

## GRANT AGREEMENT

This Grant Agreement (“Agreement”) is made as of 01-28-2025 (“the “Effective Date”), and entered by and between Delta Dental Fund dba Delta Dental Foundation, with its principal place of business at 4100 Okemos Road, Okemos, MI 48864 (hereinafter referred to as “Grantor”), and GUILFORD COUNTY ON BEHALF OF THE GUILFORD COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF PUBLIC HEALTH with its principal place of business at P.O. Box 3427, Greensboro, NC 27401 (hereinafter referred to as “Grantee”) (collectively the “Parties”).

WHEREAS, Grantee has submitted a proposal to Grantor received on 10-24-2024 (the “Proposal”) to request financial contribution towards funding the Smiles in the Classroom described therein (the “Project”); and

WHEREAS, Grantor agrees to make a grant to Grantee for \$5,000 as a financial contribution towards the Project, subject to the terms and conditions set forth herein (the “Grant”).

NOW, THEREFORE, the Parties agree to as follows:

1. **Scope of Project.** Grantee shall perform the Project as set forth in the Proposal, a copy which is provided as Attachment A, and which is incorporated by reference herein. Any variations in the Project or the use of Grant funds from that described in the Proposal requires the advance express written approval of Grantor.

2. **Project Period.** The Project has been approved for a period of 12 months beginning 02-01-2025 and ending 02-01-2026 (the “Project Period”).

Should Grantee desire to extend the duration of the Project Period, Grantee shall submit a written request to Grantor no later than sixty (60) days prior to the Project Period end date. If Grantor approves the extension, the Parties shall execute an amendment to this Agreement. An extension of the Project Period will not result in an increase in funding.

3. **Expenditures.** All expenditures of Grant funds by Grantee must be spent within the Project Period and must be consistent with the project budget as set forth in the Proposal (the “Project Budget”) and as approved by Grantor, a copy of which is attached hereto as Attachment B.

Any deviation from the Project Budget, such as under-spending or overspending Grant funds requires prior written approval of Grantor and may require an amendment to this Agreement, at the discretion of Grantor. Deviations from the Project Budget are not authorized retroactively.

4. **Records and Reports.** Grantee agrees to keep a record of all receipts and expenditures relating to this Grant and to provide Grantor with any requested interim reports in addition to a final written report summarizing the Project (“General Grant Report”) promptly, but no later than thirty (30) days following the end of the Project Period. A copy of the report is also available online at [www.deltadental.foundation/general-grant-requests](http://www.deltadental.foundation/general-grant-requests). Grantee report(s) should describe the progress in achieving the purposes of the Grant and include a detailed financial report and project status reports along with any other information reasonably requested by Grantor in a format acceptable to Grantor. If Grantee’s organization obtains any audited financial statements covering any part of the Project Period of this Grant, please provide a copy to Grantor as well. Grantee is

required to keep the financial records with respect to this Grant, along with copies of any reports submitted to Grantor, for at least four (4) years following the end of the Project Period.

5. **Disbursement Schedule.** Grantor will disburse Grant funds according to the following schedule. Some disbursement dates may be contingent on receipt and approval of financial and project status reports.

Amount	On or About
\$5,000	February 2025

Grantor, in its sole discretion, reserves the right to alter the above disbursement schedule at any time and to impose such conditions upon disbursements as it may, in its discretion, deem necessary.

6. **Grantor Right to Review and Evaluate.** Grantor shall have the right to review and conduct an evaluation of the Project funded by this Grant, which may include one or more visits from Grantor personnel to observe the Project, discuss the Project with Grantee’s personnel and review financial and other non-patient records and materials connected with the activities funded by this Grant. All financial and other non-patient records relating to the Project shall be made available at Grantee’s regular place of business for inspection by Grantor, or its designated representative, at reasonable times with advance written notice to Grantee. In the event Grantor finds non-compliance by Grantee related to the Project, at the discretion of Grantor, Grantee will be given an opportunity to correct any non-compliance issues. If Grantee fails to correct identified non-compliance issues within an agreed upon timeframe, Grantor may terminate this Agreement as set forth in Section 13 of this Agreement.

7. **Title to Property Acquired with Grant Funds.** Title to all tangible personal property, fixtures or equipment purchased with Grantor funds (“Grant Funded Property”), shall be vested in Grantee. However, Grantor shall have a purchase money security interest to the extent permitted by law in the Grant Funded Property until the General Grant Report has been accepted by Grantor. Grant Funded Property must be used for carrying out the Project as set forth in the Proposal.

