

through 1.j and items 3.a through 3.g in the Application Content sections.

2. *Screening and Intervention (Standard Projects: 25 points and Enhanced program: 15 points)*. The extent to which the applicant has addressed Recipient Activities 1.b through 1.f and items 4 in the Application Content sections.

3. *Evaluation Plan—(Standard Program: 15 points)*. The extent to which the applicant has addressed Recipient Activities 1.h and items 5 in the Application Content sections.

*Evaluation Plan—(Enhanced Program—25 points)*. The extent to which the applicant has addressed Recipient Activities 1.h and items 6 in the Application Content sections.

4. *Background, Need, and Potential for Community Involvement (10 points)*. The extent to which the applicant has addressed Recipient Activities 1.a and items 1.a through 1.c in the Application Content sections.

5. *Infrastructure (10 points)*. The extent to which the applicant has addressed Recipient Activities 1.b and 1.d and items 2.a through 2.c in the Application Content sections.

6. *Collaborative Efforts (5 points)*. The extent to which the applicant has addressed Recipient Activities 1.a and items 7 in the Application Content sections.

7. *Human Subjects (not scored)*. Does the application adequately address the requirements of Title 45 CFR Part 46 for the protection of human subjects? Not scored; however, an application can be disapproved if the research risks are sufficiently serious and protection against risks is so inadequate as to make the entire application unacceptable. Does the application adequately address the CDC Policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research? This includes:

1.1 The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation.

1.2 The proposed justification when representation is limited or absent.

1.3 A statement as to whether the design of the study is adequate to measure differences when warranted.

1.4 A statement as to whether the plans for recruitment and outreach for study participants includes the process recognition of mutual benefits.

Component 4:—State-Based Oral Disease Prevention Program D.4. Availability of Funds

Approximately \$2,600,000 is available in FY 2003 to fund approximately 13 Part 1 Capacity Building Program

awards. It is expected that the Capacity Building Program average award will be \$200,000, ranging from \$65,000 to \$400,000. Funding estimates may vary and are subject to change.

No funding is available in FY 2003 for Part 2 Basic Implementation Program awards. Pending available funding resources, applications will be accepted in years two through five.

#### Use of Funds

Applicants may not use these funds to supplant oral health program funds from local, State, or Federal sources. Applicants must maintain current levels of support dedicated to oral health from other funding sources. Funding received under this program announcement cannot be used for the purchase of dental services, dental sealant equipment, or materials.

#### Recipient Financial Participation

Applicants requesting funding for community water fluoridation equipment will be required to provide matching funds. Matching funds are required from State and/or local sources in an amount of not less than one dollar for each four dollars of Federal funds awarded for community water fluoridation equipment under this program announcement.

Matching funds are required from State and/or local sources in an amount of not less than one dollar for each four dollars of Federal funds awarded for a Basic Implementation Program.

Matching funds may be in cash or its equivalent, including donated or in-kind appropriate equipment, supplies, and or services. Do not include funds from other Federal sources including the Preventive Health and Health Services Block Grant.

CDC funding covers some of the costs of oral health core capacity, infrastructure, and community-based prevention interventions, but it is not intended to fully support all aspects of the oral health program.

#### Direct Assistance

You may request Federal personnel as direct assistance in years two through five, in lieu of a portion of financial assistance.

To request new direct-assistance assignees, include:

- a. Number of assignees requested.
- b. Description of the position and proposed duties.
- c. Ability or inability to hire locally with financial Assistance.
- d. Justification for request.
- e. Organizational chart and name of intended supervisor opportunities for training, education, and work.

f. Opportunities for training, education, and work experience for assignees.

g. Description of assignee's access to computer equipment for communication with CDC (e.g., personal computer at home, personal computer at workstation, shared computer at workstation on site, shared computer at a central office).

#### E.4. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under 1.a and 1.b (Recipient Activities), and CDC will be responsible for the activities listed under 2. CDC Activities.

##### 1.a. Part 1 Capacity Building Program Recipient Activities and Performance Measures:

(1) Develop oral health program leadership capacity. Develop a State oral health team. Leadership capacity should include: (a) full-time dental director (oral health professional with public health training); (b) .25 time epidemiologic support at a minimum; (c) demonstrated access to at least .50 time of a water fluoridation engineer/specialist or coordinator, and (d) demonstrated access to appropriate program support, .50 to one time dental sealant coordinator, .25 time capacity for health education, health communication, and .25 time support staff, through leveraging of dollars, shared dedicated resources and letters of support.

Performance will be measured by evidence of established leadership capacity. Evidence of leadership capacity can be shown by: The composition of an oral health program team consistent with (1) above.

(2) Describe the oral disease burden, health disparities, and unmet needs in the State. Describe the oral disease burden within the State and document unmet oral health needs of target populations and existing oral health assets (e.g., professional dental/dental hygiene schools, prevention interventions undertaken within the State).

Performance will be measured by evidence that State oral disease burden has been accurately described. Evidence can be shown by: (a) a publicly available disease burden document describing oral disease burden and oral health disparities, issued in the past five years using the most recent data, preferably data no more than five years old; and (b) document includes oral health status with indicators consistent with the National Oral Health System (NOHSS), the Water Fluoridation Reporting