

STATE OF VERMONT JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members

From: Sorsha Anderson, Senior Staff Associate

Date: June 26, 2025

Subject: Grant Request - JFO #3260

Enclosed please find one (1) item, which the Joint Fiscal Office has received from the Administration.

JFO #3260: \$200,000.00 to the Agency of Human Services, Department of Health from Northeast Delta Dental. Funds will promote oral health by focusing on evidence-based interventions like school dental health programs and community water fluoridation. *[Received June 25, 2025]*

Please review the enclosed materials and notify the Joint Fiscal Office (Sorsha Anderson: sanderson@leg.state.vt.us) if you have questions or would like this item held for legislative review. Please submit concerns by **July 23, 2025**, or we will assume that you agree to consider as final the Governor's acceptance of this request.



Department of Health Office of the Commissioner 280 State Drive Waterbury, VT 05671-8300 healthvermont.gov [phone] 802-863-7280 [fax] 802-951-1275 [tdd] 800-464-4343 Agency of Human Services

MEMORANDUM

To: Jenney Samuelson, Secretary of Human Services

From: Julie Arel, Interim Commissioner Julie Aul

Re: Request for Grant Acceptance of Vermont Oral Health Initiatives to Support Equity

Date: 5/15/2025

I am pleased to report that the Department of Health has received a grant for Vermont Oral Health Initiatives to Support Equity from Northeast Delta Dental for the project called Vermont Oral Health Initiatives to Support Equity. This grant amount is 200,000 and has a project period of 1 year, from 7/1/2025 to 6/30/2026.

The purpose of this grant award is to promote oral health and reduce the burden of oral disease for all Vermonters by focusing on evidence-based interventions like school dental health programs and community water fluoridation, and by implementing the strategies outlined in our state oral health plan.

Cc: Rich Donahey, AHS Chief Financial Officer



The Vermont Oral Health Initiatives to Support Equity Grant Summary:

The Department of Health has received a grant from Northeast Delta Dental providing \$200,000 for a one-year project period. The purpose of this grant award is to promote oral health and reduce the burden of oral disease for all Vermonters by focusing on evidence-based interventions like school dental health programs and community water fluoridation, and by implementing the strategies outlined in our state oral health plan.



State of Vermont

Department of Finance & Management 109 State Street, Pavilion Building Montpelier, VT 05620-0401 Agency of Administration

[phone] 802-828-2376

STATE OF VERMONT FINANCE & MANAGEMENT GRANT REVIEW FORM

| <u> </u> | | | | | | | | C # 2001 C 1 | T 41 | |
|------------------------------------|------------|---------|---|------|-----------|-------|-------------------|--|----------------|---------------------|
| Grant Summary: | | | VDH receiving one-year grant of \$200k from Northeast Delta Dental to promote oral health and reduce the burden of oral disease for Vermonters. | | | | | | | |
| | | | promo | | iai ileai | un a | ind reduce if | | | ase for vermonters. |
| Date: | | | 6/17/2 | 025 | | | | | | |
| | | | | | | | | | | |
| Department: | | | AHS VDH | | | | | | | |
| Legal Title of Grant: | | | Vermont Oral Health Initiatives to Support Equity | | | | | | | |
| Federal Catalog # | : | | N/A | | | | | | | |
| | | | | | | | | | | |
| Grant/Donor Nam | ne and Add | ress: | | | Delta I | | | | | |
| | | | 12 Bacon Street Suite B | | | | | | | |
| | | | Burlin | gtor | n VT 05 | 940] | l I | | | |
| Grant Period: From: | | | 7/1/20 | 25 | To: | | 6/30/26 | /26 | | |
| Si unit i viitvut | 110111 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 101 | | 0.00.20 | | | |
| Grant/Donation | | | \$200,0 | 000 | | | | | | |
| | SFY 1 | | SFY 2 | | 2 | | SFY 3 | Total | | Comments |
| Grant Amount: | \$200, | 000 | \$ | | | | \$ | \$200,000 | | |
| | | # Posit | ions | Ex | nlanati | ion/ | Comments | | | |
| | | |) | LA | pianau | 1011/ | comments | | | |
| Additional Comm | ents | 1 | | | | | | | | |
| | ents. | | | | | | | | | |
| | | | | | | | | Adam Digitally | / signed by | |
| Department of Finance & Management | | | | | | | Greshinsigned | 9 3 400' (| Initial) | |
| Secretary of Administration | | | | | | | Nick K E710487 | ramer 2 728FB4 04 | Initial) | |
| Sent To Joint Fisca | l Office | | | | | | | Anna Rein | old] | Date |
| | | | | | | | | REVIEWED By Anna Reinold at 9:59 am | . Jun 25, 2025 | |
| | | | | | | | | <u> </u> | | |



