### Office of Oral Health

## LOHP Media/Materials Request



# Moving California Oral Health Forward

Media/Materials includes all content in media outlets, brochures, posters, radio, TV, fliers, banner ads, pop-up ads in digital media and social media. Please complete this form for each piece of media/materials you are proposing. Submit the form to your Program Consultant and if possible attach a sample of the proposed items.

Please allow a **15-business day** turnaround for review. If using pre-existing materials, a **10-business day** turnaround is needed.

Date:		Grant #:					
Requester:							
Address:							
LOHP:							
Telephone:	E-Mail:						
Materials Used:	Type of Media						
New *Existing Smile CA	Social	Radio	TV	Flyers	Posters		
	Other						
Material Content:							
Start Date/s:		End Dat	e/s:				
Frequency: Daily	Weekly	Monthl	у				
Others: (Specify)							

#### Office of Oral Health

**Management Approved by:** 

## LOHP Media/Materials Request



Office of Oral freatti		Request			0	
Total Cost and Budget Justific	cation:					
Performance Measure/Work F	Plan Objective	:				
Media URL:						
*Existing (CDC, Smile CA, ADA?	) Please speci	fy:				
Attribution - The required XXXXXX" <b>SWAG</b> items are considered SWAG.  Notes:						
	For OOH	Use Only				
Date Received:		PC/Reviewer:				
Date Request Logged:		Date Material Reviewe	d:			
Budget Approved: Yes	No	PC Material Approved:	Yes	No		
If not approved, include reaso and resubmit.	n(s) and the d	late the LOHP was notified	and ask	ed to rev	ise	
Date Material Resubmitted:		Date Material Approved:				

**Comments:**