

# FDHE Grant

Mary. Here is a list of things I was going to order. What do you think?

Brenda

## Teaching aids

Dental puppet teaching aide, 058-7501, Ollie Z. Mutt, \$99.95

Mini teaching aid, 021-5293, Lil' Mojo Monkey, \$24.95

Children's Dental Library set (8), set #1, 034-5660, \$71.95

## ADA brochures (for parents)

Early childhood caries (100), 033-1751, 1@\$44.95

Why baby teeth are important (50), 010-8589, 2@\$38.95=\$79.00

Baby teeth (50), 028-2061, 2@\$38.45=\$76.90

Thumb sucking, Finger sucking and Pacifier use (50), 028-2020, 2@\$36.25=\$72.50

## Hand outs

Children's toothbrushes (for children who receive a DDS exam) (72), 093-0107, \$39.60

Quacky & Jackie Flossers (200), 030-6803, \$65.75

Total \$575.55

*This looks great*

CC  
M. Hoffman  
to check  
2500 expenses

41218

PURCHASE REQUISITION

USER: NCETC  
DEPT: FDHE Grant

VENDOR: Patterson Dental

DATE ORDERED: 1/30/15

DATE NEEDED: 2/3/15

ORDERED BY: Brenda Florio RN

APPROVED BY: Cheryl Stypaluch D55

PURPOSE: Dental education - FDHE Grant.

QUANTITY	DESCRIPTION / ITEM #	PRICE	AMOUNT
1	Dental puppet (Ollie Z. Mutt) 058-7501	99.95	
1	Mini teaching aid (Lil' Mojo Monkey) 021-5293	24.95	
1	Children's Dental Library set #1 034-5660	71.95	
1	ADA Brochures Early childhood caries (100) 003-1751	44.95	
2	Why baby teeth are important (50) 101-8589	38.95	79.00
2	Baby teeth (50) 028-2061	38.45	76.90
2	Thumb sucking, Finger sucking and pacifier use (50) 028-2020	36.25	72.50
1	children's toothbrushes (72) 093-0107	39.60	
1	Quacky + Jackie Flossers (200) 030-6803	65.75	

P.O. # \_\_\_\_\_ P.O. DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ ACCOUNT#/CC \_\_\_\_\_



# PATTERSON DENTAL

NIAGARA CEREBRAL PALSY  
DENTAL CLINIC  
9812 LOCKPORT ROAD  
NIAGARA FALLS NY 14304-1114

Patterson Dental Supply Inc.  
405 CROSS POINT PARKWAY  
SUITE 110  
AMHERST NY 14068-1609

INVOICE#: 570/5975563  
Date: 04/29/2015 8:26 AM  
Customer P.O.: 44781  
Account: REGULAR  
Shipped from:  
Patterson Logistics Services, Inc  
1004 Cornerstone Drive  
Mt. Joy PA 17552-9419

Customer#: 706569856  
Advantage Level: Institute

Telephone: (716) 636-2860  
Representative: Daniel J Duke  
Order#: 127/6069905  
Submitted: 04/28/2015 9:21 PM

Item#	Ordered	Shipped	Pkg	MFR	Mfr Catalog#	Item Description	Unit Price	Amount	SC
7 549-6245	1	1	CA	P&G	84839310	Shipped From Wholesale 028167 Solid By Wholesale 22986 TOOTHPASTE KIDS SPARKLE .85OZ	21.95	21.95	07
7 201-7457	1	1	PK	CHURCH	32270	BABY ORAJEL T&G CLEANSER 6/PK Safety Data Sheet(s) enclosed.	14.50	14.50	07
<b>Total</b>	<b>2</b>	<b>2</b>						<b>36.45</b>	

*Received  
5/1/15  
Doreen Hudson*

Payment Terms:  
Payment due upon receipt of statement.  
Invoice balance is subject to service  
charge not to exceed 1.5% per month.  
To pay by invoice, send a copy of invoice(s)  
with remittance to: Patterson Dental Supply Inc.  
3254 Network Place, Chicago, IL 60673-1232



## **Foundation for Dental Health Education**

### **GRANT GUIDELINES**

1. Grant requests must be for a Dental Health Education project.
2. Grant applications must be received by November 1 of each calendar year.
3. Notification of grant award will be made by December 31 of each calendar year.
4. Grant award checks will be mailed by January 15.
5. A full report must be received by the Grant Review Committee no later than thirty (30) days after project completion. FDHE Grant Report Form is to be used.
6. Publicity for the project must recognize the FDHE. Public Relations materials must be submitted with the final report.
7. Failure to comply with the above guidelines will require full reimbursement of amount awarded to grantee.