STATE OF VERMONT REQUEST FOR GRANT^(*) **ACCEPTANCE** (Form AA-1)

| BASIC GRANT INFO | RMATIO | N | | | | | |
|--|----------------------|---|-----------------|-------------|---------------|-------------------------------|--|
| 1. Agency: | | ncy of Human Se | rvices | | | | |
| 2. Department: | | Department of Health | | | | | |
| | | | | | | | |
| 3. Program: | Ver | Vermont Oral Health Initiatives to Support Equity | | | | | |
| 8 | | | | | 1 2 | | |
| 4. Legal Title of Gran | t: Ver | Vermont Oral Health Initiatives to Support Equity | | | | | |
| 5. Federal Catalog #: | | 11 | 1 2 | | | | |
| | | | | | | | |
| 6. Grant/Donor Name | and Add | ress: | | | | | |
| Northeast Del | ta Dental | | | | | | |
| 12 Bacon Stre | et, Suite H | 3 | | | | | |
| Burlington, VT 05401-6140 | | | | | | | |
| 7. Grant Period: | | | | | | | |
| | | | | 1 | | | |
| 8. Purpose of Grant: | | | | | | | |
| | nt award is | to promote oral h | nealth and redu | ce the burc | len of oral d | isease for all Vermonters by | |
| | | | | | | ty water fluoridation, and by | |
| implementing the strate | gies outlin | ed in our state or | al health plan. | C | | | |
| | | | | | | | |
| 9. Impact on existing j | program i | f grant is not Ac | cepted: None | | | | |
| 10. BUDGET INFORMATION | | | | | | | |
| | | | | | | | |
| | | SFY 26 | | | | Comments | |
| Expenditures: | | SFY 26 | | | | Comments | |
| Expenditures: Personal Services | | \$126,136 | | | | Comments | |
| | | | | | | Comments | |
| Personal Services | | \$126,136 | | | | Comments | |
| Personal Services Operating Expenses | Total | \$126,136 | | | | Comments | |
| Personal Services Operating Expenses Grants Revenues: | Total | \$126,136 \$73,864 | | | | Comments | |
| Personal Services Operating Expenses Grants | Total | \$126,136 \$73,864 | | | | Comments | |
| Personal Services Operating Expenses Grants Revenues: State Funds: Cash | Total | \$126,136 \$73,864 | | | | Comments | |
| Personal Services Operating Expenses Grants Revenues: State Funds: | Total | \$126,136 \$73,864 | | | | Comments | |
| Personal Services Operating Expenses Grants Revenues: State Funds: Cash In-Kind | Total | \$126,136 \$73,864 | | | | Comments Comments | |
| Personal Services Operating Expenses Grants Revenues: State Funds: Cash In-Kind Federal Funds: | Total | \$126,136 \$73,864 | | | | Comments Comments | |
| Personal Services Operating Expenses Grants Revenues: State Funds: Cash In-Kind Federal Funds: (Direct Costs) | Total | \$126,136 \$73,864 | | | | Comments Comments | |
| Personal Services Operating Expenses Grants Revenues: State Funds: Cash In-Kind Federal Funds: | Total | \$126,136 \$73,864 | | | | Comments | |
| Personal Services Operating Expenses Grants Revenues: State Funds: Cash In-Kind Federal Funds: (Direct Costs) | Total | \$126,136 \$73,864 | | | | Comments | |
| Personal Services Operating Expenses Grants Revenues: State Funds: Cash In-Kind Federal Funds: (Direct Costs) (Indirect Costs) | Total | \$126,136 \$73,864 | | | | Comments | |
| Personal Services Operating Expenses Grants Revenues: State Funds: Cash In-Kind Federal Funds: (Direct Costs) (Indirect Costs) Other Funds: | Total | \$126,136 \$73,864 \$200,000 | | | | Comments | |
| Personal Services Operating Expenses Grants Revenues: State Funds: Cash In-Kind Federal Funds: (Direct Costs) (Indirect Costs) (Indirect Costs) Other Funds: Northeast Delta Dental | | \$126,136 \$73,864 \$200,000 \$200,000 \$200,000 | | | | Comments | |
| Personal Services Operating Expenses Grants Revenues: State Funds: Cash In-Kind Federal Funds: (Direct Costs) (Indirect Costs) (Indirect Costs) Other Funds: Northeast Delta Dental | Total | \$126,136 \$73,864 \$200,000 | | | | Comments | |
| Personal Services Operating Expenses Grants Revenues: State Funds: Cash In-Kind Federal Funds: (Direct Costs) (Indirect Costs) Other Funds: Northeast Delta Dental | Total | \$126,136 \$73,864 \$200,000 \$200,000 \$200,000 \$200,000 | | | | Comments | |
| Personal Services Operating Expenses Grants Revenues: State Funds: Cash In-Kind Federal Funds: (Direct Costs) (Indirect Costs) (Indirect Costs) Other Funds: Northeast Delta Dental Appropriation No: | Total | \$126,136 \$73,864 \$200,000 \$200,000 \$200,000 \$200,000 ppropriation | SFY 26 | | | Comments | |
| Personal Services Operating Expenses Grants Revenues: State Funds: Cash In-Kind Federal Funds: (Direct Costs) (Indirect Costs) Other Funds: Northeast Delta Dental Appropriation No: Admin | Total VDH Aj 342001(| \$126,136 \$73,864 \$200,000 \$200,000 \$200,000 \$200,000 \$200,000 | \$1,775 | | | Comments | |
| Personal Services Operating Expenses Grants Revenues: State Funds: Cash In-Kind Federal Funds: (Direct Costs) (Indirect Costs) (Indirect Costs) Other Funds: Northeast Delta Dental Appropriation No: | Total | \$126,136 \$73,864 \$200,000 \$200,000 \$200,000 \$200,000 \$200,000 | | | | Comments | |

