



Ohio Department of Health
246 North High Street
Columbus, OH 43215

Ohio Department of Health and Bureau of Health Workforce
Ohio Free Clinic Dentist Loan Repayment Program Funding Application (“Application”)

The Ohio Department of Health (“ODH”) is pleased to announce a funding opportunity for student loan repayment, available to all active Ohio dentists, as defined in Ohio Revised Code (“O.R.C.”) Chapter 4715, who volunteer for or are employed by an Ohio Free Clinic.

Pursuant to a Notice of Award issued by the Health Resources and Services Administration and its program titled Grants to Support Oral Health Workforce Activities, up to \$17,500 shall be awarded by ODH by August 31, 2020 to eligible dentists for certain patient care through the Ohio Free Clinic Dentist Loan Repayment Program.

Eligible dentists must volunteer or be employed by an Ohio Free Clinic, as defined in O.R.C. 3701.071. The rate of reimbursement will be calculated based on the dentist’s employment status with the Free Clinic, as volunteer or paid staff; and for volunteers, the amount of time volunteered over a 12-month period. The 12-month service period start date must have occurred after September 1, 2018. Twelve-month service period must be completed by July 24, 2020, unless prior written approval has been granted by ODH.

Eligible volunteer dentists must provide dental services in an Ohio Free Clinic without financial compensation. In order to be eligible for any funding amount under this program, volunteer dentists must provide direct patient care at least 40 hours over a 12-month period. Payment upon completion of service shall vary based on the number of volunteer clinical hours completed. Annual hourly requirements and funding amounts for volunteers are defined in the table below:

Hours Per 12-Month Period	Loan Repayment
40-79	Up to \$2,500
80-119	Up to \$5,000
120-159	Up to \$7,500
160+	Up to \$10,000

Eligible staff dentists must provide dental services in an Ohio Free Clinic as an employee or contractor (paid financial compensation) on a part-time basis. In order to be eligible for any funding amount under this program, staff dentists must provide direct patient care between 8 and 19 hours per week over a 12-month period. Payment of up to \$5,000 shall be provided upon completion of service. Staff dentists working 20 or more hours per week are not eligible for this program but may be eligible for other loan repayment programs coordinated by ODH.

Funding awards must be applied to unpaid government or commercial loans for dental school tuition, reasonable education expenses and reasonable living expenses, segregated from all other debts. Original loan documents are required if loans were consolidated.

Dentists interested in pursuing this funding shall consider this Application’s prerequisites below and provide the requested information to apply for these funds. Funds will be awarded on a rolling basis and may be depleted before the Application’s deadline. The program web page will be updated when annual funding is exhausted.

Application Prerequisites

- a. Applicant must be an active Ohio dentist, as defined in O.R.C. Chapter 4715 practicing in an Ohio Free Clinic as defined in O.R.C. 3701.071.
- b. Applicant must be an eligible volunteer dentist or part-time staff dentist as set forth herein.
- c. Applications must be signed and emailed to Star.Sawicki@odh.ohio.gov by July 24, 2020. Any extension must have prior approval from ODH.
- d. Fully executed Applications shall serve as funding agreements between the parties, ODH and the Applicant. The following terms and conditions shall apply to any awarded funds.

- e. If awarded, applicants will be required to submit a Payment Verification form and updated student loan balance statements which reflect the award being applied to qualifying student loans within 45 days of receipt of payment. Such documentation shall be emailed to Star.Sawicki@odh.ohio.gov.
- f. Applicants who have an outstanding contractual obligation for health professional service to the Federal Government (e.g., an active military obligation), a State (e.g., Loan Repayment, Scholarship) or other entity may be ineligible to participate in this loan repayment program.
- g. Applicants who have defaulted on a federal or state obligation including state or federal loan repayment programs or student loan obligations may be ineligible.
- h. Questions regarding this funding opportunity shall be forwarded to Star.Sawicki@odh.ohio.gov.

TERMS AND CONDITIONS

Term. A fully executed Application shall serve as the funding agreement between ODH and the Applicant. The funding agreement will become effective upon execution by both parties and shall remain in effect until the parties' obligations are complete, or this Application is otherwise terminated by ODH.

