



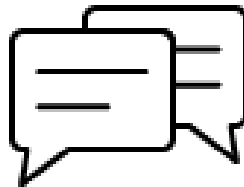
ADVANCING ORAL HEALTH EQUITY IN CALIFORNIA 2027-2030

Office Hours
April 23 and May 6, 2026



Housekeeping Reminders

- Today's session is being recorded
- Please mute your phones
- Use the chat and/or raise hand features to ask questions
- There will be designated time for questions at the end
- Q&As will be compiled and shared following the meeting



Reference Materials: Appendices 1-4

- Guidelines 2027-2030 (Appendix 1)
- LOHP RFA Funding Table (Appendix 2)
- Detailed Budget and Justification Instructions (Appendix 3)
 - Note: currently undergoing revisions to simplify and reduce administrative burden. Will be reposted once changes approved by CDPH Contracts and Audit teams.
- Schedule of LOHP Deliverables (Appendix 4)

*All RFA materials can be accessed at: [Advancing Oral Health Equity in California 2027-2030 | California Oral Health Technical Assistance Center](#)

Letter of Intent Document F

- Letter of Intent is **mandatory**
- Due by **May 1, 2026**, to OfficeofOralHealth@cdph.ca.gov
- Provides the following information:
 - Intent to apply for funding
 - Intent to form a consortium
 - Estimated time needed for board approval
 - Contact information of key representatives

Please select one response:

Yes. We intend to apply for the funds from the California Department of Public Health, Office of Oral Health (CDPH/OOH), to continue to implement the Local Oral Health Program for our Local Health Jurisdiction (LHJ).	<input type="checkbox"/>
Yes. We intend to apply for funding from CDPH/OOH to implement the Local Oral Health Program and will likely pursue a consortium.	<input type="checkbox"/>
If selected, please include the following information: <ul style="list-style-type: none">• Organizations involved: Click here to enter text.• Lead LHJ or Organization: Click here to enter text.• Jurisdictions covered: Click here to enter text.	<input type="checkbox"/>
No. We do not intend to apply for this grant opportunity.	<input type="checkbox"/>

Please complete the field below:

	Weeks	Months
How much time is needed for board approval?		

Application Documents

- Application Checklist (Document A)
- Exhibit A – Scope of Work
- Narrative Summary Form (Document C)
- Grantee Information Form (Document B)
- Form CDPH 9083 or STD 204 (Document D)
- Budget and Budget Justification (Document E)*

*Note: currently undergoing revisions to simplify and reduce administrative burden. Will be reposted once changes approved.

Application Checklist

Document A

- Serves as application cover sheet
- Submit checklist, all application materials to OfficeofOralHealth@cdph.ca.gov by 5:00pm on Monday, June 1, 2026
- Incomplete applications will be returned with request to submit missing documents

Scope of Work

Exhibit A

- Framing nomenclature: Objective --> Task --> Activity
 - **Select at least one objective**
 - **Select at least one task**
 - If you'd like to work on a **task** that is not listed, please write in by adding an additional row in the table
 - **Select at least one activity** under the corresponding task
 - If you'd like to work on an **activity** that is not listed, please write in even if there is no "insert other proposed activity" spot listed
- LOHPs may select multiple objectives, tasks, and activities
- Ensure alignment with community needs
- Opportunity to propose your work during this grant cycle by inserting them into the Scope of Work where indicated
- Select objectives, tasks, and activities that are realistic and achievable given funding available

Scope of Work Exhibit A

Select at least ONE at this level

Select at least ONE at this level

Select at least ONE at this level

- Please indicate what you plan to do during the grant cycle
- Place an “X” in the check boxes to indicate at least one objective, at least one task and at least one activity that your LOHP plans to implement
- You are also able to write in what you plan to work on at the OBJECTIVE, TASK or ACTIVITY level even if there is no "insert other proposed activity" spot listed