8. **Intellectual Property.** Grantee owns any intellectual property it produces within the scope of this Grant. Grantee agrees that all original material produced pursuant to this Grant will be made available to Grantor under a perpetual, irrevocable, royalty-free, nonexclusive, worldwide license to Grantor. Grantee assumes the burden and expense of clearing all third-party rights associated with such material, including but not limited to copyrights, trademarks, and rights of privacy and publicity.

9. **Right to Return of Funds or Property.** Any Grantor funds not used by Grantee for the purposes of the Project as approved in the Project Budget remain the property of Grantor and shall be promptly returned to Grantor at the conclusion of the Project Period. Any Grantor funds misused by Grantee shall be repaid to Grantor. If Grantee fails to repay any portion of the Grant due, Grantor may take possession of the Grant Funded Property. Nothing contained in this paragraph shall limit or prevent Grantor from taking legal action to seek repayment of unexpended Grant funds or Grant funds which were not applied in accordance with the terms of this Agreement.

10. **Publicity.** Grantee agrees that Grantor may include information about the Grant award for the Project, including the name of the Grantee, a description of the Project and the amount of the Grant on Grantor's website and in reports, press releases, documents, presentations, studies, tax returns and other public disclosures. All materials, reports, press releases, documents, presentations, studies, etc., that are generated by the Grantee in connection with the Project shall need to be submitted to Grantor for review with a minimum of fifteen (15) business days prior to date of submission for publication and shall make reference to Delta Dental Foundation and include Grantor's name and logo as supplied by Grantor.

11. **Use of Project Results.** If Grantee desires to publish the results of this Project, Grantor shall have a minimum of fifteen (15) business days to review and comment upon the draft publication before submission for final publication. Grantor shall have a perpetual, irrevocable, royalty-free, nonexclusive, worldwide license to make, use, reproduce, distribute, display or make derivative works of all or any portion of the project results by any and all means and in any medium or format, now known or later developed.

12. **Releases.** Grantee agrees that he/she shall execute all of the necessary Authorization Waiver and Release form(s) provided by Grantor for any and all organizations or individuals whose images will be used as part of the Project.

13. **Termination.** Grantor may, in its sole discretion, immediately terminate this Agreement upon written notice to the Grantee. In the event this Agreement is terminated pursuant to this paragraph, Grantor shall have no obligation to make any contributions to the Grantee following the effective date of the termination.

14. **Compliance with Laws.** In carrying out the Project, Grantee will comply with all applicable laws, regulations and rules and will not infringe, misappropriate, or violate the intellectual property, privacy, or publicity rights of any third party.

15. **Indemnification.** To the maximum extent permitted by law, Grantee agrees to indemnify and hold Grantor and all of its officers, board members and employees harmless from and against all liability, damage or expense (including reasonable attorney's fees) which we may incur as a result of the Grantee's acts or omissions, or those of any of the Grantees employees, consultants, contractors or agents, in connection with the program or any breach by the Grantee of this Agreement.

16. **Authority and Validity.** Each individual executing this Agreement on behalf of Grantee warrants that he has full power and authority to execute this Agreement on behalf of such organization. Grantee further warrants that this Agreement constitutes the valid and binding obligation of Grantee, enforceable in accordance with its terms.

17. **Nondiscrimination.** Grantee affirms that Grantee will not discriminate on the basis of race, color, sex, religion, national origin, age, disability, sexual orientation, gender identity or veteran status either in its employment practices or in its policies and procedures concerning access to services.

18. **No Guarantee of Future Funding.** Allocation of this Grant does not imply any future funding commitment by Grantor.

19. **Entire Agreement.** This Grant Agreement and all attachments constitute the entire Agreement between the Parties regarding the Project and supersede all previous related understandings or written form and must be signed by an authorized representative of both Grantor and Grantee.

20. **Amendment.** Unless otherwise permitted herein, any alteration in the terms of this Agreement must be in written form and must be signed by an authorized representative of both Grantor and Grantee.

21. **Governing Law and Venue.** This Agreement shall be governed by and construed according to the laws of the State of North Carolina, without regard to its choice of law principles. The parties agree that venue and jurisdiction shall properly live in Guilford County, North Carolina or the Middle District of North Carolina.

22. **Assignment.** Grantee may not assign or delegate obligations under this Agreement, either in whole or in part, without Grantor's prior written consent.

