	1576	1772

Let's Start with Oral Health: Perinatal, Infants and Toddlers (2006)

In 2006, ADHS/OOH grant provided funding to implement "Let's Start with Oral Health: Perinatal, Infants and Toddlers" in collaboration with three centers that have Early Head Start (EHS) and Head Start (HS) programs. The purpose of the Program was to develop a pilot preschool based oral health prevention pilot program to assure young children have good oral health prior to entering school. Education about the importance of oral health in early childhood, and prevention strategies, a foundation of all of our programs, was presented to EHS staff, HS staff, site managers, and food service workers from centers that enroll children of migrant farm workers. This project was the first of its kind so many strategies and interventions were researched and tested.

Program Objectives and Outcomes for Let's Start with Oral Health Program		
<i>Services</i>	Program Objectives:	Program Outcomes:
	<i>Increase Services to Children Enrolled by</i>	<i>% of Children Receiving Services</i>
Children Screenings	95%	91%
Exams for Uninsured	25%	33%
Received Preventive Care	40%	54%

Start your Baby Off on the Right Foot (2007)

The primary focus of this project was to increase awareness of the relationship of oral health to general health of perinatal women and their infants, ultimately improving the oral health of both mother and child. As part of the PCHD Pre Natal Block Grant, "Start your Baby Off on the Right Foot" provided education to WIC perinatal women and caregivers. A PowerPoint presentation for WIC clients was developed, presented and evaluated. From April - June 2007, PCHD's Oral Health Coordinator conducted 17 presentations in English and the WIC Health Educators conducted 16 presentations in Spanish. Each presentation reinforced potential connection between the mother's oral health and pre-term low birth weight babies, the effect a mother's oral health can have on the baby's future oral health and simple preventive strategies including the importance of visiting the dental office for care during pregnancy.

Program Objectives and Outcomes for Start Your Baby Off on the Right Foot Program		
<i>Services</i>	Program Objectives:	Program Outcomes:
	<i># of Participants</i>	<i># of Participants</i>
Women Education	100	173
Increased Awareness	75	101
Received OH Kit *	100	173

*Additionally, 84 infants, 107 toddlers, 35 preschoolers (5-6) and 67 school aged children (6+ years) received toothbrush and fluoride toothpaste.

Women, Infants and Children Fluoride Varnish Program (2007-2008)

The ADHS, OOH requested that the Pima County OHP implement a pilot project within a local WIC site. The curriculum was presented to WIC families, was developed in collaboration with WIC Health Educators. Families who attended the "Healthy Teeth Happy Smiles" presentation were invited to participate in the pilot project. Participating families received oral screenings and fluoride varnish applications for children ages 0-3, oral hygiene education to parents or caregivers, and referral information for dental needs. Training

was also provided to WIC staff, health educators and nutrition specialists, on the importance of early child oral health visits and simple prevention strategies they could share with families.

Program Objectives and Outcomes for WIC Fluoride Varnish Program				
	Program Objective:	Program Outcome:		
Children's Ages:	<i># of Pima County WIC Children to Receive Screening and Fluoride</i>	<i># of Pima County WIC Children that Received Screening and Fluoride</i>	<i>1 Application</i>	<i>2 Applications</i>
0-3yrs	500	513	274	29
3yrs +			191	19

First Smiles Matter Program (FSM) (2009-present)

In 2009, the First Smiles Matter Program was created in response to First Things First's South Pima Regional Partnership Council's Oral Health Strategy. The First Smiles Matter Program was implemented to enhance existing efforts in improving oral health outcomes for children and expectant mothers. Strategies for this early intervention program include: 1) Outreach to connect families to oral health care services 2) Outreach to expectant mothers about oral health care and its effects on newborns and infants 3) Outreach to dentists and health providers to educate them to address oral health needs of infants specifically the importance of early screenings beginning at age one and 4) Improve access to oral health services specifically to un-served and underserved areas of Pima County.

Implementation of this Program requires a collaborative approach to ensure its success. The Program has utilized established partnerships with early childhood and community-based organizations that serve the South Pima region and has continued to develop new partnerships. Education to parents/caregivers, childcare staff, oral and health care providers is provided by experienced dental professionals using best practice/evidence based curriculum and in accordance with FTF oral health guidelines. Data systems are in place to track activities and referrals, and assess health insurance enrollment and general client status.

The FSM Program consistently meets or exceeds deliverables, with the exception of year one due to startup and contract issues. The success of the Program is greatly attributed to the combined efforts of the collaborative partners in the early childcare community, community health agencies, and First Things First – all committed to improve the oral health status of young children in Pima County.

Program Objectives and Outcomes for First Smiles Matter Program

	Program Objective:	Program Outcome:	Program Objective:	Program Outcome:
Contract Year:	<i># of Children to be Screened and Receive Fluoride</i>	<i># of Children Screened and that Received Fluoride</i>	<i># of Pregnant Women to be Screened</i>	<i># of Pregnant Women Screened</i>
2009-2010	1,100	2,107	50	17
2010-2011	1,100	2,936	50	49
2011-2012	1,100	2,847	50	22
2012-2013	2,300	2,665	60	37
2013-2014	2,300	2,242	60	98
<i>Total</i>	7,900	12,797	270	223

2. Describe your agency/organization's professional knowledge of and experience in working with the target population. In addition, please outline how child care providers will be identified and outreached throughout the region.

The target population of the Pima South's Oral Health strategy includes:
children 0-5, parenting adults of children 0-5, expectant mothers, professionals providing services to children 0-5, i.e. early childhood care and education providers, health care providers and home visiting educators across the southern most region of

PCHD has been in operation since 1933 and is a component of Pima County Government which is located in Tucson, Arizona. The Department is led by Francisco AR Garcia, M.D., M.P.H, who is the Chief Medical Officer and Department Director. Dr. Garcia has extensive experience in Public Health including his tenure as Outreach Professor of Public Health for the University of Arizona.

PCHD currently has 319 full time employees (FTEs). The Department is organized into seven divisions that support and deliver the Ten Essential Public Health Services throughout Pima County. The divisions are:

- Community & Public Health Nursing
- Clinical Services
- Clinical Officers
- Pima County Animal Care
- Nutrition & Health Services
- Strategic Integration
- Business Operations

The OHP is a component of the Clinical Services Division (CSD), which offers programs ranging from breast and cervical cancer screenings to Tuberculosis and Sexually Transmitted Disease Control.

Clinical services are provided by a team of specialized public health staff at various clinics (traditional and mobile) throughout Pima County. Staff providing care within Clinical Services offer a vast array of programmatic and clinical expertise. The clinical staff are highly trained, with education levels ranging from Masters to Doctorate, and up to twenty years of service with PCHD. Many staff possess multiple degrees, including advanced education in public health. In addition to highly trained clinical staff, Pima County Clinical Services employs non-clinical staff that have a wealth of experience, professional and personal. This diverse mixture of staff lends to a culturally competent and customer friendly environment. Bi-lingual services (English/Spanish) are offered at all service delivery sites. While some staff are not bicultural or bilingual, most have worked in the Southwest for some time, are culturally competent and are able to assist Spanish-speaking clients in their native language. Multi-language translation services (other than Spanish) are provided to clients with limited English proficiency on an as-needed basis.

Other services provided by PCHD that focus on health promotion and disease prevention include childhood immunizations, WIC, public health nursing, which provides home visits to individuals and families, child care health consultation, maternal and child health programs and chronic disease prevention. Staff from these programs help to promote oral health by educating and referring clients for appropriate services. In addition, these programs target and provide services to the same children and families targeted in the Oral Health Strategy.

PCHD strives to deliver services in all areas of Pima County in an effort to meet the needs of our most at-risk community members. The majority of the Pima South region, which reaches from Vail to Ajo, is within the Pima County boundaries and service area of the PCHD. Services are delivered at three traditional sites located in Tucson, one in Ajo, and at various locations via mobile medical and dental units. Sub-contracted medical and dental personnel also deliver services in targeted areas of need.

The PCHD's FSM Program is a current grantee under First Things First, Pima South Regional Partnership Council's Oral Health Grant. The Program has been providing dental screenings, fluoride treatments and community/patient education to eligible participants in Pima South since 2006, serving more than 13,000 at risk children in the target population. In addition, the Program has provided education to community members and providers at various venues.

PCHD FSM Program uses data from various reporting sources to develop and implement the service delivery plan. According to the FTF 2014 Needs and Assets Report for the South Pima Regional Partnership Council, 23,474 children in this Pima South Region are 0-5 years of age or 8.7% of the region's population. The report also indicates that the majority of these children in Pima South Region are non-white, Hispanic/Latino, and 19% live in poverty. The Pima South Regional Partnership Council's 2015 Regional Snapshot reports that there are 7,428 households with children under 6 and that 67% of 3-4 year olds statewide don't go to preschool. In order to reach these children, FSM service delivery plan includes targeting childcare centers, family/group homes, preschools, WIC clinics, immunization clinics, pediatric clinics, mobile medical and dental sites, and applicable community events.

Despite data from the Arizona Community Survey in 2012 showing that 88% of children under 18 years of age have health insurance coverage, access to dental care in the southern region of Pima County is

limited. There are large areas across the County with limited access to Primary Care Providers (PCPs) and Dental Providers. As of September 2011, most of Pima County has been designated as a Dental Care Health Professional Shortage Area (DHPSA) according to the Health Resources and Services Administration.

In an effort to increase access to care, expand and maximize resources, coordinate program activities, address barriers in recruiting priority populations, and promote the delivery, improvement, and evaluation of services, PCHD's FSM Program has developed and/or fostered many partnerships. Pima County contracts with the MHP, El Rio CHC and the DSCHC's Dental Programs to assist with reaching the FSM target population within their respective service areas.

United Way of Tucson and Southern Arizona (UWTSA) and Child and Family Resources (CFR) to help connect us with child care centers, family and group homes through the Early Childhood Partnership of Southern Pima County. Early childcare providers and educators are recruited at their sites or at area conferences specifically designed for these providers.

The Child Care Resource & Referral Program, with Child & Family Resources, provides a current list of licensed childcare centers and homes by zip codes. The list contains center and director names, addresses and contact numbers to directors of each center in the FTF Pima South designated zip codes and communities. The centers/sites are assigned to the appropriate FSM Partners, based on service area and as defined in their contracts. The centers and sites that FSM currently serves will all continue to participate with the Program if funded.

The Program works closely with the PCHD's Child Care Health Consultants (CCHC) who serve childcare centers and consult with PCHD dental professionals about oral health topics. CCHCs conduct safety and health assessments and are a part of the recruitment team, encouraging individual child care centers and homes to participate in FSM.

The recent redistricting of Pima South's service area, provided an opportunity to reach more children and families. FSM staff met with the Tucson Unified School District's PACE Director and Dental Services staff to identify what services and resources would benefit the children and families in the PACE preschool Programs. This partnership has proven to be successful as FSM served an additional 100 children and families at six Tucson Unified School District (TUSD) PACE Programs in the school year 2014-2015. FSM and TUSD are currently strategizing on ways to increase participation rates next year.

3. Describe the capacity and/or infrastructure required to implement the proposed program.

The implementation of this Program requires a collaborative approach to ensure continued success in our communities. Once the FTF OH Grant was awarded in 2009, PCHD began the Pima County procurement process to identify community agencies to increase the oral health infrastructure. Agencies that successfully responded to the solicitation were awarded a contract to assist with the provision of oral health services. Each agency demonstrated extensive experience working with underserved populations; each had projects/programs in place to reach rural communities; and each demonstrated knowledge and skill to address the strategies of this Program.

