



# Pre-Approval Grant Request

Request # 05842167

## General Grant Information

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1. **Guilford county employee name:** Pamela Lough
2. **Guilford county employee email address:** plough@guilfordcountync.gov
3. **Name of grant:** Smiles for Kids
4. **Department name:** PUBLIC HEALTH
5. **Application due date:** 01/11/2026
6. **Name of the sponsor or funding agency:** Delta Dental Foundation
  
8. **What is the source of funding for this grant?:** Corporate Grant
9. **Will Guilford County be the prime recipient of grant funding or a subrecipient/contractor?:** Prime
10. **What is the period of performance (start and end date of the agreement)?:** 2/15/26-2/14/27
11. **When does the funder anticipate notifying grantees that their proposal was awarded or not awarded?:** Mid-February
12. **Does the application indicate renewal options are available?:** Renewal options are available, but we must apply and compete for them
13. **Funding Opportunity Description:** Continuation / Renewal (awarded previously and seeking to continue the grant)
14. **Does the grant application require any of the following?:** Organizational signatures, MOU(s)
15. **Please enter the web address (URL) for the grant application so that we may review the relevant materials.:**  
<https://deltadentalinc.com/giving-back/smiles-for-kids>
16. **Please upload a copy of the grant guidance / funding opportunity:** Delta Dental\_Smiles in the Classroom Grant Application\_2026\_Pardini.pdf, Smiles in the Classroom Budget 2026.pdf, 2025 GKS Reporting Form\_Pardini\_Smiles in the Classroom\_Guilford County.pdf
17. **Please list the name of the Guilford County employee serving as the primary point of contact for this grant application.:** Tara Pardini
18. **To your knowledge, has the Guilford County department seeking to apply for this grant received grant funding from this sponsor agency in the past? \*:** Yes
19. **Please briefly describe the purpose of the proposed program, service or activity to be supported by this grant funding.:** Our funding request would continue to support/build our oral health education program. Most importantly, it would allow us to provide all our kindergarten students with the tools (toothbrush, brushing timer, and fluoridated toothpaste) to be successful with brushing at home. Students being able to take home with them the supplies that we discuss using during our oral health education classes helps them to maintain the motivation/excitement built for oral health that we instill during our encounters. These oral health care packs are distributed by the school nurses. The school nurse reaches out to the school health dental hygienist when they have a student that they are case managing which falls into one or more of the above noted qualifiers. Last year we provided 250 first and third grade students with toothbrushes when their classes participated in our special oral health programing in February to celebrate Children's Dental Health month. These classes are provided in collaboration with the school nurses and priority is given to our Title 1 schools. While these classes were created to be fun and interactive, they also provide another opportunity for our students to learn and build on their oral health knowledge. I really enjoy these classes because many of the students in first grade remember me and what they learned about oral health from when they were in kindergarten. Moreover, teachers find value in these classes. We have already had two schools reach out to their



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school nurse to schedule their 1st grade and/or 3rd grade students.

20. Submission of this Notice of Intent to Submit a Grant has been reviewed by:: Department Director

21. If you selected "Other" in the question above, please list the person's name below. If you selected "None of the Above" please provide additional about your department's internal approval process below.: N/A

22. Will the proposal include a request for new or temporary positions?: No

25. If awarded, does implementing the grant require any of the following?: None of the above

26. If the grant requires match, what type of match is allowed?: No match required

28. Does this grant require reporting?: Yes

29. If applicable, please tell us the frequency and type of reporting that the grant requires.: End of year report must be submitted

30. How will the grant application be submitted?: Sponsor web-based Portal

31. Is this a collaborative proposal with other Guilford County departments?: No

33. Is this a collaborative proposal with any non-Guilford County entities?: No

35. Which of the following Board of Commissioners goals and key strategic actions does this grant align with?: Community Health & Vitality

## Finance Review Information

Is department able to satisfy reporting needs for SEFSA, if applicable?: N/A

Dept/County able to meet Internal control/closeout requirements?: Yes

Approved By Finance Department?: Yes

## Legal Review Information

Adequate timeframe for public notice/hearing requirements, if any?: N/A

Are the department and/or County able to satisfy conformance requirements of the award?: Yes

Is the applicant aware of and compliant with all standard certifications required?: NA

Approved by Legal Department?: Yes



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## Assistant County Manager Review Information

Assistant County Manager Approve/Deny Comments: Approve

Approved by Assistant County Manager?: Yes

## Attachments