



**Advancing Oral Health Equity  
in California  
2027-2030**

**Local Oral Health Program  
Appendix 1 - Guidelines for Grant Application**

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**ATTACHMENTS**

**I. REQUIRED DOCUMENTS**

Exhibit A: Scope of Work

Document A: Application Checklist

Document B: Grantee Information Form

Document C: Narrative Summary Form

Document D: CDPH 9083 Governmental Payee Form

Document E: Detailed Budget and Budget Justification (Template)

Document F: Letter of Intent

**II. SUPPORTING APPENDICES**

Appendix 1 – Guidelines for Grant Application (this document)

Appendix 2 – Local Oral Health Program Funding Table

Appendix 3 – Detailed Budget and Justification Instructions

Appendix 4 – Schedule of LOHP Deliverables

## Local Oral Health Program Guidelines

### I. INTRODUCTION

#### A. Background

The Office of Oral Health (OOH), established in July 2014, works to improve oral health for all Californians through prevention, education, and community engagement. Under the leadership of the State Dental Director, OOH provides strategic guidance to partners statewide, strengthens workforce capacity and infrastructure, and implements evidence-based practices to prevent oral disease.

To build capacity and address the burden of oral disease, initial efforts focused on three foundational steps:

- [Oral Disease Burden and Prevention \(2017\)](#)\*: A comprehensive overview of California's oral health status, disparities, risk factors, and dental services.
- [California Oral Health Plan \(2018–2028\)](#)\*: A roadmap outlining priorities, goals, and recommendations to reduce disease burden, expand access for high-risk populations, and improve oral health statewide.
- [California Oral Health Surveillance Plan \(2019-2023\)](#)\*: Establishes the state's first oral health surveillance system, aligned with Healthy People 2030 objectives. Key activities include the [California Third Grade Smile Survey \(2018-2019\)](#)\*, which provides critical data on children's oral health.

*\* These documents are updated periodically to reflect new information and data.*

The OOH also successfully established the [California Partnership for Oral Health \(CPOH\)](#), a collaborative network of individuals and organizations united by a public health approach to improving oral health statewide. CPOH works collectively to advance shared goals: promoting oral health and reducing the burden of oral and dental diseases across California.

As the driving force behind the implementation and evaluation of the California Oral Health Plan, CPOH also serves as a communication hub for partner organizations. Through this role, it ensures that strategies are practical, responsive to the diverse needs and priorities of communities, and designed to deliver high-impact results. Ultimately, CPOH strives to achieve oral health equity for all Californians.

In November 2016, California voters approved Proposition 56—the California Healthcare, Research and Prevention Tobacco Tax Act—which increased the state cigarette tax by \$2 per pack and applied an equivalent tax to other tobacco products.

The annual State Budget, along with statutory authority under California Health and Safety Code Sections [104750-104765](#), [104770-104825](#), [104865](#) & [131085](#), and the Revenue and Taxation Code Sections [30130.50-30130.58](#) (Proposition 56) provide OOH with the legislative authority to build capacity and infrastructure for evidence-based oral disease prevention programs. Under the leadership of the State Dental Director, OOH works to reduce oral disease burden, expand access to care for high-risk populations, and improve oral health outcomes for all Californians.

### **B. Organizations Eligible for Funding**

Eligible applicants include only currently funded city or county health departments, county offices of education, or other public nonprofit organizations approved by the OOH.

If the existing grantee declines funding through the Letter of Intent (Document F), OOH may solicit program proposals from other organizations approved by the California Department of Public Health (CDPH) and contract directly with those organizations to sustain an active oral health program in every county in California.

### **C. Consortium Agreements**

Local Oral Health Programs (LOHPs) may form consortiums in which the lead organization collaborates with one or more approved organizations in carrying out the grant-supported objectives and activities.

If one or more Local Health Jurisdictions (LHJs) or organizations have agreed to establish a consortium, please include this information in Document F, Letter of Intent.

In a consortium, the lead organization will apply and receive the funding even though one or more organizations other than the primary organization may carry out portions of the planned programmatic activities. The lead organization must accept responsibility for delivering services outside their jurisdiction, including providing appropriate oversight of all programmatic, financial, and administrative aspects of the grant.

A copy of the signed, executed consortium agreement or memorandum of understanding between the organizations must be submitted to the OOH before the grant is executed.

### D. Purpose

The purpose of this Request for Application (RFA) is to maintain and sustain capacity at the local level to educate about oral health, prevent dental disease, and provide linkages to treatment programs, including dental disease caused by the use of cigarettes and other tobacco products. Grantees shall maintain existing oral health programs by focusing on the following areas: School-Based Linkages, Medical-Dental Integration, Concentric Circles of Care, Community Water Fluoridation, or other identified oral health priorities. These areas will enhance the oral health of Californians by funding initiatives that address identified needs and prioritize underserved communities and populations.