PCHD currently collaborates and contracts with the MHP, El Rio CHC, and DSCHC's Dental Programs to provide screenings, fluoride treatments, education to children and families in various settings and communities across southern Pima County, from Vail to Ajo. If this grant is awarded to PCHD a new solicitation may be required. The OHP will build upon the existing collaboration of agencies and look to identify other community health agencies eager to collaborate with the First Smiles Matter Partners.

PCHD OHP employs one Program Coordinator, who is a Registered Dental Hygienist, and two dental assistants. The Program contracts with seven dental hygienists and two dentists to provide oral health services. PCHD has an Affiliation Agreement with Pima Community College Dental Hygiene and Assisting Programs. The Program Coordinator works with full time faculty to coordinate rotations in the oral health programs. Within the state laws and rules as set forth by the Arizona Board of Dental Examiners, the students provide assistance to PCHD staff/contractors during oral health clinics.

The PCHD Infrastructure has several Divisions and Programs that will be involved in the successful implementation of the First Smiles Matter Program.

- The CSD Programs and Public Health Nursing Division Programs within PCHD such as the Nurse Family Partnership, Child Care Health Consultants, Health Start, Family Planning, and WIC promote oral health by educating and referring clients for appropriate services.
- The Business Operations Division maintains and distributes supplies, medications, and vaccines to the various PCHD clinics, prepares and manages the department budget, provides safety training and compliance oversight, prepares and administers department contracts, and oversees department asset and inventory.
- The Grants Management Division provides centralized coordination of all grant activity which assures and facilitates grant compliance through sub-recipient monitoring, purchasing review, regulatory interpretation, audit response, and corrective action coordination.
- The Communication Program assists with website and social media as well as flyers and program brochures.
- The Information Technology Department provides technical assistance.
- The Epidemiology Program assists with zip code mapping to identify medical and dental AHCCCS providers, child care centers and family and group homes within the designated zip codes in Pima South Region.

4. Identify how qualified personnel will be recruited and supervised.

The OHP works closely with the PCHD Human Resources Department in identifying and recruiting qualified applicants and ensuring the employment process follows equal employment opportunity and non-discrimination standards. All activities are designed to objectively assess job related skills and are consistently applied to all applicants. Each position within the department states minimum qualifications and reflects careful thought as to the roles the individual will fill, the skill sets they will need, the personality attributes that are important to completing tasks, and any relevant experience that would differentiate one applicant from another. HR ensures policies and procedures are carefully adhered to.

5. Describe plans for ensuring personnel will be linguistically and culturally competent to work with the target population.

PCHD ensures positive healthcare outcomes by providing socially, culturally, and linguistically appropriate services relevant to Pima County's diverse population. PCHD strives to adhere to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) to provide services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. PCHD's Cultural Competency Policy and Procedure addresses recruitment and retainment of culturally diverse staff; education and training annually and as part of new employee orientation; language assistance and materials in different languages and limited English proficiency; and ongoing review and evaluation of services to assess assets, weaknesses, and opportunities to improve.

6. Describe the established collaboration(s) in place with one or more local organizations for the delivery of programs and/or services to the target population.

Collaborations with individuals, community agencies, and group organizations, have greatly enhanced the opportunity to provide programs and/or services to target populations and assist with the delivery of preventive oral health services across Pima County. Established contracts are in place with the MHP, El Rio CHC and the DSCHC's Dental Programs to provide screenings, fluoride treatments, and education to children and families in various settings and communities across southern Pima County.

The OHP participates in the United Way of Tucson and Southern Arizona's (UWSTA), First Focus on Kids (FFK) Coalition to promote awareness of the importance of good oral health in childhood development and for school readiness. Members of the Coalition include early childhood professionals, business leaders, educators, early childhood and literacy experts, youth and family development agencies, state and local government representatives, parents and United Way staff. Within the Coalition, programs that facilitate the OHP in reaching high-risk populations include the Family Support Alliance, Quality First, Healthy Families and Parents as Teachers.

The OHP consults with the local Head Start (HS) Grantee, Child Parent Centers, on various health issues, standards, and guidelines ranging from immunizations to tooth brushing protocol. The Oral Health Coordinator participates on the Nutrition and Health Advisory Council along with other early childhood health providers and parents of children who attend Head Start. All of the HS centers in the Pima South region participate in the First Smiles Matter Program to provide screening and fluoride applications, parent education, and tooth brushing programs.

Collaboration with the PCHD CCHC allows both programs to benefit from the work that each does. The OHP provides consultation and education to childcare centers and partners with CCHC to provide continuing education for childcare professionals at area conferences and at smaller venues across Pima County.

Participation in the South Pima Coordination of Services meetings has promoted partnerships that have been instrumental in expanding outreach to children and families in need of preventive oral health services in the communities of Sunnyside, Summit View, Three Points, Arivaca, Sasabe, and Amado. Individuals

known as “community connectors” facilitate the implementation of services and are supportive in advocating for oral health.

In addition to relationships within the early childhood sector, the OHP has established partnerships with ADHS, OOH, Pima Community College, Grand Canyon University, and the Southern Arizona Dental Hygienists’ Society and Dental Association.

7. Describe the outcomes achieved as a result of the collaboration(s) including: how service delivery has improved; how resources are more effectively utilized across partners; and how the continued work of this collaboration will impact the implementation of the proposed program.

Established collaborations have provided an opportunity to increase awareness of the importance of oral health and provide services to a greater number of children and pregnant women across the County. Due to the experience PCHD had with implementing successful community based oral health programs, community partners asked PCHD to take the lead in coordinating the implementation of the early childhood oral health prevention and early intervention Program, First Smiles Matter in 2009. The Program continues today and serves a majority of the Tucson metro sites in the largest zip code area of 85706, the new zip code areas of (85746, 85757) and outlying areas not currently covered by FSM Partners, i.e. Green Valley (85614) and Sahuarita (85629), Arivaca (85601), Vail (85641), Amado (85645) and Sasabe (85633).

One of the First Smiles Matter Partners, The MHP, provides low cost primary health care services for adults, children and pregnant women. In 2009, MHP began to integrate oral health into their existing Program to include oral health screenings for pregnant women, and screenings and fluoride treatments for children. Prenatal care is provided in collaboration with the Family Practice Residency Program at the University of Arizona, and women are primarily seen at Summit View and South Tucson (85706 and 85756) as well as in the community of Amado. Mobile medical sites within the Pima South region include the New Life Resource Center, the Los Ranchitos Community Resource Center (85706) and the Summit View Community and Hope United Methodist Church (85756).

El Rio CHC provides oral health screenings and fluoride treatments to uninsured or underinsured children at their Congress, El Pueblo and Southwest Pediatric Clinics. While these clinics are not located in the South Pima Region, they do see children from the Pima South area. To better serve pregnant women, the Dental staff at El Rio CHC work in collaboration with their OB/GYN clinics to educate providers and pregnant women about the importance of oral health care during pregnancy. In addition to screenings and fluoride applications, El Rio CHC Dental Clinic provides restorative services and accepts referrals for children and pregnant women. For the past 5 years, El Rio CHC has developed their pediatric dental residency program which has proven to be invaluable for children in need of dental care. Services for children are often covered by insurance, private or Medicaid, and the clinic also offers a sliding fee scale. El Rio CHC often has receives additional funding for other services i.e. dental services for pregnant women.

In Ajo, Lukeville and Why (85321), The Desert Senita Community Health Center (DSCHC), Dental Clinic is the sole provider of primary health and dental services in the entire rural Ajo Primary Care Area. The Desert Senita Dental Clinic opened in 2003 and offers a full array of dental services to meet the diverse

needs of all patients, both children and adults. As part of the First Smiles Matter Program, the dental team provides oral health screenings for pregnant women, screenings and fluoride treatments for children, and community events and health fairs. Ajo now has a new preschool and active Head Start and DSCHC implemented a new home visitor program. The dental staff have reached out and included the home visitor provider in the FSM annual training which has helped create a great referral source for children and expectant mothers.

As the result of the FSM collaborations, July 1, 2009 through June 30, 2014, the following outcomes have been achieved by each FSM partner and collectively across Pima South, from Vail to Ajo.

Agency	Children 0-5 years OH Screening and Fluoride	Pregnant Women
<i>PCHD</i>	8,878	51
<i>U of A, MHP</i>	1,670	142
<i>El Rio CHC</i>	1,602	20
<i>Desert Senita</i>	647	11
Total FSM	12,797	224

As the coordinator of First Smiles Matter, PCHD OHP purchases and distributes supplies to each FSM Partner based on the number of targeted service units each is contracted to provide. The ability to purchase supplies in bulk and through contracted vendors contributes to lower costs and benefits all FSM partners.

The provision of low cost restorative care for children identified with early or urgent dental needs is often a serious problem in many communities. Many families are either uninsured or under-insured and cannot pay for dental care. Because of the important collaborations that are in place, referrals for dental care are coordinated through community dental clinics and AHCCCS dental providers. El Rio CHC provides appointments to children identified by any of the FSM Partners as needing early or urgent dental care. El Rio CHC assists parents with enrolling into AHCCCS, provides information about the Affordable Care Act, and charges based on a sliding fee scale.

FSM partnerships and community collaborations are critical to the successful implementation of the Program. Pima County OHP has demonstrated that service delivery is optimized and resources are more effectively used when agencies and programs work together.

8. Describe how your agency/organization will build upon ongoing work related to improving oral health outcomes for children 0-5 and pregnant women that has occurred in the Pima South region in prior years.

The FSM Program has been instrumental in educating the community about the important work of First Things First, especially Pima South. Since its inception in 2009, essential partnerships have been

developed and more than 13,000 children, 0-5 years of age, and more than 200 pregnant women have received services through the FSM Program.

There are several opportunities for expanding the services currently provided and improving oral health outcomes for children and pregnant women. The FSM Program will look at increasing numbers of pregnant women who receive screenings and education about the importance of oral health care during pregnancy. In addition, the Program will be working with FSM Partners to develop a better system for tracking dental referrals and strategizing in how to better serve children with special health care needs.

Section C - Program Description

Respond to each of the following items:

1. Describe the proposed program, including how the Standards of Practice and any key personnel requirements will be adhered to during program implementation.

The FSM is a prevention and early intervention program to address high rates of dental decay, especially in children 0- 5 years. The demographics of residents in Pima County and the fact that the community water is not optimally fluoridated, indicate that the majority of the children are at moderate to high risk for dental decay. The FSM Program provides evidence based and best practice interventions that enhance the oral health status of children birth to age 5 and expectant mothers in the Pima South region. Activities include oral health screenings for children and expectant mothers; 2-4 fluoride varnish applications per year to prevent and control dental caries in children; referrals to oral health providers for follow up care as needed; and oral health education for families and caregivers, early learning and childcare providers, and dental and medical professionals. Tooth brushing programs in early childcare and educational settings, as a best practice, are implemented to promote early oral health good habits.

FSM Partners currently include the MHP, El Rio CHC and the DSCHC's Dental Programs. FSM Partners provide screening and fluoride varnish treatments to children, ages 0-5 years, with parental consent in various settings and communities across southern Pima County. Some sites may include: childcare centers, family/group homes, preschools, WIC clinics, immunization clinics, pediatric clinics areas and other community sites.