Objectives	Tasks/Activities
<input type="checkbox"/> 1. School-based Linkages Strengthen oral health promotion and preventive services in early education and school settings.	<input type="checkbox"/> 1.1 Promote the Kindergarten Oral Health Assessment (KOHA) <ul style="list-style-type: none"> <input type="checkbox"/> 1.1.A Assist and/or coordinate school-based screenings <input type="checkbox"/> 1.1.B Collaborate with school districts/County Offices of Education to comply with KOHA requirements <input type="checkbox"/> 1.1.C <i>Insert other proposed activity</i>
	<input type="checkbox"/> 1.2 Promote fluoride varnish and/or sealant programs in schools <ul style="list-style-type: none"> <input type="checkbox"/> 1.2.A <i>Insert other proposed activity</i>
	<input type="checkbox"/> 1.3 Engage early childcare and/or HeadStart centers (as applicable) to promote: <ul style="list-style-type: none"> <input type="checkbox"/> 1.3.A Daily classroom toothbrushing (Brush in a Box Toolkit) <input type="checkbox"/> 1.3.B Rethink Your Drink <input type="checkbox"/> 1.3.C <i>Insert other proposed activity</i>
	<input type="checkbox"/> 1.4 Promote care coordination and referral management in educational settings, including referrals for urgent dental needs, follow-up visits, and connecting children to dental homes - taking care to do so in coordination with the dental delivery system where similar efforts may be occurring (i.e., Medi-Cal Dental, Medi-Cal Managed Care Plans, Dental Managed Care Plans, etc.)
	<input type="checkbox"/> 1.5 Implement additional activities to strengthen school-based programs <ul style="list-style-type: none"> <input type="checkbox"/> 1.5.A Provide oral health education in early education and school settings <input type="checkbox"/> 1.5.B <i>Insert other proposed activity</i>

Narrative Summary Form Document C

- Supports selected objectives and activities in Exhibit A, Scope of Work by describing:
 - Status based on needs assessment
 - Accomplishments in 2022-2027 grant cycle
 - Plans to measure impact in 2027-2030 grant cycle
 - Potential challenges, strategies for overcoming
- Use these formatting guidelines:
 - Up to 3 pages, single-spaced
 - 12-point Arial font
 - 1-inch margins

Narrative Summary Form Document C

Narrative Summary Guidelines

Prepare a Narrative Summary for your Local Oral Health Program (LOHP) that addresses the following elements:

1. Current Status

Provide an overview of your county or jurisdiction, including:

- a. Updated Oral Health Needs Assessment summary
- b. Identified priority populations
- c. Demographics
- d. Geographic characteristics

2. Program Accomplishments

Summarize LOHP achievements during the 2022–2027 grant cycle.

Narrative Summary Form Document C

3. Future Vision

Share your vision for the LOHP during the next grant cycle (2027–2030):

- a. What objectives and activities do you plan to focus on from Exhibit A?
- b. How do the objectives and activities align with the information provided in Section 1 – Current Status? Share the reasons behind your selection.
- c. How will you measure impact for the selected objectives and activities?

4. Challenges and Strategies

Identify anticipated challenges and potential strategies for the next three years.

Formatting Guidelines:

- Up to 3 pages, single-spaced
- Arial Font: 12 pt
- Margins: 1 inch on all sides
- Use the Narrative Summary Form below to complete this requirement
- Save your document using the following format:
County/OrganizationName_Doc C Narrative Summary

Grantee Information Form Document B

- Identifies applicant organization and contact information
- Includes annual funding amount found in Appendix 2, Local Oral Health Program Funding Table

CDPH 9083

or

STD 204

Document D

- Complete only one (1) of two (2) forms:
 - CDPH 9083 – for all government agencies (applies to most LOHPs)
- OR**
- STD 204 – for nonprofit organizations
-
- If organization has both designations, only one may be applied

Detailed Budget and Justification Document E

- Budget template
- Shall not exceed annual allocation
- Reference Appendix 3*, Detailed Budget and Budget Justification Instructions
- Line-item justifications must include:
 - Brief description of proposed goods/services
 - Calculations for determining amounts
 - Clear alignment with selected objectives and activities in Exhibit A

*Note: The Office of Oral Health aims to minimize administrative burden, particularly given the reduced funding. Lengthy or highly detailed budget justifications are not required. Our goal is to streamline the process. **Amendments to Appendix 3 to further reduce administrative burden are currently pending approval from CDPH Contracts and Audit teams.**