## GRANT APPLICATION

### Application Deadline: November 1

1. Name of Alliance / Organization: Niagara Cerebral Palsy  
Contact Person: Katie Cassens  
Street Address: 9812 Lockport Road  
City: Niagara Falls State: NY Zip Code: 14304  
Phone: (Day) (716) 297-0798 ext. 173 (Evening) (716) 297-0798 ext. 173  
Fax: (716) 297-0998 E-mail: kkirchmeyer@niagaracp.org
2. Purpose of Organization, Including a Brief History (if other than a Component or Constituent Dental Alliance):  
NCP is a non-profit corporation, delivering innovative services to individuals with disabilities since 1954. Initially services were limited to the care and treatment of children with cerebral palsy. Over the past 60 years, the agency has shown a steady growth in the expansion and innovation of services, and now offers a continuum of services including 24-hour intermediate care, in-home respite, service coordination, independent living apartments, day treatment, clinical therapy, supported employment, and preschool and early childhood education. The agency strives to provide person-centered services which foster independence, inclusion, individuality, and productivity to children and adults with various disabilities by establishing goals to enable each individual to reach their highest potential.
3. Project Title: Dental Health Education Project  
Project Start-up Date: 2/1/2015 End Date: 9/30/2015  
Location of Event: Niagara Cerebral Palsy Dental Clinic and Education and Treatment Center
4. Target Audience (categories and possible number to be served):  
Disabled, underprivileged preschool population, approximately 100 annually
5. Brief Description of Project (attach additional page(s) if more space is required):  
The proposed program targets approximately 100-125 children, with and without intellectual and/or developmental disabilities, enrolled in the preschool each year (students enter and can leave the program throughout the year, not just in September and June), and their parents. According to NCP's dental hygienist, Linda Lewis, this high risk, low-socioeconomic population often does not have immediate access to dental care. Instead, parents only address the issue when it gets to a serious point, and the child is in the greatest need, when he or she can't sleep, must go to the emergency room for treatment, and/or undergo a major dental project. Children as early as those in preschool may have capped and/or rotting teeth.  
(see attachment for full description)
6. Amount of Funds Requested: \$3,625
7. Purpose of grant and how funds will be used (attach additional page(s) if more space is required):  
Grant funding would be used to purchase educational materials related to a dental education program, with two components, one specific to preschool-aged children, the other for related parents and guardians.  
This project serves as a pilot program to evaluate the success of dental education related to individuals with intellectual and/or developmental disabilities. If the project is successful, with enough funding, the agency will expand the project to include its residential programs.

Call 2104 101

## 5. Brief Description of Project

The proposed program targets approximately 100-125 children, with and without intellectual and/or developmental disabilities, enrolled in the preschool each year (students enter and can leave the program throughout the year, not just in September and June), and their parents. According to NCP's dental hygienist, Linda Lewis, this high risk, low-socioeconomic population often does not have immediate access to dental care. Instead, parents only address the issue when it gets to a serious point, and the child is in the greatest need, when he or she can't sleep, must go to the emergency room for treatment, and/or undergo a major dental project. Children as early as those in preschool may have capped and/or rotting teeth.

The focus of the project is education and prevention. Teaching the students, and their parents, about dental health has the potential to prevent future dental problems. The idea is to do this twice annually to reemphasize and sustain the project's message. The program will tie into Dental Health Month in February also in September, at the beginning of the school year. Although it is not tied to the curricula, it is expected that good dental health will be encouraged by school staff year round.

The program includes a free dental evaluation in the clinic, but otherwise takes place in a classroom setting. Lessons specific to preschool-aged children will be developed, and incorporated into the existing curricula. In addition, an educational component will be developed for parents and guardians. These informational materials will be sent home with students, and will not require parents to physically come to the school to take part.