As outlined in the table below, the FSM Partners all provide a unique approach to reaching the target population based on the setting or personnel assisting or providing the preventive services and education. As community agencies, FSM Partners are aware of the importance to provide culturally competent care and education. Many of the providers or assistants speak Spanish or have resided in the southwest for years. FSM Program materials are available in English and Spanish and oral health resources for other languages can be found online at dentalcare.com.

FSM Partner Agency	Setting	*Qualified Personnel for Screening & Applying Fluoride Treatment	Assisted by
Pima County Health Dept.	Licensed childcare centers, preschools, family & group homes, and community events	Registered Dental Hygienist, dental hygiene students on clinical rotation	Dental Assistants, Nursing, Dental Assistant or hygiene students,
MHP	Mobile Clinics around south Pima, childcare/preschools and community events	Physician, Nurse Practitioner	Medical Assistants, Promotoras
El Rio CHC	Pediatric/Well child	Dentists, Registered	Dental Assistants

	clinics and community events	dental hygienists, Dental residents	
DSCHC	Dental clinic with WIC referrals and community events	Dentist, Registered Dental Hygienist	Dental Assistants

All of the FSM standards are congruent with the FTF Standards of Practice (SOP) for Oral Health and are met by assuring the following:

- *Only licensed professionals, dental hygienists, dentists, nurse practitioners, practical nurses or physicians that have been calibrated for this Program will provide services for FSM. Qualified providers for the First Smiles Matter Program have successfully completed a training on early childhood oral health, the Basic Screening Survey (BSS) and the application of fluoride varnish to assure consistency in reporting of dental needs and providing preventive services as well as similar oral health messaging.*
- *Dental hygiene students may be used for the application of fluoride varnish under the supervision of a (PCHD staff/contracted) dental hygienist under a cooperative agreement with Pima Community College and according to AZ state laws and rules as set forth by the dental board. Other students or health professionals are utilized for recording of information or assistance in the clinic operations.*
- *All contractors working with or on behalf of the children must enroll in the Arizona Early Childhood Workforce Registry.*

To reach children, and families, enrolled in childcare centers and preschools, FSM staff contact the site director. Those that are interested in participating in the FSM Program assist in obtaining consents, scheduling, identifying a space for conducting the clinic, helping to identify the children with consents, and providing the results of the screening and post fluoride varnish instructions to parents.

If the FSM site is one where parents and children are together receiving other services or attending a health fair the parent is asked to complete a consent form on site. In addition to necessary patient and parent information, a brief medical and dental history is included as part of the FSM consent form. Examples of questions on the consent form include questions asked of each parent/caregiver, “would you like help finding a dental office” and “would you like assistance applying for insurance”.

Each child that has a signed consent will be screened. The child’s oral health status is recorded and a summary of findings form is completed for the parent or guardian. Along with the summary, a community dental service list, AHCCCS contact numbers and other resources for health care coverage are provided.

Referrals for dental care are coordinated with community dental clinics that provide a sliding fee scale and local dental providers (AHCCCS and non-AHCCCS) that use a dental home model. El Rio CHC provides appointments to children referred by any of the FSM Partners as needing early or urgent dental care. The clinic works with the parents to determine AHCCCS eligibility, ACA options and provides reduced fees based on income for the uninsured.

Once the patient information is entered into a spreadsheet or database, FSM identify families in need of assistance and contacts the parent/caregiver. Follow up involves two attempts to reach the parent by phone.

Information is provided about AHCCCS dental coverage and parents are encouraged to contact their plan to select a provider and to set-up an exam with a dentist. If the parent/caregiver has difficulty with any part of the process of attaining care, staff assist to resolve the issue thereby increasing the likelihood of clients receiving follow-up treatment. If the FSM Program is unable to contact the parent a letter is sent inviting them to call us for assistance.

The website “Healthy Teeth AZ” that is being created by First Things First has an online database to assist with locating low cost dental care throughout Arizona, including Pima South. The number of providers is growing and the Program has asked community partners to consider listing their clinics in order to expand the list of dental resources.

PCHD is just one of many community based agencies that are working together to assist individuals and families with understanding and navigating the Affordable Care Act and Arizona’s Health Insurance Market Place. FSM staff have attended trainings to better understand and assist families needing enrollment assistance by referring them to knowledgeable navigators in our community. FSM Partners offer insurance enrollment assistance for their clients.

Oral health education is provided by FSM qualified providers to parents/caregivers, early learning and care providers, and dental and medical professionals. The FTF Standards of Practice for oral health are referenced and utilized to assure that FSM meets or exceeds the guidelines by providing culturally sensitive, age and literacy level appropriate oral health information that is delivered by qualified staff and providers. The Program Coordinator is responsible for identifying and selecting audience appropriate education and training materials. She has a Bachelor’s degree in Dental Hygiene and a Master’s degree in Business Administration with an emphasis in Healthcare Management. The FSM dental assistant is a graduate of Pima Community College, Dental Assisting Program and a native Spanish speaker.

Education to adults/parents is provided during their child’s visit with a FSM provider. With a direct link to the caregiver, oral health information is individualized to the child and family or to the pregnant woman. Other parent education presentations are provided to groups of parents whose children attend a specific childcare center or preschool. These sessions are provided in English or Spanish with a PowerPoint presentation, simple activities are incorporated and oral hygiene handouts and supplies are provided to participants.

A similar presentation is provided to childcare providers to learn how to share oral health information with parents. Presentations may be held at the center to facilitate staff attendance or at other times they are offered as part of an early childhood conference or Saturday workshop. Almost all of the centers and preschools are registered participants with the Az Department of Health Services’ Empower Program which requires staff training on age appropriate Empower topics each year. There are many great topics to be covered, oral health and nutrition are just two. Empower’s Standard #7 addresses oral health by requiring participating centers to provide monthly oral healthcare education or implement a tooth brushing program. The ABC’s of Implementing a Tooth brushing Program is an interactive presentation for providers provided by FSM. The center receives the necessary supplies for starting and maintaining the tooth brushing program. Based on the University of Iowa (UI), Department of Pediatric Dentistry’s protocol, FSM provides practical information as well as evidence-based rationale to guide the implementation of a tooth brushing program.

Education for oral health and medical providers is provided, to FSM Providers at the Annual Calibration Meeting and to pre-professional dental hygiene and nursing students, by the Program Coordinator. New guidelines from AHCCCS plans, requires medical providers to complete appropriate modules of the “Smiles for

Life” curriculum to be eligible for reimbursement of fluoride varnish treatments. A literature review and pilot may be in order to determine if this would now be an option for medical providers and pre professional students identified through FSM.

2. Identify whether the proposed program is evidence-based, evidence-informed, or a promising practice, and summarize the supporting research and data that supports this determination.

The First Smiles Matter Program was created, in part, to address the first South Pima Request for Grant Application for oral health in 2009. The strategies identified for implementation are built upon several sources including the FTF’s Oral Health Strategy and Standards of Practice. Well-designed, peer reviewed, research leads to evidence based and best practice strategies and oral health policies and guidelines. Oral health and medical association policies and guidelines were reviewed including those from the American Academy of Pediatric Dentistry (AAPD), American Academy of Pediatrics (AAP), American Dental Hygiene Association (ADHA), and American Dental Association (ADA). The Association of State and Territorial Dental Directors (ASTDD) website and resources were reviewed for successful evidence based or best practice strategies to replicate.

Fluoride has long been proven to be safe and effective at preventing and even reversing tooth decay. In some areas, fluoride is available through community water fluoridation and this community based intervention is considered one of the ten great public health achievements. The Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report (MMWR) in 2001, provides “Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States”. The extensive review covers the different forms of fluoride, systemic and topical, and sources i.e. supplements, toothpastes, rinses, professional treatments. The conclusion describes fluoride as a safe and effective means to prevent and control dental caries across the life span. Regular exposure to fluoride can lead to considerable saving in public and private resources.

As a result of these guidelines, most oral health preventive programs utilize fluoride in one or more forms as outlined by the CDC. The FSM Program promotes 2-4 applications of professional level fluoride as well as daily use of the appropriate amount of toothpaste with fluoride for all children at risk for dental decay. Both are considered topical applications and therefore have minimal if any potential systemic effects. The professional fluoride applications are provided in a simple, one step paint on process of a 5% sodium fluoride varnish with xylitol. It dries to a natural tooth color on contact and sets readily in the presence of saliva, minimizing fluoride ingestions. The Program uses a single unit dose of .25 ml appropriate for young children.

The University of Iowa (UI), Department of Pediatric Dentistry developed a protocol to provide information and practical details as well as evidence-based rationale for effective tooth brushing programs. A tooth brushing program using fluoridated toothpaste is considered a best practice intervention for dental decay in children, ages 3-5 years. It not only helps to teach healthy habits, it provides additional fluoride exposures to help remineralize teeth that are weakened through regular eating and drinking. FSM has been using the UI protocol and now along with the Empower Program’s new Arizona Tooth Brushing Manual to teach childcare staff how to safely, efficiently and effectively implement a tooth brushing program.

Both the AAPD and the ADA have guidelines to support and promote the amount of toothpaste that is safe and effective. Through parent education and the implementation of tooth brushing programs in the early childcare

centers and educational settings, FSM promotes the use of a rice or pea size of fluoridated toothpaste at each brushing, for those under 2 years and those older than 2 respectively.

3. If there is a need to adapt an evidence-based or evidence-informed program as a promising practice, explain what the adaptations are and the justification for why they are being proposed.

There are no adaptations being proposed.

4. Describe how the proposed program approach aligns and builds on the early childhood system development in the Pima South region.

The First Smiles Matter Program supports the FTF goals for school readiness. The FSM Program objectives are directly related to FTF's Pima South's desire to positively affect growth and development and improve health and education outcomes for young children. Following the FTF system development outline, collaboration of communities and agencies is necessary for quality education and family support. An effective system requires standards of practice to create effective programs and the monitoring and tracking of performance measures to ensure outcomes are realized.

Overall health, which must include oral health, is an integral part of the early childhood systems model for children and families to be successful in school and throughout life. FTF has recognized that oral health is one of the important indicators of early childhood development and education and Pima South has identified oral health as an unmet need and identified it as one of their priority areas. The FSM strategies and activities utilize the early childhood education network to improve the health and development of young children, increase access to preventive health screenings and increase coordination among community agencies.

5. Identify and describe the target population to be served by the proposed program, including:
 - a) Population demographics (e.g., children birth through five, families of infants, early childhood professionals, etc.)

This Program will serve the Pima South region, from Vail to Ajo, includes: Ajo, Amado, Arivaca, Green Valley, Lukeville, Sahuarita, Sasabe, Summit View, Three Points, Vail and Why, and some Tucson ZIP codes. Pima South ZIP codes include: 85321, 85341, 85601, 85614, 85622, 85629, 85633, 85641, 85645, 85706, 85735, 85736, 85746, 85747, 85756 and 85757. The region also includes ZIP code 85645 in Santa Cruz County. The region does not include the portion of the Tohono O'odham Nation in Pima County nor ZIP code 85602 in Pima County. As of July 1, 2014, ZIP codes 85730 and 85748 are no longer within the Pima South region and are instead in the Pima North region.

The targeted populations our Program will serve are the following:

- All Children – ages birth through 5 years, with priority given to those from low socio-economic status and living in areas with less than optimal levels of fluoridated water. One or both environmental characteristics indicate the children are at moderate to high risk for tooth decay.