STATE OF VERMONT REQUEST FOR GRANT^(*) **ACCEPTANCE** (Form AA-1)

| Has current fiscal year bu | dget detail been entere | d into Vantage? 🗌 Yes 🛛 No | | | | |
|---|--|--|-------------------|--|--|--|
| PERSONAL SERVICE IN | FORMATION | | | | | |
| | | one or more Personal Service Contracts? 🗌 | | | | |
| If "Yes", appointing authorit | y must initial here to ind | licate intent to follow current competitive biddi | ng process/policy | | | |
| Appointing Authority Nam | e: Julie Arel Agreed by: | JA (initial) | | | | |
| 12. Limited Service | | | | | | |
| Position Information: | # Positions | Title | | | | |
| | [whole number only, even if requesting less | [position title per F&M GRANT REVIEW F | JKIVI | | | |
| | than full FTE] | | | | | |
| | | | | | | |
| | | | | | | |
| Total Positions | | | | | | |
| 12a. Equipment and space | for these IX Is 1 | presently available. | h available funds | | | |
| positions: | | | | | | |
| 13. AUTHORIZATION A | GENCY/DEPARTMEN | NT | | | | |
| I/we certify that no funds | Signature: Nulle | Rue | Date: | | | |
| beyond basic application preparation and filing costs | Title: Interim Commis | | 5/15/2025 | | | |
| have been expended or | | | | | | |
| committed in anticipation of Joint Fiscal Committee | Signature: | | Date: | | | |
| approval of this grant, unless | | | | | | |
| previous notification was | Title: | | | | | |
| made on Form AA-1PN (if applicable): | Deputy Se | cretary | | | | |
| 14 SECRETARY OF AD | MINISTRATION | Signed by: | | | | |
| NK | (Secretary or designee signature | e) Nick Kramer | Date 20/2025 2: | | | |
| Approved: | | E710487A28FB404 | | | | |
| A CELON DV COVED | | | | | | |
| 15. ACTION BY GOVERN | NOR- | | | | | |
| Check One Box: Accepted | JUL - | | | | | |
| | (Governor's stenature) | | Date: | | | |
| Rejected | 6/25/25 | | | | | |
| | | | 10/Co/Co | | | |
| 16. DOCUMENTATION F | | | | | | |
| | Required C | GRANT Documentation | | | | |
| Request Memo | f applicable) | Grant (Project) Timeline (if applicable) | | | | |
| □ Dept. project approval (if applicable) □ Grant (Project) Timeline (if applicable) □ Request for Extension (if applicable) | | | | | | |
| Grant Agreement Form AA-1PN attached (if applicable) | | | | | | |
| Grant Budget | | | | | | |
| *) The term "one nt" refers to | | id Form AA-1 ny sum of money or thing of value to be accepted | by any aconor | | | |
| | | government (see 32 V.S.A. §5). | i by any agency, | | | |
| | | Ds 5/20/2025 | | | | |
| | | 1.30 | | | | |

PROPOSED BUDGET - SUMMARY OF ESTIMATED EXPENSES

Year 1 - 7/1/2025 - 6/30/2026

| Item | Amount |
|--|----------------------|
| Oral Health Epidemiologist/Evaluator Salary (1 FTE) | \$74,110.40 |
| Fringe | \$52,025.50 |
| Total Personnel: \$126,135.90 * | |
| Data collection system maintenance fee (annual) | \$10,000.00 |
| Compensation for individuals with lived experience ** | \$4,000.00 |
| Promotional materials (e.g., buttons, stickers, window clings) | \$575.78 |
| Direct costs | \$140, 711.68 |
| Indirect costs (estimated at 80% of Salary) | \$59,288.32 |
| TOTAL (Direct +Indirect costs) | \$200,000.00 |

*In case the Personnel line is lower than estimated, we suggest allocating \$18,000 for tablets or laptops to be distributed to 802 Smiles providers for record-keeping and data collection/ reporting.

