



**Michigan Department of Community Health-  
Oral Health Program**

**Request for Proposal  
Fluoridation Equipment  
2010**

**Intent Due: March 1, 2010  
Proposal Due: March 30, 2010**

**PROPOSAL BACKGROUND:**

Fluoridation of a community water system is one of the most cost effective and efficient ways to reduce dental disease in a population. Over 60 years of research on this topic has proven community water fluoridation to be safe and effective in improving the oral health of the community's citizens.

The Michigan Department of Community Health Oral Health program is primarily looking to promote community water fluoridation by offering to reimburse Michigan communities currently not fluoridating for fluoridation equipment purchases for the sole purpose to initiate community water fluoridation in their community. Approximately \$60,000 is available from a generous gift form Delta Dental of Michigan.

Close to 7 million people in Michigan are benefiting from community fluoridated water. For those systems currently wishing to initiate this basic public health practice in their communities the Michigan Department of Community Health- Oral Health Program is providing grants to assist with the cost of purchasing and installing fluoridation equipment. The funds can be used for Michigan water systems serving populations greater than 1000 and must be used for new and replacement fluoridation equipment purchased in the contract period of June 1, 2010- September 30, 2010.

First priority will be given to systems currently without a water fluoridation program. If funds allow, reimbursement for replacement fluoridation equipment will be offered to those water systems needing to update their fluoridation equipment for the sole purpose of continuing community water fluoridation in their community.

A statement from the water supply owner or water systems operator in charge will be required to verify the condition of existing fluoridation equipment and justification for its replacement.

**GRANT PROPOSAL:**

Applicants may submit only one Abbreviated Application to request funds to help in the purchase, installation and engineering costs of fluoridation equipment used in community water systems that currently are not fluoridating. In addition, if funds allow, Michigan communities wishing to replace current fluoridation equipment in need of repair for the purpose of continuing community water fluoridation may submit an application.

**Michigan communities that have gone the longest without community water fluoridation will be given higher priority.**

**The funds must be used to purchase new or replacement fluoridation equipment to initiate or continue a fluoridation process for their water system. Engineering costs may also be included in the request. This will be for purchases of fluoridation equipment made only between June 1, 2010 and Sept 30, 2010.**

The applicant can request up to **\$40,000** for new program fluoridation equipment costs, including installation and engineering costs. A statement from the water supply owner or water systems operator in charge will be required to verify the condition of any existing fluoridation equipment and justification for its replacement. This equipment must be in place and administering appropriate fluoride into the drinking water 6 months from the invoice submission date.

The applicant can request up to **\$25,000** for replacement fluoridation equipment including installation and engineering costs. A statement from the water supply owner or water systems operator in charge will be required to verify the condition of existing fluoridation equipment and justification for its replacement. This equipment must be in place and administering appropriate fluoride into the drinking water 6 months from the invoice submission date.

At least two estimates from established fluoridation equipment suppliers or from registered professional engineers in Michigan knowledgeable in fluoride chemical feed systems must be attached to the application.

The equipment must have a minimum warranty period of 12 months from time of installation. Ongoing maintenance of the systems will be under the standard DEQ regulatory procedures.

Justification of the vendor choice, an estimate breakdown of the equipment being considered and cost of each piece must be included. See Attachment II.

The Budget Forms should be included. (Attachments B.1, B.2). There are instructions to help fill out these forms.

**Water systems must apply for and receive an ACT 399 from the Michigan Department of Environmental Quality before installation of any fluoride feed equipment. (Safe Drinking Water Act, Construction Permit).**

The application should be a water system representative from a Michigan community, city, village or township and must provide evidence that fluoridation had been discussed with the public and a vote was favored for fluoridation either by the council or the public at large in the past or as a new project.

Community population size serviced by your community water system must be 1000 or above in order to be considered. This will be confirmed through DEQ records for 2009.

All terms, conditions and limitations specified in the Abbreviated Grant Application will be reviewed and scored according to relevant review criteria described in **Selection Criteria**.

Grantees will be notified of the award by April 30, 2010.

**Purchases must be made and invoices submitted for reimbursement between June 1, 2010 and September 30, 2010.**

## INSTRUCTIONS FOR GRANT PROPOSAL SUBMISSION:

Applicants should review all included materials and selection criteria.