Executive Order 2020-01D. To protect the well-being of the citizens of Ohio from the effects of COVID-19, Ohio Governor Mike DeWine has issued Executive Order 2020-01D ("Executive Order") declaring a state of emergency, effective as of March 9, 2020. The Applicant understands and agrees this Application is subject to the Executive Order, all other relevant orders from the Governor or a state agency, and federal orders which may be issued in connection with COVID-19.

Compliance with Federal and State Laws, Rules and Regulations. The parties agree to comply with all federal and state laws, rules, regulations and auditing standards that are applicable to the performance of this Application.

Applicable Law; Disputes; Partial Invalidity. This Application shall be governed by the laws of the State of Ohio, and the venue for any disputes will be exclusively with the appropriate court in Franklin County, Ohio.

Unresolved Finding for Recovery and Debarment. Applicant warrants that it is not debarred from consideration for contract awards by any governmental agency and it is not subject to an unresolved finding for recovery pursuant to Section 9.24 of the Ohio Revised Code. Applicant agrees that if this representation is deemed to be false, this Application shall be void *ab initio* and the Applicant shall immediately repay any funds paid under this Application, or an action for *recovery* may be immediately commenced by ODH for recovery of said funds.

Liability Requirements. Each party agrees, to the extent permissible by law, to be responsible for any liability, suits, losses, judgements, damages, or other demands brought as a result of their own respective negligent actions or omissions in the performance of this Application.

Non-Appropriation and OBM Certification. Notwithstanding any other terms of this Application, ODH's funds are contingent upon the availability of lawful appropriations by the Ohio General Assembly and/or other contract funding source. If the General Assembly or other contract funding source fails at any time to continue funding for the payments or any other obligations due by ODH under this Application, ODH will be released from its obligations on the date funding expires. Any obligations of ODH are subject to Section 126.07 of the Ohio Revised Code.

Entirety of Agreement. All terms and conditions of this Application are embodied herein. No other terms and conditions will be considered a part of this Application unless expressly agreed upon in writing and signed by both parties.

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Applicant Student Loan Information

This program pays for the educational costs of dental school only. If dental school loans have been consolidated with undergraduate or other loans, a determination will be made of the proportion of the consolidation loan that will be paid for a successful applicant. Only institutional or government loans are eligible for repayment, including Stafford, Perkins, and others. Loans from individuals are not eligible.

Directions: Please list all dental school loans for which you currently have an outstanding balance and are requesting to be paid by this program. For each loan listed in the table below, attach a copy of the loan agreement and a current statement from the lender showing the balance.

AWARD YEAR	DISBURSEMENT DATE	LOAN HOLDER/SERVICER	ORIGINAL LOAN AMOUNT	CURRENT BALANCE	DATE OF BALANCE
		TOTALS			

Have you consolidated your loans *for undergraduate costs* with dental school loans? Yes No

If Yes, attach a copy of the loan documents which reflect the new consolidated loan.

Have you consolidated your loans *with another person*? Yes No

If Yes, with whom? _____

Attach copies of the loan documents from both parties which reflect the new consolidated loan.

Are any parts of the loan(s) listed above being paid by another organization? Yes No

If Yes, specify the amount being paid for applicable loans, the name of the organization and the terms, including any obligation by the applicant.

Amount _____ Payer _____

Terms _____

Attach printed copies from the National Student Loan Data System (NSLDS) for all loans. National Student Loan Data System (NSLDS) can be accessed at https://nslds.ed.gov/nslds/nslds_SA/. The NSLDS is the U.S. Department of Education's central database for student aid. To retrieve your loan information, follow the steps below:

- Log into the NSLDS site (create Free Application For Student Aid ID, in needed)
- Print loan summary Page
- Click on the loan number of each loan and print the loan and print details specific to that loan
- Include the information for all loans with your Loan Repayment Application

Other Obligations

Note: Applicants who have an outstanding contractual obligation for health professional service to the Federal Government (e.g., an active military obligation), a State (e.g., Loan Repayment, Scholarship), or other entity may be ineligible to participate in this loan repayment program. Be aware that certain clauses in employment contracts may impose a service obligation.

Do you have an existing service obligation? Yes No

If yes, please complete the following:

Name/Description of obligation _____

Contact person: _____ Telephone: _____ Completion date: _____

Terms of obligation: _____

Are you in default on this obligation? Yes No

Signatures of Both Parties

Signature: _____

Date: _____

Applicant/Dentist

Signature: _____

Date: _____

Amy Acton, MD, MPH, Director of Health