**See detailed explanation for this expense on the next page; we may not be able to spend all \$4,000 on compensation for these individuals, in which case we will ask our funder for permission to reallocate the remaining funds for other purposes (e.g., supplies) before the project period is over.

A detailed description of the proposed expenses is on the next page.

| Description | Expected Impact/Outcomes |
|-------------------------------|--|
| Oral Health | A school-based dental program is an evidence-based |
| Epidemiologist/Evaluator | strategy to improve population oral health indicators. |
| (1 FTE) | Having a dedicated Epidemiologist/Evaluator and |
| () | Program Coordinator working closely together ensures |
| | evaluation capacity to track population-level outcomes |
| | and for continuous quality improvement. |
| Tablets or laptops for 802 | Each 802 Smiles provider will have a dedicated laptop |
| Smiles providers (for record- | or tablet for 802 Smiles record keeping and data |
| keeping and data collection/ | reporting, enhancing data security and eliminating |
| reporting | potential barriers to data reporting. |
| Data collection system | This is the annual fee for the Agency of Digital Services |
| maintenance | to maintain the 802 Smiles data system. |
| Compensation to support | Individuals with lived experience offer valuable insights |
| contributions from | that make programs more effective. Their input leads to |
| individuals with lived | solutions that meet community needs. Involving them |
| experience (\$20/hour) | builds trust and shows respect, while paying them |
| | values their time and knowledge. We will offer |
| | compensation for their contributions to our initiatives, |
| | as appropriate. |
| | Justification: <u>HS Policy Title: 2.02 Member</u> |
| | Compensation Policy, directed by Sec. 8 of Act 134 |
| | (2022), requires Departments within AHS to give a stinger day and reimburge |
| | stipend of no less than \$50 per day and reimburse expenses for individuals who are appointed by a state |
| | official to serve on an AHS board, commission, council, |
| | committee, task force, or other workgroup. |

DETAILED DESCRIPTION OF PROPOSED EXPENSES

A DELTA DENTAL°

April 10, 2025

Robin Miller, RDH, MPH Oral Health Director Vermont Agency of Human Services 280 State Drive Waterbury VT 05671

Dear Robin,

At its March meeting, the Delta Dental Plan of Vermont Board of Trustees approved a \$200,000 grant to support oral health initiatives through the Vermont Department of Health's Office of Oral Health. Enclosed please find a check in that amount. Please note, organizations are eligible for one award per calendar year. Should additional funding be desired in the future a new application will need to be submitted.

We're pleased to support this work and know we are helping to improve the oral health of all Vermonters through your efforts.

Please work with Erin Holt on any promotion of this grant. Erin can be reached at eholt@nedelta.com. Periodically, we may ask for updates in order to keep the board informed on the status of your program and grant.

Thank you for the work you do in the community!

Sincerely,

nufer Buger

Jennifer Beyer Senior Manager, Corporate Giving

Enclosure

cc: Laurie Bienefeld, Vice President, Finance, Northeast Delta Dental

Joe Errante, DDS, Vice President, Provider Network and Clinical Strategies, Northeast Delta Dental

Erin Holt, Director, Marketing & Communication, Northeast Delta Dental

Bill Lambrukos, Senior Vice President, Operations, Northeast Delta Dental

Tom Raffio, President & CEO, Northeast Delta Dental

Rachel Rivard, DMD, Chair, Professional Relations Advisory Committee, Delta Dental Plan of Vermont Board of Trustees

Brian Townsend, Chair, Delta Dental Plan of Vermont Board of Trustees

Northeast Delta Dental

Delta Dental Plan of New Hampshire One Delta Drive PO Box 2002 Concord, NH 03302-2002 Telephone: 603-223-1000 Fax: 603-223-1199 Delta Dental Plan of Maine 1022 Portland Road Suite Two Saco, ME 04072-9674 Telephone: 207-282-0404 Fax: 207-282-0505 Delta Dental Plan of Vermont 12 Bacon Street Suite B Burlington, VT 05401-6140 Telephone: 802-658-7839 Fax: 802-865-4430