**Notification of Intent to Apply Due: March 1, 2010**  
**Completed Applications Due: March 30, 2010**

Applications should be typed or clearly printed.  
**3 copies** must be submitted to:

MDCH - FCH  
Oral Health Program  
Attn: Susan Deming, R.D.H., B.S.  
Education and Fluoridation Coordinator  
201 Townsend St.  
P.O. Box 30195  
Lansing, MI 48909

Phone: (517) 373-3624      Fax: (517) 335-8697 or 8294  
E-Mail: [demings@michigan.gov](mailto:demings@michigan.gov)

Applicants are responsible for the timely receipt of their proposal. **PROPOSALS RECEIVED AFTER THIS DATE, March 30, 2010, AND TIME, 5:00pm, WILL NOT BE CONSIDERED.**

### ELIGIBLE APPLICANTS:

The applicant should be a water system representative from a community, city, village or township and must provide evidence that fluoridation had been discussed with the public and a vote was favored for fluoridation either by the council or the public at large in the past or as a new project.

### AVAILABILITY OF FUNDING:

Awards are contingent upon availability of funds. The number of grants to be awarded will be determined by the number of proposals received and the amount of funds requested.

Award requests **must not exceed \$40,000** for new project equipment or **\$25,000** for replacement equipment.

Any funds received by the recipient of the award but not spent for this specific purpose must be returned to the Michigan Department of Community Health. In submitting the application, the applicant assures that funds will be used exclusively for the intended program with these groups. The MDCH will not assume any responsibility or liability for costs incurred by the recipient of the award prior to the signing of an agreement. Funds will be set-aside for an independent analysis, contracted at the discretion of MDCH to evaluate the relative merits of all programs funded.

Any contractor equipment purchases supported in whole or in part through this agreement must be listed in the supporting Equipment Inventory Schedule which will be included with your contract. Equipment means tangible, non-expendable, personal property having useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. Title to items having a unit acquisition cost of less than \$5,000 shall vest with the Contractor upon acquisition. The

Department reserves the right to retain or transfer the title to all items of equipment having a unit acquisition cost of \$5,000 or more, to the extent that the Department's proportionate interest in such equipment supports such retention or transfer of title. A Program Budget Summary, Cost Detail and Equipment Inventory Schedule is attached.

**CONTRACTOR RESPONSIBILITIES:**

The award recipient will be required to assume responsibility for all contractual activities offered in the proposal whether or not that recipient performs them. If any part of the program is to be provided by persons other than the recipient, responses to the RFP must include a list of these persons, including name, address, organization, credentials and services to be provided. The state will consider the selected award recipient to be the sole-point-of-contact with regard to program matters, including payment of any and all charges resulting from the award.

**REIMBURSEMENT MECHANISM:**

**All award recipients must sign-up through the on-line vendor registration process to receive all State of Michigan payments in the form of Electronic Funds Transfers (direct deposits), as mandated by PA 533 of 2004. Vendor registration information is available through the Department of Management and Budget's web site: <http://www.cpexpress.state.mi.us/>**

**DISCLOSURE OF PROPOSAL CONTENTS:**

All information in an applicant's proposal is subject to disclosure under the provisions of Public Act No. 442 of 1976, known as the "Freedom of Information Act." This act also provides disclosure of contracts and attachments thereto.

**ISSUING OFFICE:**

This Request for Proposals (RFP) is issued by the Michigan Department of Community Health's Oral Health Program, hereafter known as MDCH or the Department. The issuing office is the sole-point-of-contact for persons/organizations who are considering preparing responses to this RFP. The award will be made to the bidder(s) who most successfully meet the criteria of the RFP, up to the total amount of funds available within the funding level stipulated.

**USE OF FUNDS:**

Funds available under this announcement for the Fluoridation Equipment Grant should be used only for costs involved for purchasing fluoridation equipment to initiate a community water fluoridation program or for purchases to replace worn out fluoridation equipment in existing fluoridating communities.

Any funds received by the recipient of the award but not spent for the specific purpose must be returned to the Michigan Department of Community Health (MDCH). In submitting the application the applicant assures that funds will only be used for the intended program. The MDCH will not assume any responsibility or liability for costs incurred by the recipient of the award prior to the signing of an agreement. Funds will be set-aside at the discretion of MDCH for an independent analysis of program expenses, staffing and operating expenses of funded programs. Relative merits of all programs funded will be evaluated.

## **QUESTION AND ANSWER PERIOD:**

A proposal conference may or may not be held. Questions may be submitted electronically until **March 15, 2010**. E-mail responses will be prepared and sent to all parties who have submitted a letter of intent. To expedite the answers, include your fax number and e-mail address with your letter of intent.

