Cover Page for NC Farmworker Health Program Funding

Track IV: Dental Services Support

|  |
| --- |
| **Contractor Name (Agency)** Click or tap here to enter text. |
| **Contractor Tax ID#** Click or tap here to enter text. **Contractor DUNS#** 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. |
| **Contractor Signatory’s Info** *(if different from Contract Administrator)* **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.

|  |
| --- |
| **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. **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 2022-2023**

Click or tap here to enter text.

1. **How does your agency ensure that language is not a barrier to care for patients?** *(limit 100 words)*

Click or tap here to enter text.