Detailed Budget and Justification Document E

	A	B	C	D	E	F
1	<u>General Information</u>					
2						
3	Grant Number		TBD			
4	Grantee Name					
5	Approved Three-Year Budget					
6	LOHP Fiscal Contact Name					
7	LOHP Fiscal Contact Email					
8						
9	Date budget last approved		TBD			
10						
11	Detailed budget overview - pulled from the detailed budget tab					
12	Year 1 – FY 27/28					\$0.00
13	Year 2 – FY 28/29					\$0.00
14	Year 3 – FY 29/30					\$0.00
15	TOTAL*					\$0.00
16	*This total should match the three-year budget amount in cell C5 above. If it does not, it will turn red.					
17						
18						
19						

Enter annual amount from Appendix 2, LOHP Funding Table, multiplied by three (3)

Detailed Budget and Justification Document E

	A	B	C	D	E	F	G
1	Detailed Budget						
2							
3		Budget Category	Year 1 FY 27/28	Year 2 FY 28/29	Year 3 FY 29/30	Total	
4		Total Personnel	\$0.00	\$0.00	\$0.00	\$0.00	
5		Total Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00	
6		Total Operating Expenses	\$0.00	\$0.00	\$0.00	\$0.00	
7		Total Equipment	\$0.00	\$0.00	\$0.00	\$0.00	
8		Total Travel	\$0.00	\$0.00	\$0.00	\$0.00	
9		Total Subgrants/Consultants	\$0.00	\$0.00	\$0.00	\$0.00	
10		Total Other Costs	\$0.00	\$0.00	\$0.00	\$0.00	
11		Total Indirect Costs	\$0.00	\$0.00	\$0.00	\$0.00	
12		Total Project Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13							
14	Personnel						
15	Personnel costs paid to grant recipient employees for work directly related to the Work Plan. A Project Lead must be designated for oversight and evaluation activities. No personnel should be budgeted at less than 10% FTE; this would be an indirect cost unless approved by OOH.						
16							
17	This table will populate automatically from Personnel tab.						
18		Item of expenditure	Year 1 FY 27/28	Year 2 FY 28/29	Year 3 FY 29/30	Total	Justification required
19		Total Personnel Costs	\$0.00	\$0.00	\$0.00	\$0.00	Refer to Personnel tab for more detail.
20		Total Personnel	\$0.00	\$0.00	\$0.00	\$0.00	
21							
22	Fringe Benefits						
23	Fringe benefits may not include employee leave, employee vacation or sick leave accruals earned outside the allocation term, and worker's compensation claims. All fringe benefits included in the proposed percentages must be listed in the justification below.						
24							
25	This table will populate automatically from Personnel tab. Complete justification for fringe benefits.						
26		Item of expenditure	Year 1 FY 27/28	Year 2 FY 28/29	Year 3 FY 29/30	Total	Justification required
27		Fringe Benefits (%)				n/a	
28		Total Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00	
29							
30	Operating Expenses						
31	Operating expenses include costs associated with completing the activities in the Work Plan such as office expenses/supplies, communications, postage, printing, equipment lease/rental, etc.						
32							
33		Item of expenditure	Year 1 FY 27/28	Year 2 FY 28/29	Year 3 FY 29/30	Total	Justification required
34							
35							

Detailed Budget and Justification

Document E



Appendix 3
Highlights

- **Personnel**
 - Project lead must be identified
 - <10% FTE = indirect expense*
 - *Currently evaluating if this can be included in personnel
- **Equipment**
 - Minor equipment = operating expense
 - New CDPH equipment forms
- **Travel**
 - FYI: CDPH plans to host one OOH-sponsored, in-person event annually; we defer to applicants if you'd like to budget for this
 - Out-of-state travel restrictions

Detailed Budget and Justification

Document E



Appendix 3
Highlights

- **Subgrantees/Consultants**
 - Specialized task directly related to Work Plan
 - No duplication of skills or efforts
 - Must be government entity or nonprofit
 - Submit agreements to OOH for preapproval
- **Behavior Modification Materials**
 - Prohibited items include:
 - Cash
 - Food/refreshments
 - Gift cards that can be used to purchase tobacco, alcohol, or cannabis products