### E. Key Application Deadlines

<b>SCHEDULE OF 2027-2030 LOHP GRANTS</b>	
<b>Activity</b>	<b>Action Date</b>
Release Grant RFA	April 1, 2026
Informational Webinars/Office Hours	April 23, 2026, 10:00am – 11:30am May 6, 2026, 1:00pm – 2:30pm
Letter of Intent	May 1, 2026
Grant Applications Due	July 1, 2026, by 5:00pm
CDPH Grant Application Review	June - August 2026
Grant Recipients Announced	September 1, 2026
Grants Approved for Applicant Organization Signature	January 2027
Anticipated Grant Term Start Date	July 1, 2027, or upon execution of grant agreement
Grant Term End Date	June 30, 2030

### F. Local Oral Health Program Term

The term for the grant is July 1, 2027 to June 30, 2030.

## G. Available Funding

Funding amounts have been determined using a base award amount as well as the estimated low-income population based on the U.S. Census Bureau, 2023 American Community Survey 5-Year Estimates, which can be found at: [2019-2023 ACS 5-year Estimates \(census.gov\)](https://www.census.gov/data/tables/time-series/demo/household-income-poverty/2019-2023-acs-5-year-estimates.html). The maximum annual funding amount for each LOHP is shown in Appendix 2, Local Oral Health Program Funding Table.

Funding Formula:

- Each Jurisdiction receives a base award of \$70,000 (50% reduction from prior cycles).
- Additional funding is calculated based on the jurisdiction's share of California's people in poverty. (*Proportion of state population living in poverty that is in the jurisdiction* × \$4,730,000)

These projected allocations are based on the following assumptions:

- The Fiscal Year 2027–2030 OOH budget aligns with current projections.
- All funded organizations accept the funds allocated to them. If any organization declines funding, OOH may solicit program proposals from other organizations.
- All funded organizations that accept funds will provide timely and adequate documentation as required for contracting purposes.

These funds may not be used to supplant existing oral health efforts funded by other local, state, federal, private, or other funding sources.

## II. GRANT APPLICATION INSTRUCTIONS

### Exhibit A - Scope of Work

The Scope of Work outlines key priorities co-developed with the California Partnership for Oral Health (CPOH). These priorities include:

- **School-Based Linkages** - Strengthening oral health promotion and preventive services in early education and school settings.
- **Medical-Dental Integration** - Elevating the connection between oral health and overall health to improve oral health outcomes for priority populations.
- **Concentric Circles of Care** - Promoting and expanding innovative community-based prevention and minimally invasive dental procedures.
- **Community Water Fluoridation** - Sustaining and promoting water fluoridation efforts to improve community oral health.
- **Other Oral Health Priority** aligned with the California Oral Health Plan (2018-2028) and informed by community needs

The Scope of Work may include but are not limited to activities such as convening, coordination, and collaboration to support planning, disease prevention, surveillance, education, and linkage to treatment programs. Grantees will maintain regular reporting to demonstrate progress towards implementing grant activities and achieving objectives.

Based on this information, please indicate which of the objectives and activities your LOHP will implement by placing an "X" in the appropriate check boxes. Grantees have flexibility to select any number of objectives and activities and are not bound to select every option provided. **At least one objective and associated task must be selected.** LOHPs may also propose additional tasks/activities by inserting them in the Scope of Work and marking them accordingly. LOHPs are encouraged to select objectives and activities that are appropriately aligned and realistically achievable given the amount of resources provided.

At a later stage, during grant agreement development, each LOHP will collaborate with OOH to co-develop a detailed Work Plan. This plan will outline steps for implementing tasks/activities, deliverables to demonstrate progress, and an implementation and deliverable submission timeline.

### Document A - Application Checklist

The Application Checklist will serve as the cover sheet for the grant application. Use the Checklist to ensure all required components are submitted. The Checklist must be completed in its entirety.

**Document B - Grantee Information Form**

The Grantee Information Form will provide CDPH OOH with the organization, grant signatory, project lead, and annual funding information. This form must be completed in its entirety.

**Document C - Narrative Summary Form**

Prepare a Narrative Summary. See Document C for detailed instructions.

**Document D - Government Agency Taxpayer ID Form/STD 204**

Government Agency Taxpayer ID Form required to be completed by government agencies while the STD 204 form is required to be completed by nonprofit organizations. Only one of the forms is required. See Document D for instructions.

**Document E - Detailed Budget and Budget Justification**

The Detailed Budget and Budget Justification will serve as the LOHP's funding expenditure plan.

- The Detailed Budget will outline the funds required to complete grant activities, achieve grant objectives, and demonstrate progress toward achieving reporting/tracking measures during the grant term.
- The Budget Justification provides a narrative explanation for each budget line item, detailing why the funds are needed and how they will be used to accomplish the grant activities and meet the objectives in your Work Plan.
- Please follow the instructions in Appendix 3: Detailed Budget and Budget Justification Instructions and use Document E: Detailed Budget and Justification Template to prepare and submit your Detailed Budget and Budget Justification.

**Document F - Letter of Intent**

Submit a mandatory Letter of Intent confirming intent to apply for available LOHP funds.