NCP plans to apply for product donations, specifically toothpaste and toothbrushes, to be given out during the dental evaluations, and the course of the program. The Smiles Across America® (SAA) Product Donation Project, from Oral Health America, supports local community efforts to provide oral health preventive services to children most at risk for dental problems. According to the Oral Health America website, "SAA distributes sealants, fluoride varnish, toothbrushes, toothpaste, sugar free gum, dental flossers, and other supplies from leading corporate partners." Given this, a variety of dental-related giveaways will be requested.

In addition to donated products, NCP can use many on-line resources, including the "Smile Smarts Dental Health Curriculum" from the American Dental Association as a free resource for curriculum ideas. Other teaching resources will include books, posters, and books.

In addition, the project will include activities to demonstrate good dental health, such as practicing brushing teeth on a doll or stuffed animal, or by using teaching aids like a large toothbrush and tooth model.

The school nurse, dentists, hygienists, and teachers will all be involved in the program.

The students will be split into groups of 16-20, not including the necessary teachers and aides for this number of students. There will be approximately five groups of students (based on actual enrolled student count during project), and each group will receive five classes over the course of the month, with scheduling to be determined. Each lesson will last approximately 20-30 minutes, to be adjusted based on the responsiveness of the children. This project will run two times a year, in February, Dental Health month, and in September, to coincide with the beginning of the school year. NCP's dental

hygienist and/or dentists will work with teachers individually to develop dental health lesson plans, and teach each lesson.

The project includes 25 30-minute classes held in both February and September, totaling 50- 30-minute classes for the project duration. This equals 25 hours of work by the hygienist and/or dentist. Based on salaries of \$25 and \$50 per hour respectively, it would cost between \$625 and \$1250 to for staffing. For the purposes of this grant proposal, the dental hygienist salary will be used for staffing costs. Additional materials, including products not donated or found on-online for free, are estimated at approximately \$10 per student, teacher, and teacher-aide. This includes posters, videos, age-appropriate activity books, teaching aids, and other educational materials. For approximately 150 individuals, this totals \$1,500. As the project will run twice a year, this totals \$3,000. With the salary for the hygienist, the projected cost of this project is \$3,625.

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**Foundation for Dental Health Education**  
**Grant Report Form**

**Please complete and return this form within 30 days after completion of the project.  
Failure to comply will require reimbursement of funds to Foundation.**

1. Name of Alliance/Organization: \_\_\_\_\_

Contact person: \_\_\_\_\_

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

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

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Project Title: \_\_\_\_\_

Project Start-up Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Location of event: \_\_\_\_\_

3. Target audience: \_\_\_\_\_

Number of individuals reached: \_\_\_\_\_

4. Description of event {attach additional page(s) if more space is required}:



5. How did the FDHE grant help your project? Please explain {attach additional pages(s) if more space is required}:

6. Did the project meet expectations? Did you accomplish what you intended with your target group? Please explain {attach additional page(s) if more space is required}:

7. What changes would you make in this project to make it more successful? What would you do differently? {Attach additional pages(s) if more space is required}

8. Do you plan to repeat this project? \_\_\_\_\_ Do you plan to apply for another FDHE Grant? \_\_\_\_\_

9. Please add any comments you wish to make:

\_\_\_\_\_  
Signature and Title of Authorized Individual

\_\_\_\_\_  
Date

**Please enclose copies of flyers, publicity, media clippings, advertising, photos, etc. with this completed form and mail to:**

**FDHE Grant Review Committee**

Susan Minahan  
19210 63<sup>rd</sup> Ave NE  
Kenmore, WA 98028

(196.85  
bks & puppets) 575.55 Training materials, toothbrushes  
36.45 toothpaste, flosses

# lessons		
10	75.00	Linda Lewis 2/18
	200.00	Dental screenings
9	87.50	Linda Lewis 4/16
9	75.00	" " 4/27
2	25.00	Melissa DiResta 9/18
2	25.00	" " 9/25
3	37.50	Linda Lewis 9/30
<u>35</u>	<u>1137.00</u>	