- Parents/caregivers and Childcare providers- that have or provide services to the targeted children. Priority will be given to those families that lack access to regular preventive care and providers of childcare at centers, pre-schools, childcare homes or family resource centers.
- Pregnant women – with priority given to those from low socio-economic status and that do not have access to regular preventive care. These women may be enrolled in programs such as WIC and Health Start or other social service programs.
- Dental and medical providers whose services are provided to pregnant women or to children birth through age five.

b) Target Service Number(s) based on the Unit(s) of Service included in the Scope of Work of this RFGA.

FSM through community partnerships and collaborations, will provide preventive oral health services to the target population and in the identified communities and zip code areas as outlined in the scope of work and described above. Program data will be regularly tracked to ensure that program deliverables are met. Outcomes will be measured using the target service units and performance measures as outlined in the FTF oral health strategy:

- | | |
|---|------|
| ○ Number of children ages 0-5 years receiving oral health screenings: | 2612 |
| ○ Number of expectant mothers receiving oral health screenings: | 60 |
| ○ Number of participating adults: | 200 |
| ○ Number of participating professionals: | 44 |
| ○ Number of fluoride varnishes applied: | 2612 |

c) How the proposed program will be culturally competent, linguistically appropriate, age appropriate, and gender responsive for the target population.

PCHD has provided care to underserved and uninsured populations in Southern Arizona since 1955. The Health Department and its partners are committed to embracing and promoting diversity throughout programs. PCHD has a diverse nursing and dental staff and represent the populations and are experienced in providing culturally and linguistically appropriate care. Staff attend county sponsored activities, seminars and on-line webinars on cultural sensitivity. In addition, available at all clinic sites is a translation service used to aid staff in communicating with clients in many different languages.

Oral health issues are not limited to any gender, age, race or ethnicity. Targeted areas are primarily Hispanic families so forms and educational materials are available in English and Spanish. Through the internet dental information is available in other languages, as needed. PCHD's OHP targets children therefore experience working with children is a minimum requirement for employment or contracting with the program. PCHD and FSM Partners have extensive experience with providing services to children, families and expectant mothers.

The FSM Partners have demonstrated a lengthy successful history of providing culturally competent outreach, education and healthcare services. For example, staff have facilitated increases in health literacy among individuals and communities by helping them obtain and understand basic health information while providing the services needed to make appropriate health care decisions. PCHD and FSM Partners primarily serve

children, families, and pregnant women who are Hispanic and uninsured, some with limited English proficiency, living in medically and dentally underserved communities in Southern Arizona.

Recently, a very valuable resource was identified and shared with FSM Partners to assist them in improving their ability to address the oral health needs of various racial and ethnic minorities. The Center for Linguistic and Cultural Competence in Health Care is a part of the U.S. Department of Health and Human Services (HHS), Office of Minority Health (OMH). A free online education program accredited for oral health professionals is now available. This e-learning program provides oral health professionals with basic knowledge and skills related to cultural and linguistic competency, based on the HSS Office of Minority Health's National Standards for Culturally and Linguistically appropriate Services in health and health Care (the National CLAS standards) . U.S. Department of Health and Human Services, Office of Minority Health [HHS OMH]. (2013). *National standards for culturally and linguistically appropriate services in health and health care: A blueprint for advancing and sustaining CLAS Policy and Practice*. Retrieved from <http://www.thinkculturalhealth.hhs.gov>.

d) How the target population will be identified, recruited, and retained in the program.

The First Smiles Matter Program has provided the preventive oral health services in child care centers, Head Start Programs, and pre-schools in the target communities in the Pima South region for more than six years. Outreach is conducted for early child care providers, educators and parents regarding the importance of oral health and the availability of the FSM prevention and early intervention program. For children who are not enrolled in child care and pre-school programs, clinics are provided at other convenient times and locations in their communities.

United Way of Tucson and Southern Arizona and Child and Family Resources, will continue to help connect us with child care centers, family and group homes through the Early Childhood Partnership of Southern Pima County. Early childcare providers and educators are recruited at their sites or at area conferences specifically designed for these providers.

Child Care Resource & Referral Program, with Child & Family Resources, provides a current list of licensed childcare centers and homes in zip code area(s). The list they provide contains center and director names, addresses and contact numbers for the director of each center in the Pima South designated zip codes and communities. The centers/sites are assigned to the appropriate FSM Partners, based on service area and as defined in their in contracts. The centers and sites that FSM currently serves will all continue to participate with the Program if funded.

The Program also works closely with the PCHD's CCHC who serve childcare centers and consult with PCHD dental professionals on oral health topics. CCHCs conduct safety and health assessments and are a part of the recruitment team, encouraging individual child care centers and homes to participate in FSM.

El Rio CHC patients population serves as a potential source of recruitment for the FSM Program, especially at Southwest Pediatric Center. This center serves children from all zip codes including the target zip codes for FSM, 85706, 85735, 85736, 85746, 85747, 85614, 85641, and 85629.

DSCHC serves Ajo (85321) and the communities of Lukeville and Why in the western most region of Pima County. The Center recruits children and parents/caregivers from various settings within the small community. Children are identified within their dental practice where staff has the opportunity to discuss the importance of

early dental visits. Additionally, the dental clinic receives referrals from family practice and well child clinics and with the new addition of a family home visitor, referrals have increased. The DSCHC staff provide outreach at all the community events in Ajo and have established a biannual oral health visits to the local preschool and Head Start center.

MHP has works closely with community centers in the following zip code areas: 85706, 85645, 85601, 85641, 85746, 85747, 85757, 85641, 85735, 85736 and 85756. Communities they have served include: Summit View Family Resource and Wellness Center, the Amado Food Bank, the Littletown Recreation Center, the Four Seasons Recreation Center in Vail, the Community Action Board of Vail, the Lutheran Social Ministry at Old Spanish Trail, the Rita Ranch Neighborhood Association, the Robles Junction Community Center, and the Arivaca Community Center.

MHP's expertise in community outreach helps to identify and recruit pregnant women in underserved areas. MHP's target population is pregnant women, children and families who have difficulty accessing preventive care. MHP shares information about the FSM Program with current patients and conducts outreach to additional sites in the targeted communities.

Dental and medical providers are identified through zip code mapping and utilizing AHCCCS and dental licensure lists in targeted areas within the Pima South geographical region. Dental offices are contacted and recruited to participate. With the assistance of the Southern Arizona Dental Association and the Southern Arizona Dental Hygienists' Association, dentists and dental hygienists are contacted through board meetings, monthly continuing education meetings and newsletters.

Pima Community College Dental Hygiene and Dental Assisting and Grand Canyon University Nursing Program have all participated in the FSM Program. Students receive training about early childhood oral health and its importance to school readiness. Students rotate through FSM clinics providing assistance to the dental hygienist, specifically in the recording of the screening findings. This opportunity to educate and provide a clinical experience and realistic view of the unmet dental needs of young children is extremely valuable.

Retention of sites does not seem to be an issue for FSM. Once the Program is invited into a center, school or site and provide our services FSM has always been welcomed back.

6. Describe specific initial and ongoing professional development opportunities that will be provided to existing and/or new staff, including how it will be provided, a timeline for when it will be delivered and how it will enhance skills necessary for effective program implementation.

PCHD is prioritizing work force development as part of its strategic plan. Employees, supervisors, and managers were surveyed and PCHD is developing a plan to strengthen training for employees and provide opportunities for educational experiences. PCHD will provide all new employees orientation to program policies and procedures; assure existing staff receive education and training on updated and/or revised policies and procedures; promote and provide staff access to educational and training opportunities and participate in the recruitment, retention and workforce development of agency staff. All this is to enhance the personal education development of PCHD staff and improve department quality through continuous educational experiences.

Clinical staff are required to complete annual trainings that include: Safety Training (TB and Blood borne Pathogens, Occupational Safety & Health Administration) and Health Insurance Portability and Accountability Act (HIPAA) Compliance. All of these trainings are important for the protection of providers and those served in the FSM Program.

Arizona law requires mandatory continuing education for Dentists' and Dental Hygienists' license renewal. Dental professionals are required to submit their license to the employer or contracting agency when renewed, demonstrating they have met all licensing requirements.

The Program Coordinator is a RDH and an active member of the local, state and national dental hygiene associations as well as the American Association of Public Health Dentistry. She participates in the FTF Community of Practice for Oral Health Grantees which utilizes teleconferences and a web-based platform to communicate across the statewide FTF regions allowing for the exchange of best practices, ways to improve delivery of services and education, and current research/events related to oral health.

Licensed providers, Dentists, RDHs and Nurse Practitioners that provide FSM services attend a training by PCHD's licensed oral health staff each year. Providers are trained to use a national standardized and calibrated data collection tool, Basic Screening Survey (BSS), developed by the Association of State and Territorial Dental Directors (ASTDD) to provide a framework for obtaining oral health data that is inexpensive and easy to implement; yet always consistent. It is not a thorough clinical exam, it is designed to identify gross oral lesions, past and present decay, urgency of need for dental care and early childhood caries.

Webinars are used as tools for learning and staff are encouraged to participate in webinars that are pertinent to subject matter related to their programs. Professional organizations, PCHD orientation and ongoing training, and web based resources provide excellent opportunities for professional and personal development which contributes to job satisfaction and improved performance.

7. Describe the program data collection process, including what resources will be needed; who will be responsible for data collection and data submission; what procedures will be in place to ensure timely, accurate, and secure collection and submission; and how data will be used to inform and improve programming. If applicable, also include the anticipated approval process to collect, submit, and report data from tribal government programs.

FSM Partners are responsible for the collection and reporting of their own agencies data. A dedicated staff member is responsible for compiling data and reporting the number of children and pregnant women served and appropriate documentation. As required by contract, FSM Partners provide PCHD a monthly submission of data, a narrative report, and an invoice, which includes service units for reimbursement of services rendered. The format of reports, data and narrative, are virtually identical to the format provided by FTF for reporting.

FSM staff are responsible for reviewing the data in each report to confirm accuracy of numbers and provide feedback, address any deficiencies or concerns as well as acknowledge successes. The number of service units provided in the report are entered into a customized excel spreadsheet to compile numbers for an aggregate monthly and quarterly summary.

Each quarter compiled data and a narrative report are submitted to FTF through the FTF Partner Grant Management System (PGMS). The Program Coordinator reviews the data report and is responsible for FTF-RC018-16-0531-00

uploading the final data and narrative reports into the PGMS. Periodically, FSM receives a Quarterly Report Feedback Form from FTF with positive feedback as well as suggestions to help address the Program's ability to provide valuable oral health services.

FSM Partners use data to keep abreast of where each stands in regards to meeting proposed service units and grant deliverables. Monthly and quarterly goals are used to measure progress and site reports are monitored to assure services are provided biannually. FSM data is reviewed monthly at staff meetings and compared to previous years. The PCHD utilizes data for the Community Health Status Report, policy development, and determining public health priorities and program development. The FSM does not collect data or provide services on tribal lands.

8. Describe any anticipated barriers to implementation and your plans to overcome those barriers.

FSM identifies absenteeism and enrollment change as barriers in reaching children in childcare settings. In 2013-2014, more than 300 children did not receive services due to absenteeism and withdrawing from the childcare center. Clinics are scheduled on days with the highest enrollment according to the center's suggestion for day of week and time of day. To overcome this barrier, a second fluoride varnish clinic is coordinated with childcare staff to serve the children who were previously absent or are newly enrolled.