**Letters of Intent must be received .** Any correspondence regarding the grant will only be sent to those that have submitted a letter of intent which could be submitted through e-mail. Contact information for the person most directly involved with initiating proposal must be included.

## **SPECIFICATIONS:**

All proposals must address or comply with the following specifications:

- Applicant must be a water system representative from a Michigan community, city, village or township.
- Evidence of a vote in favor of fluoridation by council or public vote must be attached to the application.
- Population of area serviced by community water system must be 1000 or above.
- Must be requesting the award to reimburse for fluoridation equipment and engineering costs only associated with installing or replacing said equipment as to initiate or continue a fluoridation program in their community water supply.
- Request for award cannot exceed \$40,000 for new program equipment or \$25,000 for replacement equipment.
- The Budget forms are included. (Attachments B.1, B.2).
- A statement from the water supply owner or water systems operator in charge will be required to verify the condition of existing fluoridation equipment and justification for its replacement.
- Estimates for fluoridation equipment must be attached; either from established fluoridation equipment suppliers or from registered professional engineers in Michigan knowledgeable in fluoride chemical feed systems.
- Vendor chosen and identified. Breakdown of estimated costs per equipment item must be attached. See Attachment II.
- Minimum warranty on chosen equipment is 12 months from date of installation.
- Water systems must apply for and receive an ACT 399 from the Michigan Department of Environmental Quality before installation of any fluoride feed equipment. (Safe Drinking Water Act, Construction Permit).
- This equipment must be in place and administering appropriate fluoride into the drinking water 6 months from the invoice submission date.
- Grantee contracts must be signed for June 1, 2010-September 30, 2010.

- Purchases and invoices submitted for reimbursement of fluoridation equipment must be submitted between June 1, 2010- September 30, 2010.
- Chemical supply costs will be excluded.

**SELECTION CRITERIA: Based on 100 point system**

- **10 Points:** Application is attached and filled out in entirety. Neatness and readability of application. (*Attachment I*)
- **10 Points:** Water system representative is from a Michigan community, city, village, or township as applicant.
- **20Points:** Community water system that has not fluoridated in the past will be given top points. Communities that may have fluoridated in the past and with a longer time span without fluoridation will be given higher points. Higher points will be given for communities wishing to add new equipment for a new fluoridation program rather than replacement equipment.
- **10 Points:** Evidence of council or community vote in favor of fluoridating attached.
- **10 Points:** Request for award does not exceed \$40,000 for new program equipment or \$25,000 for replacement equipment.
- **10 Points:** Budget Forms are attached.
- **10 Points:** Verification from water system owner or water system operator in charge is included.
- **10 Points:** Two estimates for fluoridation equipment attached. (Either from established fluoridation equipment suppliers or from registered professional engineers in Michigan knowledgeable in fluoride chemical feed systems.)
- **10 Points:** Vendor identified and attachment with breakdown of equipment costs is included. (*Attachment II*)

\*\* The award of points will be variable based on the opinion of an independent reviewer.

## DIRECTIONS FOR COMPLETING THE APPLICATION

### *Attachment I*

- **Water System Name:** Enter name of your Community Water System
- **Number of Population Served by Water System:** Enter the # of people that your water system serves.
- **Community Fluoridation Status:** Check Active if community is currently fluoridating or No Fluoridation and add “Never” or last known date of cessation.
- **Amount of Request:** Enter the amount requested from MDCH for reimbursement for fluoridation equipment; check if for new program equipment or replacement equipment.
- **Name of Applicant Organization:** Enter name of the applicant organization. Enter the name and title of the person officially authorized by the applicant organization to enter into agreements (usually chief administrative officer). Enter the mailing address, including city, county, state and ZIP code. Enter the telephone number, fax number and e-mail address.
- **Federal Tax Identification Number:** Enter Federal Tax Identification Number as assigned by the Internal Revenue Service.
- **Authorized Official:** Enter the name of the authorized official of your agency including name, title, mailing address, telephone, fax, and e-mail address.
- **Contact Person:** Enter the name and title of the contact person who will be responsible for coordinating the project. Enter the mailing address, including city, county, state and ZIP code. Enter the telephone number, fax number and e-mail address.
- **Water System Engineer:** Enter the name and title of your water system engineer who will be responsible for overseeing the engineering and installation of the equipment. Enter the mailing address, including city, county, state and ZIP code. Enter the telephone number, fax number and e-mail address.
- **Check List:** Check all that apply to your application.
- **Authorizing Entity:** Signature of authorizing entity must be included.

