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| **DUE: 12/15/21** |
| **DATE OF SUBMISSION:** |  |
| **ORGANIZATION NAME:** |  |
| **APPLICATION CONTACT NAME:**  | **PHONE NUMBER:** |
| **EMAIL ADDRESS:**  |

**Complete this Application Checklist and email it along with the following documents to:** **DentalDirector@cdph.ca.gov** **by 12/15/21\***

*\*Note: A supplemental submission containing Document E (Supplemental Submission Checklist) and Document F (Detailed Budget and Justification) is due on 01/31/22.This is to accommodate additional program and fiscal planning as part of an interactive process with OOH.*

**APPLICATION CONTENTS: Please Check**

Application Checklist (Document A) [ ]

Grantee Information Form (Document B) [ ]

Narrative Summary Form (Document C) [ ]

Governmental Payee Form CDPH 9083 (Document D) [ ]

Grant Activities and Reporting/Tracking Measures (Exhibit A) [ ]