Detailed Budget and Justification

Document E



Appendix 3
Highlights

- **Media**
 - All materials developed for dissemination must include funding attribution and be approved by OOH
- **Indirect Cost Rates (ICR)**
 - Cannot exceed specified maximum percentage rate stated in approved annual CDPH ICR
 - ICR shall never exceed 25%
 - Administrative costs may not exceed 5% of total budget (Revenue and Taxation Code Section 30130.57(f))

Simplification of Appendix 3*

*proposed changes pending approval by Contracts and Audit teams

- The Appendix 3 currently posted is a prior template that had been uploaded online that doesn't reflect the changes we intend to institute this grant cycle to reduce the administrative burden of putting together a budget.
- Key Simplifications we're proposing:
 - **Simplified budget justifications** (ex: include formulas only to the extent it's helpful)
 - **Less itemization** (ex: "consumable office supplies" as a single line item without further specificity)
 - **Reduced detail for equipment** (ex: removal of details of who is using, related software/antivirus software used, etc.)
 - **More flexibility in travel** (ex: annual OOH-hosted in-person meeting encouraged but not required)
 - **Budget revision flexibility** (ex: setting a threshold by which budget revisions won't require approval)

Key Simplifications We're Proposing*

- **Simplified budget justifications** (ex: include formulas only to the extent it's helpful)
 - In the budget justification column, ~~provide calculations and clearly~~ describe how the costs identified for each FY were determined, using calculations to the extent it is helpful (ie \$54 monthly web subscription x 12 months):
 - ~~Provide easy-to-follow formulas to substantiate how costs are calculated.~~
- **Less itemization** (ex: "consumable office supplies" as a single line item without further specificity)

Office Expenses/Supplies:

- Budget for consumable supplies, such as paper, copier toner, pens, pencils, folders, binders, staplers, postage and mailing supplies etc. needed for LOHP staff only. This can be listed as a single line item of "Consumable Office Expenses/Supplies" with an estimated total for all. Example justification: "consumable office supplies"
- ~~Provide a list of supplies needed for the project and an itemized breakdown of estimated costs per unit, # of units, and estimated totals. Keep an itemized list of supply purchases for auditing purposes.~~

Key Simplifications We're Proposing*

- **Reduced detail for equipment** (ex: removal of details of who is using, related software/antivirus software used, etc.)
 - Provide ~~brief~~detailed description of the equipment (ie. 2 monitors, 3 keyboards, 3 laptops) including:
 - ~~Itemized list of all equipment (Include which staff will be utilizing and the vendor used to purchase).~~
 - ~~Include any software to be purchased.~~
 - ~~Identify the anti-virus software to be purchased.~~
 - ~~Quantify each item of equipment and/or software.~~
 - ~~Provide the estimated purchase price and the estimated budget amount needed for each FY.~~
 - ~~Justify the need for the proposed equipment purchases and which staff will utilize it.~~

Key Simplifications We're Proposing*

- **More flexibility in travel** (ex: annual OOH-hosted in-person meeting encouraged but not required)
 - ~~LOHPs should budget for up to one (1) staff to attend one~~ For budget planning purposes, OOH plans to host one-sponsored, in-person event each year. ~~Identify which staff will attend and provide the estimated budget needed for each FY.~~ LOHPs are recommended but not required to have up to one (1) staff attend this in-person meeting.
- **Budget revision flexibility** (ex: setting a threshold by which budget revisions won't require approval)

APPLICATION TIMELINE 2027-2030 LOHP GRANTS

Activity	Action Date
Release Grant RFA	April 1, 2026
Informational Webinars/Office Hours	April 23, 2026 & May 6, 2026
Letter of Intent Due	May 1, 2026
Grant Applications Due	June 1, 2026
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

Next Steps

- May 1, 2026—Submit Letter of Intent
- June 1, 2026—Submit completed application
- Secure Board of Supervisors approval for execution, if required
 - Start early to get on calendar
- Grant cycle begins July 1, 2027

Questions and Answers