**ATTACHMENT I**  
**FLUORIDATION EQUIPMENT 2009 GRANT APPLICATION**

**Water** \_\_\_\_\_ **System** \_\_\_\_\_ **Name:** \_\_\_\_\_

**# Population Served by Water System:** \_\_\_\_\_

**Community Fluoridation Status:** \_\_\_ **Active** \_\_\_ **No Fluoridation since** \_\_\_\_\_  
(Never or date of cessation)

**Amount of Request:** \$ \_\_\_\_\_

\_\_\_ **New Program** \_\_\_ **Replacement Equipment**

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

**Federal Tax ID Number:** \_\_\_\_\_

**Authorized Official:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_

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

**Contact Person:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_

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

**Water** \_\_\_\_\_ **System** \_\_\_\_\_ **Engineer:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Telephone:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_

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

**Check list: ( Check all that apply)**

- Applicant is a water system representative from a Michigan community, city, village or township.
- Population served by water system exceeds 1000.
- Evidence of council or public vote in favor of fluoridation attached.
- Request is for fluoridation equipment and engineering costs only and not for fluoride additives.
- Request for award does not exceed \$40,000 for new program equipment or \$25,000 for replacement equipment.
- Budget Forms are included. (Attachments B.1, B.2).
- Plans for acquiring ACT 399 from DEQ included.
- Attachment II- Vendor identified and breakdown of estimated costs per piece of equipment attached.
- All estimates for fluoridation equipment and engineering costs attached.
- Verification for new or replacement equipment from water system owner or water system operator in charge is included. (Attachment II).
- Information for all contact and supervisory persons included.
- Authorizing Entity signature included.

**Authorizing Entity:** I hereby affirm my authority and responsibility for the use of all staff, equipment, supplies and educational training described in this application.

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Authorized Individual (*Signature*) Printed Name

Date: \_\_\_\_\_

**Attachment II**  
**Estimates for Fluoridation Equipment**  
**and Engineering Costs**

Name of chosen vendor:

\_\_\_\_\_

The equipment would include, but is not limited to: (%s are approximate)

-Chemical feed pump.....	\$ _____
-Scale(s).....	\$ _____
-Bulk storage tank.....	\$ _____
-Day tank.....	\$ _____
-Transfer pump.....	\$ _____
-Electrical wiring.....	\$ _____
-Engineering costs.....	\$ _____
-Lab equipment for measuring Fl levels.....	\$ _____
-Misc costs.....	\$ _____
- Other:	\$ _____
<b>TOTAL ESTIMATED COSTS:</b>	<b>\$ _____</b>

**Length of warranty on equipment:** \_\_\_\_\_

**Verification and Justification** from water system owner or water system operator in charge:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact information:

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

Signature: \_\_\_\_\_

*Instructions for Attachments B.1, B.2*

Electronic versions of these forms can be obtained by contacting Susan Deming  
[demings@michigan.gov](mailto:demings@michigan.gov) 517 373-3624

(The Cost Detail form should be filled out first: B.2 -DCH 0386)

**B.2: Program Budget-Cost Detail (DCH-0386)**

- Program- Enter the title of the program: "Fluoridation Equipment"
- Budget Period: Enter the dates of the contract period; in this case June 1, 2010-Sept 30, 2009.
- Date Prepared: Enter the date form is filled out.
- Contractor Name: Enter the name of the applying agency.
- Budget Agreement: Check "original" agreement.
- Salary and Wages: Leave blank.
- Fringe Benefits: Leave blank.
- Travel: Leave blank.
- Supplies and Materials: Enter request amount here if under \$5000.
- Contractual: Leave blank.
- Equipment: Enter request amount here if over \$5000.
- Other Expenses: Leave blank.
- Total Direct Expenditures: Enter total amount here.
- Indirect Cost Calculations: Leave blank.
- Total All Expenditures: Enter total amount again here.