Another identified barrier is poor attendance of parents/caregivers at the educational presentations. Experience shows that even with incentives show rate has been poor at times. To overcome this barrier we plan to: 1) provide services when the parent is present allowing for individual education based on the child's needs. For example, during a WIC visit, an immunization or well child visit. 2) explore times/dates that may be more convenient for parents/caregivers to attend educational presentations. 3) continue to work with the various home visitors, Parents as Teachers, Health Start, and Nurse Family Partnership to help deliver oral health messages to parents and families.

MHP has identified missed opportunities to provide oral health services to some clients on the Mobile Health Unit. To overcome this barrier they have added the screening forms to the clinics registration process/paperwork with the intent to capture all clients presented to the clinic for both OB and Family Practice care.

DSCHC continues to struggle with reaching the target service units for pregnant women due to the lack of OB/GYN services in the Ajo area. Desert Senita is working with WIC and the new Home Visitation program to identify children, families and pregnant women for services.

El Rio CHC Dental has implemented to increase access to targeted populations. Dental operatories have been constructed at the Pediatric Medical Clinic on Congress. This provides better access to WIC clients (children and pregnant women) and children receiving well child visits. A new area within the Southwest Dental Clinic lobby is being created to allow for the provision of services to those children who come to the Southwest Medical Clinic. El Rio has a dedicated full time Dental Assistant providing community outreach.

Unfortunately, many people still oppose the use of fluoride even though there are safe and effective ways to deliver fluoride. Some parents refuse this effective preventive strategy because of misperceptions, not based on scientific evidence. According to the American Dental Association, extensive research has shown that *optimal levels* of fluoride not only reduce cavities in children and adults, it also helps repair the early stages of

tooth decay even before the decay is visible. We must continue to inform and educate parents, staff and health professionals about the importance, benefits and safety of fluoride. There are now other products available that can help to prevent tooth decay one of which is xylitol and comes in many forms i.e. toothpaste, mouth rinse, gum, lozenges. Amorphous calcium phosphate is another ingredient added to some toothpastes that can help with the remineralization of teeth. We will need to do additional research to determine the true benefits and methods of delivery.

9. Describe how collaboration with one or more local organizations will be carried out in program implementation, and identify the expected results due to the collaboration.

Collaborations with individuals, community agencies, and group organizations, have greatly enhanced the opportunity to provide programs and/or services to target populations and assist with the delivery of preventive oral health services across Pima County. Established contracts are in place with the MHP, El Rio CHC and the DSCHC's Dental Programs to provide screenings, fluoride treatments, and education to children and families in various settings and communities across southern Pima County.

The OHP participates in the United Way of Tucson and Southern Arizona's (UWSTA), First Focus on Kids (FFK) Coalition to promote awareness of the importance of good oral health in childhood development and for school readiness. Members of the Coalition include early childhood professionals, business leaders, educators, early childhood and literacy experts, youth and family development agencies, state and local government representatives, parents and United Way staff. Within the Coalition, programs that facilitate the OHP in reaching high-risk populations include the Family Support Alliance, Quality First, Healthy Families and Parents as Teachers.

The OHP consults with the local Head Start (HS) Grantee, Child Parent Centers, on various health issues, standards, and guidelines ranging from immunizations to tooth brushing protocol. The Oral Health Coordinator participates on the Nutrition and Health Advisory Council along with other early childhood health providers and parents of children who attend Head Start. All of the HS centers in the Pima South region participate in the First Smiles Matter Program to provide screening and fluoride applications, parent education, and tooth brushing programs.

Collaboration with the PCHD CCHC allows both programs to benefit from the work that each does. The OHP provides consultation and education to childcare centers and partners with CCHC to provide continuing education for childcare professionals at area conferences and at smaller venues across Pima County.

Participation in the South Pima Coordination of Services meetings has promoted partnerships that have been instrumental in expanding outreach to children and families in need of preventive oral health services in the communities of Sunnyside, Summit View, Three Points, Arivaca, Sasabe, and Amado. Individuals known as "community connectors" facilitate the implementation of services and are supportive in advocating for oral health.

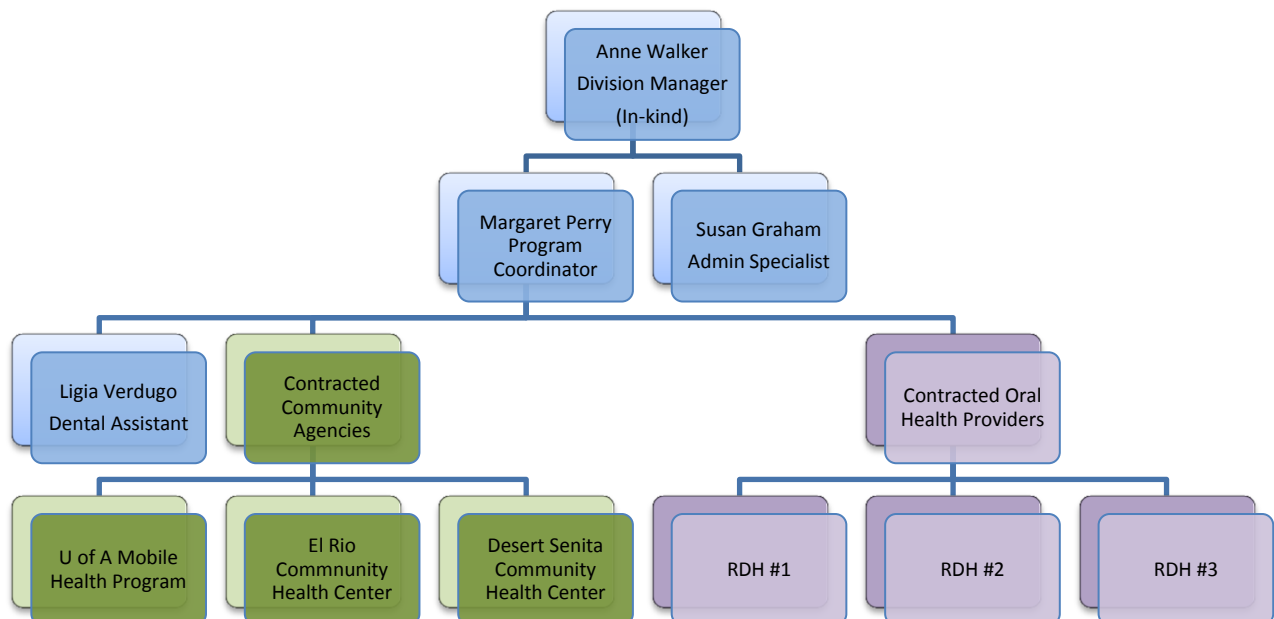
In addition to relationships within the early childhood sector, the OHP has established partnerships with ADHS, OOH, Pima Community College, Grand Canyon University, and the Southern Arizona Dental Hygienists' Society and Dental Association.

Section D – Personnel

Program Organization Chart

For all of the personnel or positions that will be fully or partially funded through the proposed program, provide a program organizational chart that illustrates the hierarchy of positions/responsibilities specific to the proposed program

First Smiles Matter Program, including contracted agencies and individuals



Section E - Implementation Plan

The Implementation Plan should illustrate the critical activities in developing, initiating, and implementing the program. The following table should be expanded as necessary to include the activities that demonstrate effective program planning and implementation.

Program Personnel Table

In the following table, provide a list of all personnel or positions that will be fully or partially funded through the proposed program. For Key Personnel, include the name and position title; pertinent background and/or expertise that specifically relates to the program, including degrees, field of study, number of years in the field, and other qualifications that align with the Standards of Practice requirements; and their roles and responsibilities. If the position is to be hired (TBH), then describe the desired background/expertise/degrees and field of study. For all personnel, provide the Full Time Equivalent (FTE) for each position. *Example:*

Key Personnel - those individuals directly responsible for program implementation/services and are fully or partially funded through the proposed program.			
Name/ Position Title	Background/Expertise* (include qualifications that align with the Standards of Practice)	Key Roles and Responsibilities	FTEs funded through the program
<i>Anne Walker, BSN, Division Manager</i>	Ms. Walker has a Bachelor of Science in Nursing degree and is the Division Manager of Clinical Services. She brings her public health expertise, which includes oral health, and program planning and implementation as well management experience. She provides great insight, evaluation and problem solving for further development of community programs.	As Division Manager, provides oversight for this program; Responsibilities include: supervision of professional staff; assures contract compliance and approves program work plans and projects, including reviewing and evaluating work methods and procedures. She attends meetings as required.	.05
<i>Margaret Perry, RDH, BS, MBA, CDHC, Program Coordinator</i>	Ms. Perry is a Registered Dental Hygienist and has been the Program Coordinator for the PCHD Oral Health Programs since 2006. Prior to her employment with the County, she practiced dental hygiene in private practice clinical settings (24 yrs.), in public health settings (19 yrs.) and has 15 years of post-secondary teaching experience. She received her <i>Associate in Applied Science Degree, Dental Hygiene</i> from Southern Illinois University, <i>Bachelor of</i>	As Program Coordinator, manages and administers project activities and evaluates project effectiveness and success. Responsibilities include: Initiating solicitations, creating scope of work for contracts, monitoring contracts and intergovernmental agreements; monitoring project contract compliance; generating reports/findings; budget monitoring activities; training of contractors, oversight of the day	.65

	<p><i>Science Degree in Dental Hygiene</i> from Northern Arizona University and <i>Master in Business Administration in Healthcare Management</i> from the University of Phoenix, and her <i>Community Dental Health Certificate</i> is from Northeastern Wisconsin Technical College.</p> <p>Margaret serves on many community committees with a passion to improve the oral health in our community.</p> <p>Her adjunct faculty position with the local dental hygiene and dental assisting community college has facilitated a great collaborative contributing to workforce development in dental public health.</p>	<p>to day operations; and supervision of staff and RDH contractors. She also facilitates project meetings, attends community related meetings and required First Things First meetings.</p> <p>Her education and experience qualifies her to provide training and educational sessions to medical and dental professionals as well childcare staff and children and families. She conducts quality assurance activities and as an RDH, she is available to do screening/fluoride varnish clinics.</p>	
<i>Ligia Verdugo, Dental Assistant</i>	<p>Ms. Verdugo is a graduate of Pima Community College, Dental Assisting Program. She is a native Spanish speaker and enjoys working with parents, childcare providers and young children. Since her employment with PCHD, Ligia has gained experience with educating children, parents and staff. Her communication style is polite and professional; these skills enable her to work well with childcare professionals and assist families in need of dental care through follow up calls.</p>	<p>As Dental Assistant, assists with the implementation of the program.</p> <p>Responsibilities include: distributing consents, reviewing consents and client encounters for completeness, collecting and compiling data, entering program data, compiling all data from partners and assisting with reports; inventory and ordering of clerical and dental supplies, as needed. She is responsible for scheduling screening and fluoride varnish clinics, maintaining a calendar of activities; attending community outreach events; she assists with case management and educational presentations in Spanish to parents/caregivers. She also attends community related meetings and First Things First required meetings.</p>	1.0
Additional Personnel - those individuals fully or partially funded through the proposed program but who do not directly implement or have direct program oversight of the program.			
<i>Susan Graham, Administrative Specialist</i>			.1
Program Total:			1.8

* Resumes and/or job descriptions for **key personnel** may be requested at any time but unless otherwise indicated, they do not need to be submitted. If awarded and the program undergoes changes in staff, a Staff Change Notification form along with an updated version of this table will need to be submitted to First Things First within 14 days of the proposed change.

