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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**](mailto: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)