



Pre-Approval Grant Request

Request # 05847541

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 26
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?:** Private Foundation
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)?:** 3/1/26 – 2/28/27
11. **When does the funder anticipate notifying grantees that their proposal was awarded or not awarded?:** 2/1/26
12. **Does the application indicate renewal options are available?:** No
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?utm_campaign=24916805-SFK%202026&utm_medium=email&_hsenc=p2ANqtz-8KVnYoc1XVnjwauZpdCCzUfK6iGqxQG37JYXBb6N2U6117d_hnsa1Dy8f7N9j7JYkyxFCoLLHKYyZxI0xNBqYdThJwpFw9MMLfS1voTifc&_hsmi=3843
16. **Please upload a copy of the grant guidance / funding opportunity:** Grant Guidance.pdf
17. **Please list the name of the Guilford County employee serving as the primary point of contact for this grant application.:** Dr. Cheneta Allen
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.:** The funds will be used to assist school-aged children who have emergency dental needs. These kids are designated as those who do not have dental insurance or cannot obtain dental insurance. Treatment will be limited to emergency exams, x-rays, composite or amalgam fillings, extractions, pulp therapy, crowns and space maintenance. As a result of funding, our School Health nurses will have a resource to guide parents to Guilford County's Dental Clinic. Overall, the child will feel better, eat better, sleep better, and be more productive at school.
20. **Submission of this Notice of Intent to Submit a Grant has been reviewed by::** Department Director
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



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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

36. Please feel free to upload any additional documentation you would like included in the review (if applicable).: Delta Dental 2026

Budget.pdf

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

Legal Department Approve/Deny Comments: N/A

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

Approved by Legal Department?: Yes

Assistant County Manager Review Information

Assistant County Manager Approve/Deny Comments: Victor Isler

Approved by Assistant County Manager?: Yes



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Attachments