Implementation Plan July 1, 2015 – June 30, 2016

This proposed implementation plan meets or exceeds the FTF OH Strategy SOP as demonstrated below.

Activities	Task	Person Responsible	Date Task Will Be Completed/Timeline	Support Documentation
Generate Solicitation or Amendment to existing contracts with First Smiles Matter Partners	Complete necessary PCHD contract amendment procedures, include Business Associate Agreement as exhibit	Ana Basurto Grant and Contracts Manager Margaret Perry Coordinator Anne Walker Division Manager	By 5/30/2015	Amendment/Contract for FSM Agencies and Providers to County Attorney
	Define scope of work 2015-2016 for inclusion as exhibit in Amendment	Ana Basurto Margaret Perry	By 5/30/2015	Scope of Work Exhibit A
	Add requirement for contractors: Registration with AZ Early Childhood Workforce Registry by 6/30/16	Margaret Perry Ana Basurto	By 5/30/2015	Included in Contract for all

	Notify FSM Partners and community of FTF renewal	Ana Basurto Margaret Perry Julia Flannery Communications	By 6/1/2015	Notification announcement on website
Activities	Task	Person Responsible	Date Task Will Be Completed/Timeline	Support Documentation
Agreements / Sub-contract with Partners	After Board of Supervisor's approval of FTF contract, send amendments to FSM Partners and contracted Providers for 2015-2016	Ana Basurto	By 7/1/2015	Signed Amendments/Contracts with FSM Agencies and Providers on file
Meetings (FTF, FSM Partners and Contractors)	Schedule meetings with FSM Partners (Annually, Quarterly and as needed)	Margaret Perry Ligia Verdugo	By 7/1/2015, 10/2015, 1/2015, and 4/2015	Agenda/Minutes
	Attend Pima South FTF monthly and Grantee meetings	Margaret Perry Ligia Verdugo	Ongoing	Program calendar
Re-evaluate update Policies/Procedures	Review current Policies and Procedures	Anne Davis Margaret Perry	By 7/1/2015	Updated Policies and Procedures Manual

	Provide Orientation to FSM staff and contractors	Margaret Perry	By 7/30/2015	Scheduled Meetings Dates / sign-in sheets
	Schedule meeting with all providers	Ligia Verdugo	By 7/30/2015	FSM Calendar Sign-in sheets
Activities	Task	Person Responsible	Date Task Will Be Completed/Timeline	Support Documentation
Orientation and Training	Provide dental training to providers who will be providing dental screening and fluoride applications	Ligia Verdugo Margaret Perry	By 8/15/2015	Training Record Sign-in sheets
Conduct Outreach Activities with Child care centers, Head Start, WIC, dentists and health professionals etc.	Update zip code mapping to identify child care centers, oral health and medical professionals that provide services to children in Pima South region	PCHD Epidemiologist	By 7/15/2015	Zip Code Maps
Identification of child care centers and sites where	Contact Child Care Resource and Referral for current list of licensed centers, homes	Ligia Verdugo	By 7/1/2015	Current list of licensed childcare centers and homes

young children and families receive services	Continue to contact community childcare centers, and pre-schools, oral health and medical professionals	Ligia Verdugo Margaret Perry	Ongoing until contract end 6/30/2016	Contact Lists
	Revisit collaborations with PCHD programs and partners to coordinate a one stop event for oral health, WIC enrollment, Medicaid/ ACA enrollment assistance, tobacco education and other resources	Margaret Perry Ligia Verdugo	By 10/1/2015	Meeting Minutes
Activities	Task	Person Responsible	Date Task Will Be Completed/Timeline	Support Documentation
Identification of oral health and medical professionals for participation	Contact dental and health professionals	RDH Contractor Margaret Perry	Beginning 7/1/2015 ongoing	Contact Lists

Coordinate efforts to reach pregnant women	Meet with Family Nurse Partnership Manager Meet with WIC New Manager	Anne Walker Margaret Perry Paula Mandel NFP Manager Jennifer Chancay WIC Manager	By 7/15/2015	Program Calendar
Activities	Task	Person Responsible	Date Task Will Be Completed/Timeline	Support Documentation
Coordinate efforts to reach children at childcare centers with FTF Child Care Health Consultants (CCHC)	Schedule meeting with CCHC that service the targeted zip code areas for the new grant year	Margaret Perry	By 8/1/2015	Program Calendar FSM Spreadsheet 2015-2016
Recruitment and enrollment activities of program target populations	Continue to recruit and enroll clients and oral health providers for program	Margaret Perry Ligia Verdugo FSM Partners	Ongoing until contract end 6/30/2016	FSM Spreadsheet 2015-2016

Order and purchase supplies (office, clinical and dental supplies, pamphlets and booklets, etc)	Continue to monitor necessary office supplies, educational materials (pamphlets, booklets, kit) and place order with vendor(s) Continue to monitor and order dental supplies with county approved vendor	Ligia Verdugo Susan Graham Administrative Specialist	Ongoing until contract end 6/30/2016	FSM Inventory Spreadsheet Receipt of Invoice(s) Vendor Files
Activities	Task	Person Responsible	Date Task Will Be Completed/Timeline	Support Documentation
Coordination of FSM Services	Process FSM contractor invoices and track balances	Susan Graham	Ongoing until contract ends 6/30/2016	Contractor and Contract Balance spreadsheet
	Complete Narrative/ Oral Health Data Report	Ligia Verdugo Margaret Perry	Monthly/Quarterly until contract ends 6/30/2016	Reports submitted to FTF via PGMS
Modify forms (consents, parent information sheets and notification of findings, referral form and flyer on program), as	Modify existing forms, as indicated	Ligia Verdugo Margaret Perry	Ongoing until contract end 6/30/2016	Revised forms
	Identify Motivational Interviewing (MI) sheet worksheet for parents	Margaret Perry Registered Dental Hygienist	By 8/1/2015	MI handout

indicated				
Contact and recruit appropriate, local dental care services in each target area	Utilize zip code mapping for contact recruitment	Margaret Perry	Ongoing until contract end 6/30/2016	Zip Code Map with identified dental providers and child care centers
Activities	Task	Person Responsible	Date Task Will Be Completed/Timeline	Support Documentation
Distribute educational materials, flyers, pamphlet, and dental supplies	Continue to provide quantities requested by FSM Partners	Ligia Verdugo	Ongoing until contract end 6/30/2016	Record of quantities provided
Distribute Consents and information sheets to child care centers and other community facilities children receive care and/or parents directly	From list of recruited child care centers (and other community facilities where children receive services) continue to obtain the number of children to be served and distribute consents and informational sheets	Ligia Verdugo FSM Partners	Ongoing until contract end 6/30/2016	List of facilities that received consents and number of children to served
Conduct clinics for children and expectant mothers	Receive consents from parents, schedule clinics for screening/fluoride varnish in target communities/ provide	Ligia Verdugo FSM Partners and Contracted	Ongoing until contract end 6/30/2016	Calendar with scheduled clinics and completed encounter forms

	service including referrals	Hygienists		
Provide oral health screenings to pregnant women	Continue to schedule and provide oral health screenings to pregnant women	FSM Partners and Contracted Hygienists	Ongoing until contract end 6/30/2016	Completed encounter forms
Activities	Task	Person Responsible	Date Task Will Be Completed/Timeline	Support Documentation
Conduct Educational Presentations to dental and healthcare professionals	Continue to schedule oral health and medical professionals for presentations using the "Smiles for Life"	Margaret Perry Contracted Hygienist	Ongoing until contract end 6/30/2016	Calendar with scheduled presentations and Sign-In Sheets
Conduct education sessions for parents/caregivers and childcare staff	Continue to schedule parents/caregiver and childcare staff and conduct education sessions, using the "Early Childhood Oral Health Education for Childcare Staff and Parents" curriculum. Conduct pre/posttest for intensive training	Ligia Verdugo Margaret Perry	Ongoing until contract end 6/30/2016	Calendar with scheduled presentations and Sign-in sheets
Implement tooth brushing programs	Attend Empower Training Program to learn about program, including the oral	Ligia Verdugo	By 11/30/2015	Certificate of completion

at child care centers	health standards			
	Meet with Childcare Licensing staff for clarification w/ Empower Tooth brushing Guidelines	Margaret Perry Ligia Verdugo	By 8/1/2015	Program Calendar Meeting summary
	Continue to use the University of Iowa's Tooth Brushing Program Protocol for tooth brushing programs in child care centers add new video	Margaret Perry Ligia Verdugo	Ongoing until contract end 6/30/2016	List of participating centers/homes
Activities	Task	Person Responsible	Date Task Will Be Completed/Timeline	Support Documentation
Parent notification of findings from the dental screening/fluoride varnish treatment and referral	Continue to provide parents with a notification form that includes all dental conditions, disease findings from screening/application and referral to the appropriate provider	FSM Partners and Contracted RDHs Ligia Verdugo	Ongoing until contract end 6/30/2016	Completed screening form
	If child has dental home, referral to provider and monitor	Ligia Verdugo	Ongoing until contract ends 6/30/2016	Consent form

		RDH Contractor		
Expectant mother notification and referral	Continue to provide expectant mother with notification of findings form and referral. If she has a dental home, refer to dental provider and monitor	FSM Partners and Contracted Hygienists	Ongoing until contract end 6/30/2016	Consent form
Referral Follow-Up tracking	Continue to review all client records, enter referral information into the database	Ligia Verdugo FSM Partners	Ongoing until contract end 6/30/2016	Completed database with client name and ID, and follow-up information
Activities	Task	Person Responsible	Date Task Will Be Completed/Timeline	Support Documentation
QA on completion of encounter forms and data entry	Continue to review of all client records to assure completion	Ligia Verdugo FSM Partners	Ongoing until contract ends 6/30/2016	Correctly completed client records
Data Entry	Continue to enter data into database	Ligia Verdugo	Ongoing until contract ends 6/30/2016	Database Reports
	Conduct a "Visit Summary Report" once data is entered for participating site	Ligia Verdugo	Ongoing until contract ends 6/30/2016	Follow up records
Follow-Up activities/enrollment into public health	Continue follow up with each family and dental office regarding referrals as	Ligia Verdugo FSM Partners	Ongoing until contract ends 6/30/2016	Referral records/Data

insurance and into a dental home	requested			
	Children with no, early or immediate dental needs will be referred to local community health center for care and enrollment assistance	Ligia Verdugo FSM Partners	Ongoing until contract ends 6/30/2016	Enrollment records/ database on follow-up activities
	Feedback forms are mailed out to participating sites after initial screening	Ligia Verdugo	Ongoing until contract ends 6/30/2015	Completed forms
Enhance or improve program activities and or services	Review year 3 of FTF Grant program evaluation findings and implement any changes	Anne Walker Margaret Perry Ligia Verdugo	Ongoing until contract ends 6/30/2016	Report to FTF by 7/20/2015

Section F - Line-Item Budget and Budget Narrative

The budget narrative should provide a clear and concise explanation of the methods used to determine the amounts for each line item in the following line-item budget.