23. **No Agency.** The Grantee is solely responsible for all activities supported by the Grant. Nothing in this Agreement creates a partnership, agency, joint venture, employment, or any other type of relationship. The Grantee shall not represent itself as an agent of Grantor for any purpose, and no authority to bind Grantor in any manner whatsoever.

24. **Survival.** Each party's obligations under Section 4. Records and Reports, Section 10. Publicity, Section 11. Use of Project Results, Section 12. Releases, and Section 15. Indemnification shall survive the expiration or termination of this Agreement and shall remain in full force and effect.

25. **Counterparts and Electronic Signatures.** Except as may be prohibited by applicable law or regulation, this Agreement and any amendment may be signed in counterparts, by facsimile, PDF, or other electronic means, each of which will be deemed an original and all of which when taken together will constitute one agreement.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement as of the day and year first written above.

**GUILFORD COUNTY ON BEHALF OF  
THE GUILFORD COUNTY DEPARTMENT  
OF HEALTH AND HUMAN SERVICES -  
DIVISION OF PUBLIC HEALTH**

**Delta Dental Fund dba Delta Dental Foundation**

\_\_\_\_\_  
Victor Isler  
Assistant Guilford County Manager  
Date: \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
Robin B. Keller  
Guilford County Clerk to Board  
Date: \_\_\_\_\_

\_\_\_\_\_  
Anita Ramachandran  
Guilford County Interim Department Director / Designee  
Date: \_\_\_\_\_

# Application: Smiles in the Classroom

Tara Pardini - tpardini@guilfordcountync.gov  
Smiles for Kids Grants Program

## Summary

ID: SFK-0490511645

## Smiles for Kids Grants Program Application

Completed - Oct 24 2024

## Smiles for Kids Application Form

## Smiles for Kids Grant Program

The DDF is a nonprofit, charitable organization established in 1980, which serves as the philanthropic arm of Delta Dental of Michigan, Ohio, Indiana, and North Carolina. Each year, the DDF provides financial support to various community organizations and programs which promote/provide oral health care for children through its Smiles for Kids grants program.

In considering Smiles for Kids grant requests, the DDF evaluates each application on its own merit. Careful consideration is given to each request, and requests are reviewed in terms of general eligibility and conformity with grant guidelines, funds available and the amount needed to achieve the desired results and program priorities. Also taken into consideration are: programs/activities in which the requesting organization is engaged; the number and type of constituencies served; services offered; accountability and fundraising practices; availability of other funding sources; and past successes.

***Recognizing the devastation caused by Hurricane Helene in western North Carolina, we have simplified the Smiles for Kids application for the 2025 funding year. If you have questions, or need help with your application, please contact us.***

**Organization Information**

Organization Name	Guilford County DHHS-Division of Public Health
Tax ID #	56-6000305
Street Address	1203 Maple St
City	Greensboro
State	North Carolina
Zip Code	27405
County or Counties Served	Guilford
Phone	336-641-7777
Email	<a href="mailto:tpardini@guilfordcountync.gov">tpardini@guilfordcountync.gov</a>

**Organization Primary Contact Information**

Pronouns	She/Her
First Name	Tara
Last Name	Pardini
Suffix	(No response)
Title	School Health Dental Hygienist
Mailing Address	1203 Maple St
City	Greensboro
State	North Carolina
Zip code	27405
Phone	336-314-1252
Email	<a href="mailto:tpardini@guilfordcountync.gov">tpardini@guilfordcountync.gov</a>

**Applicant Contact Information**

**Responses Selected:**

Same as Primary Contact

**Organization Type**

Select the option that best describes your organization:

**Responses Selected:**

Community health department

**Project Information**

**Program Title**

Smiles in the Classroom

**Priority Area(s)**

Select all that apply

**Responses Selected:**

Improving dental care with potential for reducing treatment costs

Promotions of the dental health of the public

Providing oral health education

Underserved population/groups

**Age Group(s) Served**

Select all that apply.

**Responses Selected:**

Children (up to 18)

**Population Served**

Select all that your program focuses on.

**Responses Selected:**

Minorities (African American, Native American, Hispanic, etc.)

Low-income / Low-socioeconomic class

Infants/children (includes Head Start, WIC, etc.)

**North Carolina County List**

Select all that will be impacted by this funding request

**Responses Selected:**

Guilford

**How many people do you anticipate will participate in this program?**

Estimate the number of lives your program will reach in all aspects of your organization (medical, behavioral, dental, etc.)

