Cover Page for NC Farmworker Health Program Funding

Track IV: Dental Services Support

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| --- |
| **Contractor Name (Agency)** Click or tap here to enter text. |
| **Contractor Tax ID#** Click or tap here to enter text. **Contractor UEI#** Click or tap here to enter text. |
| **Contractor Street Address** Click or tap here to enter text.  **City** Click or tap here to enter text. **State** Choose an item. **ZIP** Click or tap here to enter text. |
| **Contractor P.O. Address** *(if applicable)* Click or tap here to enter text. |
| **City** Click or tap here to enter text.  **State** Choose an item.  **ZIP** Click or tap here to enter text. |
| **Contractor Fax Number** Click or tap here to enter text. |
| **Contract Administrator’s Name** Click or tap here to enter text. **Title** Click or tap here to enter text. |
| **Contract Administrator’s Phone Number:**Click or tap here to enter text. **Email** Click or tap here to enter text.  To efficiently process your contract, if awarded funding, please include the name and email for the signatory and the name and email for the witness who will each sign the contract in DocuSign.  Please keep in mind that these two people listed will receive the contract separately to sign, meaning that one does not have to wait for the other to sign it.  Please make sure that the signatory is authorized by your organization to sign the final contract. |
| **Contractor Signatory’s Info - Name** Click or tap here to enter text. |
| **Title** Click or tap here to enter text. **Phone Number** Click or tap here to enter text. **Email** Click or tap here to enter text. |
| **Contractor Witness’s Info - Name** Click or tap here to enter text. |
| **Title** Click or tap here to enter text. **Phone Number** Click or tap here to enter text. **Email** Click or tap here to enter text. |

**Agency’s fiscal year** Choose an item. **through**  Choose an item.

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| --- | --- |
| **Contact person for this application** Click or tap here to enter text. | |
| **Phone:** Click or tap here to enter text. | **Email** Click or tap here to enter text. |
| **Select the type of agency from the drop-down menu**  Choose an item.  **If other, please describe** Click or tap here to enter text. | |

Application for NC Farmworker Health Program Funding

Track IV: Dental Services Support

1. **List the names, locations, and hours of operation of dental clinics where farmworkers and their families can receive services.**

Clinic 1

Name: Click or tap here to enter text.

Location: Click or tap here to enter text.

Hours of operation: Click or tap here to enter text.

Clinic 2

Name: Click or tap here to enter text.

Location: Click or tap here to enter text.

Hours of operation: Click or tap here to enter text.

Clinic 3

Name: Click or tap here to enter text.

Location: Click or tap here to enter text.

Hours of operation: Click or tap here to enter text.

Clinic 4

Name: Click or tap here to enter text.

Location: Click or tap here to enter text.

Hours of operation: Click or tap here to enter text.

Clinic 5

Name: Click or tap here to enter text.

Location: Click or tap here to enter text.

Hours of operation: Click or tap here to enter text.

1. **Briefly describe your agency’s proposed approach to providing dental services, including how this approach enhances access to quality services for farmworker patients of NCFHP Service Delivery Sites.** *(limit 200 words)*

Click or tap here to enter text.

1. **List the NCFHP Farmworker Health Service Delivery Sites your agency proposes to partner with to provide these services.**

Click or tap here to enter text.

1. **How many dental encounters do you propose to provide for the budget year 2023-2024?**

Click or tap here to enter text.

1. **How does your agency ensure that language is not a barrier to care for farmworker patients?** *(limit 100 words)* Click or tap here to enter text.