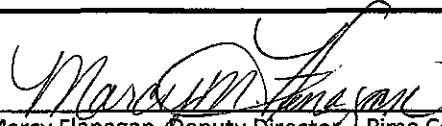
Line-Item Budget Period: July 1, 2015 – June 30, 2016

Budget Category	Line Item Description	Requested Funds	Total Cost
PERSONNEL SERVICES		Personnel Services Sub Total	
Salaries	Oral Health Coordinator, 65%	\$45,535	
	Dental Assistant, 100%	\$25,958	
	Administrative Specialist, 10%	\$4,680	
			\$76,174
EMPLOYEE RELATED EXPENSES		Employee Related Expenses	
Fringe Benefits or Other ERE	Oral Health Coordinator, 30% of salary	\$13,661	
	Dental Assistant, 36% of salary	\$9,345	
	Administrative Specialist, 43% of salary	\$2,012	
			\$25,018
PROFESSIONAL AND OUTSIDE		Professional and Outside Services Sub	
Contracted Services	Registered Dental Hygienist, 145 hours	\$5,075	
	Registered Dental Hygienist, 230 hours	\$8,050	
	Registered Dental Hygienist, 230 hours	\$8,050	
			\$21,175
TRAVEL		Travel Sub Total	
In-State Travel	Mileage: miles + per diem	\$597	
Out of State Travel	Not Applicable	\$0	
			\$597
AID TO ORGANIZATIONS OR INDIVIDUALS		Aid to Organizations or Individuals Sub Total	
Subgrants or Subcontracts to organizations/agencies/entities	Contractor for Component #1 Mobile Medical Program serving underserved areas in Pima County	\$ 22,230	
	Contractor for Component #2 Community Health Center serving residents of Pima County	\$ 20,406	
	Contractor for Component #3 Community Health Center serving Ajo region	\$ 11,970	
	Contractor for Component #4 new Solicitation Mobile Community Health Center	\$ 17,100	
			\$71,706

ORIGINAL

OTHER OPERATING EXPENSES		Other Operating Expenses Sub	
Telephones/Communications Services	1 mobile phone for Dental Assistant/ Air card for mobile internet	\$900	
Internet Access			
General Office Supplies	Pens, clipboards, labels, folders, paper/toner for printer etc	\$500	
Food			
Rent/Occupancy			
Evaluation (non-contracted and non-personnel expenses)			
Utilities			
Furniture			
Postage	Postage/Freight - annual estimate	\$211	
Software (including IT supplies)			
Dues/Subscriptions			
Advertising			
Printing/Copying	Parent information sheet, Consents, Privacy Act, Screening forms	\$4,282	
Equipment Maintenance			
Professional Development/Staff		\$0	
Conference Workshops/ Training		\$0	
Fees for Staff			
Insurance			
Program Materials			
Program Supplies	Medical and lab supplies for Clinic sessions	\$8,620	
Scholarships			
Program Incentives	Program pens, Books-reading and coloring, puzzles for centers/sites	\$2,542	
			\$17,055
NON-CAPITAL EQUIPMENT		Non-Capital Sub	
Equipment \$4,999 or less in value	Not Applicable	\$0	\$0
Subtotal Direct Program Costs:		\$211,725	\$211,725
ADMINISTRATIVE/INDIRECT COSTS		Total	
Indirect/Admin Costs	Option A: As allowed by First Things First, up to 10% of direct costs.	\$20,775	\$20,775
Total		\$232,500	\$232,500

Authorized signature


Marcy Flanagan, Deputy Director

Date 3.27.2015

Pima County Health Department

Budget Narrative

The purpose of the budget narrative is to provide more clarity and detail on the budget line items. The budget narrative should explain the criteria used to calculate the amounts entered in the line-item budget. The budget narrative should include all budgeted items and correspond directly with the proposed line-item budget.

Personnel Services: *Include information such as position title(s), name of employee (if known), salary, time to be spent on this program (hours or %), number of months assigned to this program, etc. Explain how the salary rate for each position was determined. If salaries are expected to increase during the program year, indicate the percentage increases for each position and justify the percent of the salary increase.*

Salary rate for each position was based on current salaries, no increases are expected.

1. Margaret Perry, Oral Health Coordinator, 65% = \$33.68 per hr. (X) 1352 hrs.= **\$45,535**
2. Ligia Verdugo, Dental Assistant, 100% = \$12.48 per hr. (X) 2080 hrs. = **\$25,958**
3. Susan Graham, Administrative Specialist, 10%= \$22.50 per hr. (X) 208 hrs.=**\$4,680**

Total Personnel Services= \$76,174

Employee Related Expenses: *Include a benefit percentage and what expenses make up employee benefit costs. Indicate any special rates for part-time employees, if applicable. Explain how the benefits for each position were determined. If using a fringe benefit rate, explain how this percentage is justified or approved by your agency/organization.*

Fringe Benefits at Pima County include: FICA (social security), Arizona State Retirement System, Long Term Disability, Medical, Dental and Life insurance, Workmen's Compensation, Unemployment benefits, with additional options for Health Savings Plans. Non-cash benefits include vacation, sick time and paid holidays. Most benefit rates are set by state and federal statute (retirement, unemployment, FICA with LTD) as a percentage of salary. Others are contracted (life insurance, health and dental plans) and are dependent upon employee selections/preference. The % of salaries budgeted for benefits varies for each individual according to the actual expenses as compared to the salaries for that individual. Variances in rates used are primarily due to variances in the cost of health insurance depending on the plan selected and the number of dependents and the ratio of this cost to salary.

ERE PCHD Rate:

1. Margaret Perry, Oral Health Coordinator, 65% for 12 months, \$45,534 (X) 30%= **\$13,661**
2. Ligia Verdugo, Dental Assistant, 100% for 12 months, \$25,958 (X) 36%= **\$9,345**
3. Susan Graham, Administrative Specialist, 10% for 12 months, \$4,680 (X) 43%= **\$2,012**

Total Employee Related Expenses= \$25,018

Professional and Outside Services: *If professional consultants/services costs are proposed in the budget, define how the costs for these services were determined and the justification for the services related to the program. Explain how all contracts will be procured.*

Any subcontractor must abide by State and County Procurement Laws. When the FTF South Pima Grant was first awarded in 2009 and for the second cycle in 2012, a Request for Proposal/Solicitation went out to the community for competitive bidding. Responses from providers were evaluated and graded by a committee using previously selected criteria. Initial, one-year contracts were awarded to the most competitive and appropriate bidder and formal contracts were then established. The parties may renew the contract for up to four additional one-year periods or any portion thereof without requiring a new competitive process. Any modification, or extension of the contract termination date, shall be by formal written amendment executed by the parties. A Solicitation or Contract amendments may be prepared and offered contingent on acceptance by First Things First.

1. Registered Dental Hygienist(s), 605 hrs. (x) \$35.00 = **\$21,175**
Total Professional and Outside Services = \$21,175

Travel: *Separate travel that is in-state and out-of-state. Include a detailed breakdown of hotel, transportation, meal costs, etc. Indicate the location(s) of travel, the justification for travel, how many employees will attend and how the estimates have been determined. Explain the relationship of each cost item to the program (e.g., if training or training expenses are requested, explain the topic of the training and its relationship to the program). Applicants **must** use the State of Arizona Travel Policy on rates limitations for mileage, lodging, and meals (<https://qao.az.gov/travel/travel-information>) for both in-state and out-of-state travel.*

Travel for FTF meetings:

- Up to 3 staff members will attend a First Things First Orientation meeting in Phoenix and required FTF state meetings. This travel has been estimated at 240 miles RT x 1 trip calculated using the Pima County mileage rate of \$.445 per mile x 240 miles= **\$106.80**
- Staff member (s) will travel up to 12 monthly meetings within the regional area, up to 2 cross-regional meetings/workgroups held in various locations. Calculated using the Pima County mileage rate of \$.445 per mile x 250 miles = **\$111.25**

Other travel required for program activities:

- Two staff members will have program related travel for attending clinics, outreach activities, networking and local meetings, held in various locations = 350 miles. Calculated using the Pima County mileage rate of \$.445 per mile x 350 miles = **\$155.75**
- Travel to Ajo for Calibration and Training of Contractor 1/yr; 327 RT miles. Calculated using the Pima County mileage rate of \$.445 per mile x 327 miles =**\$145.52**
 - 1 day @ \$39 (Ajo) per diem x 2 people =**\$78**

Total Travel= \$597

Aid to Organizations or Individuals: *In the event that this application represents collaboration and you will be utilizing subcontractors (including subgrantees) to perform various components of the program, include a list of subcontractors, programmatic work each subcontractor will*

perform, and how costs for each subcontractor are determined.

Any subcontractor must abide by State and County Procurement Laws. When the FTF South Pima Grant was first awarded in 2009 and for the second cycle in 2012, a Request for Proposal/Solicitation went out to the community for competitive bidding. Responses from community agencies were evaluated and graded by a committee using previously selected criteria. Contracts were awarded to the most competitive and appropriate bidder. Formal contracts were then established for the first year. The parties may renew the Contract for up to four additional one-year periods or any portion thereof. Any modification, or extension of the contract termination date, shall be by formal written amendment executed by the parties.

Current FSM Partners were asked to respond to a set of questions, provide a line item budget and a narrative budget for the FY14-15 renewal response. The PCHD may modify the original scope of work dependent on the Partners' response and ability to meet the needs of the First Smiles Matter (FSM) Grant. Contract amendments may be prepared and offered contingent on acceptance of Pima County's response by First Things First.

Payment will be made to FSM Partners on a fee for service basis @\$57 per service unit.

Proposed by FSM Agency Partners

1. Component #1 = \$22,230 Subcontractor, (**University of Arizona Mobile Health Program**) has proposed to serve 350 children, birth through 5 years, and screening and education for up to up to 40 pregnant women. Children, including the uninsured and underinsured, will receive a dental screening and fluoride varnish applications. Contractor will provide assistance with public health insurance enrollment and finding a dental home for the children. Proposed service area is Summit View/South Tucson, Vail, Rita Ranch, Corona de Tucson and Three Points/Robles Jct. **Budgeted 390 service units.**

2. Component #2 = \$20,406 Subcontractor, (**El Rio Community Health Center**) has proposed to serve 328 children, birth through 5 years, and screening and education for up to 30 pregnant women. Children, including the uninsured and underinsured, receive a dental screening and fluoride varnish applications. Contractor will provide assistance with public health insurance enrollment, and coordination of dental treatment for First Smiles Matter's referrals. Their service area covers FTF's South Pima Region excluding Ajo. **Budgeted 358 service units.**

3. Component #3 = \$11,970 Subcontractor, (**Desert Senita Community Health Center**) has proposed to serve 200 children, birth through 5 years, and screening and education for up to 10 pregnant women. Children, including the uninsured and underinsured, will receive a dental screening and fluoride varnish applications. Contractor will provide assistance with public health insurance enrollment and finding a dental home for the children. Proposed service area is the Ajo area of Arizona. **Budgeted 210 service units.**

4. Component #4 = \$17,100 Subcontractor, (**TBD**) an additional Solicitation may be released to provide services to 280 children, birth through 5 years, and screening and education for up to 20 pregnant women in outlying areas of Pima County in the FTF South Pima Region. This will be dependent on the ability of existing agencies to reach their proposed service areas and to meet their proposed service units. **Budgeted 300 service units.**

Total Aid to Organizations= \$71,706

Other Operating Expenses: *Explain each item to be purchased, how the costs were determined and justify the need for the items. All purchases should be made through competitive bid or using established purchasing procedures. All items should be categorized in the following categories: Telephones / Communications Services, Internet Access, General Office Supplies, Food, Rent/Occupancy, Utilities, Furniture, Postage, Software (including IT supplies), Dues/Subscriptions, Advertising, Printing/Copying, Equipment Maintenance, Professional Development (Staff Training, Conferences, Workshops, and Training Fees for Staff), Insurance, Program Materials, Program Supplies, Scholarships, and Program Incentives.*

All purchases will be made using established Pima County Procurement Code and Purchasing Procedures.