**B.1: Program Budget Summary (DCH-0385)**

- Program- Enter the title of the program: "Fluoridation Equipment"
- Date Prepared: Enter the date form is filled out.
- Page \_\_\_ of \_\_\_: Enter the total number of pages comprising the complete budget package; in this case should be 3.
- Contractor Name: Enter the name of the applying agency.
- Budget Period: Enter the dates of the contract period; in this case June 1, 2010-Sept 30, 2010.
- Mailing Address: Enter the complete address for contact purposes.
- Budget Agreement: Check "original" agreement.
- Federal Identification Number: Enter Federal Tax ID number or Employer ID Number (EIN).
- Expenditure Category: Enter the total amount you are spending on fluoridation equipment in the first column under "Supplies and Materials if the amount is less than \$5000. Enter the total amount you are spending on fluoridation equipment in first column under "Equipment" if the total is over \$5000. Then enter the total again in the last column under "Total Budget".
- Total Expenditures: This will be the sum of above.
- Source of Funds: Enter your request total under line 12- State Agreement in first and last columns. If you are receiving additional funding from other sources you can put that here in the appropriate line item. If your agency or community budget is covering the remaining costs put this under "other".
- Total Funding: Enter the sum of lines 11-15 on line 16. The total funding amount should be equal to line 10-total expenditures.



**PROGRAM BUDGET – COST DETAIL SCHEDULE**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

View at 100% or Larger  
Use **WHOLE DOLLARS** Only

Page Of

PROGRAM		BUDGET PERIOD		DATE PREPARED	
		From:	To:		
CONTRACTOR NAME		BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		AMENDMENT #	
1. SALARY & WAGES POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
			\$0		
<b>1. TOTAL SALARIES &amp; WAGES:</b>		0	\$ 0		
<b>2. FRINGE BENEFITS (Specify)</b> <input type="checkbox"/> FICA <input type="checkbox"/> LIFE INS. <input type="checkbox"/> DENTAL INS.                      COMPOSITE RATE <input type="checkbox"/> UNEMPLOY INS. <input type="checkbox"/> VISION INS. <input type="checkbox"/> WORK COMP.                      AMOUNT 0.00% <input type="checkbox"/> RETIREMENT <input type="checkbox"/> HEARING INS. <input type="checkbox"/> HOSPITAL INS. <input type="checkbox"/> OTHER (specify) _____				<b>2. TOTAL FRINGE BENEFITS:</b>	
				\$0	
<b>3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)</b>					
<b>3 TOTAL TRAVEL:</b>				\$0	
<b>4. SUPPLIES &amp; MATERIALS (Specify if category exceeds 10% of Total Expenditures)</b>					
<b>4. TOTAL SUPPLIES &amp; MATERIALS:</b>				\$0	
<b>5. CONTRACTUAL (Specify Subcontracts/Subrecipients)</b>					
<u>Name</u>	<u>Address</u>	<u>Amount</u>			
<b>5. TOTAL CONTRACTUAL:</b>				\$0	
<b>6. EQUIPMENT (Specify items)</b>					
<b>6. TOTAL EQUIPMENT:</b>				\$0	
<b>7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures)</b>					
<b>7. TOTAL OTHER:</b>				\$0	
<b>8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)</b>		<b>8. TOTAL DIRECT EXPENDITURES:</b>		\$ 0	
<b>9. INDIRECT COST CALCULATIONS</b>		Rate #1: Base \$0 X Rate 0.0000 % Total		\$ 0	
		Rate #2: Base \$0 X Rate 0.0000 % Total		\$ 0	
		<b>9. TOTAL INDIRECT EXPENDITURES:</b>		\$ 0	
<b>10. TOTAL EXPENDITURES (Sum of lines 8-9)</b>				\$ 0	
AUTHORITY: P.A. 368 of 1978 COMPLETION: Is Voluntary, but is required as a condition of funding			The Department of Community Health is an equal opportunity employer, services and programs provider.		
DCH-0386 (E) (Rev 05-08) (W) Previous Edition Obsolete. Use Additional Sheets as Needed					

## **Grantee Reporting Requirements**

- Grantee is to submit invoices for fluoridation equipment purchased between June 1, 2010 and September 30, 2010 to contract manager by September 30, 2010.
- **All award recipients must sign-up through the on-line vendor registration process to receive all State of Michigan payments in the form of Electronic Funds Transfers (direct deposits), as mandated by PA 533 of 2004. Vendor registration information is available through the Department of Management and Budget's web site: <http://www.cpexpress.state.mi.us/>**
- A Financial Status Report and an Equipment Inventory Schedule are to be submitted by October 15, 2010 to oral health program contract manager and MDCH.
- This equipment must be in place and administering appropriate fluoride into the drinking water 6 months from the invoice submission date.
- Oral health contract manager will follow up on installation and administration of equipment within 6 months of invoice submission date.
- MDCH-Oral Health will be available for any technical assistance.