**Appendix 15 – Letter of Intent**

**MOVING CALIFORNIA ORAL HEALTH FORWARD 2022-2027**

**Local Oral Health Programs**

**Please complete the following and email this document to**

[**DentalDirector@cdph.ca.gov**](mailto:DentalDirector@cdph.ca.gov) **no later than November 5, 2021.**

**Local Health Jurisdiction**: Click or tap here to enter text.

**Project Director or Designee:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Phone**: Click or tap here to enter text.  **Fax**: Click or tap here to enter text.

|  |  |
| --- | --- |
| **Yes.** We intend to apply for the funds from the California Department of Public Health, Office of Oral Health (CDPH/OOH), to continue or implement the Local Oral Health Program for my Local Health Jurisdiction (LHJ). | Check Box 4 |
| **Yes.** We intend to apply for funding from CDPH/OOH to implement the Local Oral Health Program **and** will likely pursue a consortium with the following LHJ(s). | Check Box 1 |
| **No.** We do not intend on applying for this opportunity to implement a Local Oral Health Program for our LHJ. |  |

**Please select one response**:

**Please complete the fields below:**

|  |  |
| --- | --- |
| Does your LHJ require a board resolution for a new contract? | YES  NO |
| When are your scheduled board meeting dates between November and January 2022? |  |
| Does your LHJ require the contract be available to get on the Agenda? | YES  NO |
| When do you need the contract? (e.g., two weeks before, one month before, etc.) |  |

**Please note:** *This letter of intent is expected but not considered binding. If you cannot complete by the deadline, please email* [*DentalDirector@cdph.ca.gov*](mailto:DentalDirector@cdph.ca.gov)*.*

Click or tap here to enter text. Click or tap to enter a date.

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Signature of Project Director or Date

Designee