Telephones/Communication Services= \$900

Mobile phone charges for Dental Assistant (1.0 FTE) \$30/mo (X)12= **\$360**

Air card for mobile internet service \$45/mo (X) 12 = **\$540**

General Office Supplies= \$500

Pens, clipboards, labels, folders and paper/ toner for printer

Postage=\$211

Postage for mailing consents, referral forms, freight and other necessary communications

Printing/Copying= \$4,282

Parent information sheet, Consents, Privacy Act, Screening form, \$.33 for each packet x 6000 =**\$1980**

Summary of Findings, Community Dental Referral form, \$.23 for each packet x 3000 =**\$690**

Encounter forms, one per child, 2800 x \$.04 = **\$112**

First Smiles Matter brochures=**\$1500**

Program Supplies=\$8,620

Medical and lab supplies for Clinic sessions (screening and fluoride varnish (fv) application and tooth brushing programs):

- Disposable supplies (mirror, gloves, masks, gauze, toothbrush) = 2,612 service units x \$2.50 per fv application = **\$6,530**
- Fluoride varnish (.4% sodium fluoride unit dose), \$.80 per fv application; 2,612 x \$.80 = **\$2,090**

Program Incentives= \$2,542

Dental incentives for centers, preschools and sites that consist of reading books, coloring books, and tooth puzzles. Pens for parents and staff. Novelty gifts for children losing their first tooth.

Total Other Operating Expenses= \$17,055

Capital Equipment: *If allowable within the scope of the grant - For items that are tangible, non-expendable, and movable having a useful life of more than one year and a value of \$5,000 or greater, explain each item to be purchased, how the costs were determined and justify the need*

for the items based on the scope of work and the benefit to the program. All purchases should be made through competitive bid or using established competitive purchasing procedures.

Non-Capital Equipment: For items with a unit cost less than \$5,000 and an initial estimated useful life beyond a single year, explain each item to be purchased, how the costs were determined and justify the need for the items. All purchases should be made through competitive bid or using established purchasing procedures. For example, items such as computers, printers, projectors, etc. each with a unit cost less than \$5,000.

Administrative/Indirect Costs: Administrative costs are general or centralized expenses of overall administration of an agency/organization that receives grant funds and does not include particular program costs. Such costs are generally identified with the agency/organization's overall operation and are further described in 2 CFR 220, 2 CFR 225, and 2 CFR 230.

Indirect costs are costs of an organization that are not readily assignable to a particular program, but are necessary to the operation of the organization and the performance of the program. The cost of operating and maintaining facilities, depreciation, and administrative salaries are examples of the types of costs that are usually treated as indirect.

Applicants must list either Option A or Option B and provide proper justification for expenses included:

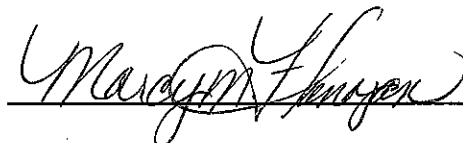
☒ **Option A - Administrative Costs:** with proper justification, grantees may include an allocation for administrative costs for **up to 10%** of the total direct costs requested of the grant request. Administrative costs may include allocable direct charges for: costs of financial, accounting, auditing, contracting or general legal services; costs of internal evaluation, including overall management improvement costs; and costs of general liability insurance that protects the agency/organization(s) responsible for operating a program, other than insurance costs solely attributable to the program. Administrative costs may also include that portion of salaries and benefits of the program's director and other administrative staff not attributable to the time spent in support of a specific program.

OR

☐ **Option B - Federally Approved Indirect Costs:** If your agency/organization has a federally approved indirect cost rate agreement in place, grantees may include an allocation for indirect costs for up to 10% of the direct costs. **Applicants must provide a copy of their federally approved indirect cost rate agreement.**

Administrative/Indirect Costs: Pima County calculates indirect costs as a percentage of the sum of salaries and ERE. However, we do not have a Federally Approved Indirect Cost Rate Agreement in place. Using the current Health Department rate of 20.53% of Salaries + ERE, indirect costs for this program would be \$20,775. As this is less than 10% of direct costs (\$22,720), Pima County is using this method of calculation for indirect costs.

Authorized Signature



Date

3.27.2015

Section G - Funding Sources and Financial Controls

Funding Sources and Financial Controls

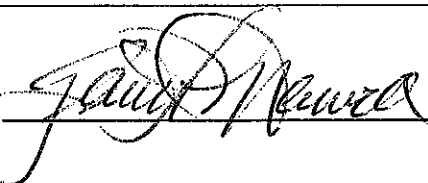
- A. In the following table, identify other funding/resources (including federal, state, local and private funding) that the agency/organization has made or will make available to achieve the objectives of the proposed program. First Things First (FTF) funding can be used to enhance or expand the program funded by these additional funds, but FTF funding cannot supplant or be used to replace any existing state or federal funding for early childhood development and health programs.

Type of Funding (federal, state, local, private) and Agency/Organization Received From:	Brief Description of How the Funding Helps Achieve the Program Objectives	Amount	✓ If used for match on this grant
	No other funding sources are used for this program		
Total:		0	

- B. Describe the financial controls and accountability measures the agency/organization will employ for the proposed program.

Each Finance employee has well defined, standardized, performance expectations, with their documented performance rated against these criteria at least annually. Through supervisory monitoring, individualized intervention (if needed) is provided regularly by the direct supervisor, to assure work meets or exceeds standards. Staff are provided with training on various systems used to fulfill accounting responsibilities, such as AMS, FPS, electronic time reporting, FMS, exporter, etc. Additionally, Pima County provides centralized Finance Administrative Procedures, followed by staff, with well defined segregation of duty, fiscal authority and accountability. Finally, Grant Management Supervisors are well versed in each contract their staff supports, as well as the governing regulations. Fiscal centralization has increased efficiency and standardization of processes for the financial internal controls, and effective partnerships remain in place to ensure regular, effective communication with the grants' programmatic staff. To improve internal control, Pima County recently implemented (July 2011) a new Enterprise Resource Program (ERP) called Advantage (AMS). The system has been implemented across functional areas adding workflow controls, standardization and transparency.

Authorized Signature



Date

3/27/2015

Section H - Profile

A. Agency/Organization

Program Name First Smiles Matter

Agency Pima County Health Department Contact Person Anne Walker

Address 3950 S. Country Club Rd., Suite 100 Position Division Manager

Address _____ Email Anne.Walker@pima.gov

City, State, Zip Tucson, AZ 85714 Phone 520-724-7995 Ext _____

County Pima Fax 520-724-9777

Employer Identification Number: 86-6000543

Agency Classification: _____ State Agency ☒ County Government _____ Local Government
_____ Schools _____ Tribal _____ Faith Based _____ Non Profit _____ Charitable _____ Private
Organization _____ Other

Have you previously conducted business with First Things First using this EIN? ☒ Yes ☐ No
If not, or if there has been address or EIN changes, please go to <https://qao.az.gov/afis/vendor-information> And download the State of Arizona Substitute W-9 Form, and submit with your application

Congressional district (federal) in which agency provides most services: District # 8

Legislative district (state) in which agency provides most services: District # 28,29,30
Go to <http://www.azredistricting.org> and click on Final Maps to identify your congressional and legislative district.

Approximate federal funding (from a federal source) to be received in current fiscal year?
\$ 49,960,360 (FY2014)

Agency's fiscal year-end date: June 30

Agency's accounting method: ☒ Cash _____ Accrual

Does your organization undergo an annual independent audit in accordance with 2 CFR Part 200, Subpart F?
☒ Y ☐ N

Contact information for firm conducting agency audit:

Audit firm: State of Arizona, Office of Auditor General

Address: 2910 N. 44th St, Suite 410, Phoenix, AZ 85018

Phone: (602) 555-0333

B. Proposed Program Information/Description

Amount requested: \$232,500

Service area of proposed program: Pima South

Target population of proposed program: Children, ages 0-5 years, and their families, pregnant women, childcare providers, and dental and medical providers

Number of children ages 0-5 years receiving oral health screenings: 2612

Number of expectant mothers receiving oral health screenings: 60

Number of participating adults: 200

Number of participating professionals: 44

Number of fluoride varnishes applied: 2616

Please provide a brief description (250 words or less) of the proposed program, including service area and target population. This description may be used by First Things First for public information regarding the grant.

Since 2002, the Pima County Health Department, in partnership with numerous community agencies, has been providing an early childhood oral health prevention program that targets children birth to age five, who are at risk for dental decay. The First Smiles Matter program, funded by the South Pima Region of First Things First since 2009, has utilized various strategies to address the oral health disparities in children in our community. The program staff coordinates community efforts to provide oral health screenings and the application of fluoride; education to parent/caregivers, childcare staff and healthcare providers; referrals to oral health providers for follow-up; and training and supplies for the implementation of a tooth-brushing program at childcare centers.

The First Smiles Matter program builds upon and enhances existing efforts to improve oral health outcomes for children and expectant mothers. The strategies for this early intervention program include: 1) Provide outreach to connect families to oral health care services 2) Provide outreach to expectant mothers about oral health care and its effects on newborns 3) Provide outreach to dentists and health providers to educate them to address oral health needs of infants specifically the importance of early screenings beginning at age one and 4) Improve access to oral health services specifically to expand services to previously underserved areas of Pima County.

C. Contact Information

The First Things First Partner Grant Management System (PGMS) has four contact slots per contract. The same person may be assigned to more than one slot.

Main Contact: is responsible for the overall program and will have access to all financial, programmatic, and data reports in PGMS.

Finance Contact: is responsible for the submission of reimbursement requests through PGMS and will have access to budget and reimbursement information in PGMS.

Program Contact: is responsible for program implementation and will have access to the program and data reports in PGMS.

Evaluation Contact: is responsible for the program evaluation and data collection activities and will have access to the data reports in PGMS.

PGMS Contacts		
Main Contact	Name: Anne Walker	Email: Anne.Walker@pima.gov
	Title/Position: Division Manager, Clinical Services	Phone: 520-724-7995
	Physical Address (if different than the agency address):	
Finance Contact	Name: Candace Moore	Email: Candace.Moore@pima.gov
	Title/Position: Finance Analyst Supervisor	Phone: 520-724-7783
	Physical Address (if different than the agency address): Pima County Dept. of Finance 130 W. Congress, ADE-FL4-RM411 Tucson, AZ 85701	
Program Contact	Name: Margaret Perry	Email: Margaret.Perry@pima.gov
	Title/Position: Program Coordinator, Oral Health	Phone: 520-724-7902
	Physical Address (if different than the agency address):	
Evaluation Contact	Name: Ligia Verdugo	Email: Ligia.Verdugo@pima.gov
	Title/Position: Dental Assistant	Phone: 520-724-7810
	Physical Address (if different than the agency address):	

**END OF REQUEST FOR GRANT
APPLICATION**

FTF-RC018-16-0531-00