4200

**How many DENTAL patients do you anticipate will participate in this program?**

Estimate the number of dental patients your program will reach.

4200

**Total Cost of Program**

\$ 5,000.00

**Amount Requested**

\$ 5,000.00

**Is your organization providing any funding for this program?**

No

**Program Start Date:**

Aug 15 2023

**Program End Date:**

If ongoing, please leave blank:

(No response)

**Provide a brief description of the program for which funds are requested.**

Describe your funding request including the purpose and expected overall change your organization expects to see as a result.

Our funding request would help 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 would help them to maintain the motivation/excitement built for oral health that we instill during our encounters. This is a huge bonus for many of our students since according to the US. Census Bureau (2023), the median household income (in 2022 dollars) for our county (\$62,880.) is well below that of the nation's real median household income (\$74,580.). And in looking at how that might impact our students, over 71% of the elementary schools (47 of 66) within our district are Title 1 funded and the student poverty rate for the entire district (all grade levels) is 66.3%. (GCS, 2023). Having worked in a Medicaid based pediatric practice in Guilford County for almost ten years prior to taking on this role, I saw firsthand that many of our school aged children do not have toothbrushes at home and/or they might split their time between two homes and only have a toothbrush at one. This knowledge has only been reaffirmed over the past three years as I interact with our students. Therefore, our being able to provide these basic oral health tools to all our kindergarten students would have a significant impact.

Receiving these funds would also allow us the capabilities to continue providing oral health care packs (toothbrush, toothpaste) to some of our highest risk students (diabetic, pregnant, and/or housing insecure) in the upper grade levels. 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 45 of our highest risk older students oral health care packs. We were also able to provide 472 first and second grade students with toothbrushes when their classes participated in our special oral health programing during 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, and we have already had one school reach out to their school nurse to schedule their first-grade students.

**Describe follow-up activities or evaluation processes that are a part of this program.**

How do you plan to track or measure the effectiveness of your program/organization?

The program objective is to provide oral health education and dental screenings to all enrolled kindergarten students within Guilford County. There are 66 elementary schools within the county, with 4697 (at time of application) enrolled kindergarten students. However, student absenteeism, disenrollment, and reenrollment due to moving or changing schools needs to be accounted for. Considering these possible fluctuations at the end of the school year our goal will be to have screened 90% of all enrolled kindergarten students. All screenings performed are documented and recorded for each class and then each school. Classroom screenings are recorded on a specifically created Excel form and then those recordings are totaled creating a school screening total which is then entered into our SHAR report (department specific end of year reporting). Toothbrushes handed out are also included in the SHAR report. This documentation allows us the ability to gauge whether our screening goal has been achieved or not. Moreover, if awarded these funds, we would be able to account for every oral health kit distributed to a kindergartener at the time of their dental screening using this same documentation process. Toothbrushes provided to our 1st and 3rd grade students would also be documented in SCHAR. Oral health kits for older students in the previously noted high-risk groups would be documented and accounted for separately, so that at the end of the year we would know how many older students were impacted.

**How did you learn about this grant opportunity?**

I first learned of this grant opportunity when I started in this role as the School Health Dental Hygienist for Guilford County back in 2022.

**Are you a 2024 recipient of this grant?**

Yes

## Guilford County School Health Division- Smiles in the Classroom Budget Proposal 2025

Item	Count	Unit Price	Total Supply Quantity	Estimated Cost
<b>Student Oral Health Packets</b>				
<b>BRS33 Dolphin Youth Toothbrushes 500/case</b>	9	\$184.49/case	4,500	\$1,660.41
<b>DEN643 2 min Brushing Timer 1200/case</b>	4	\$525.49/case	4,800	\$2101.96
<b>BRS33 Smile Care Youth Toothbrushes 144/case</b>	3	\$50.49/case	432	\$151.47
<b>BRS308 Smile Care Adult Compact Toothbrushes 144/case</b>	3	\$77.49	432	\$232.47
<b>DEN662 Kids Crest Toothpaste 360/case</b>	6	\$135.99	2160	\$815.94
<b>Miscellaneous- this would cover price fluctuation, shipping, and/or additional above listed items, etc.</b>				\$37.75
			<b>Total Cost:</b>	<b>\$5,000.00</b>

**Note:** Items listed on this form will be purchased from Smile Makers and/or Quantum Labs.