**Letter of Intent**

**Children’s Dental Disease Prevention Program**

**(Equipment Support and Referral Management/Care Coordination Tools)**

Agency Name: Click here to enter Agency Name.

Director Name: Click here to enter Director Name.

Email: Click here to enter Email Address.

Phone:Click here to enter Phone Number. Fax: Click here to enter Fax Number.

The purpose of the Children’s Dental Disease Prevention Program (Equipment Support and Referral Management/Care Coordination Tools) is to expand evidence-based, school-based/school-linked dental programs and best practice approaches to promote oral health by providing a one-time equipment and/or software purchase leading to sustainable community-clinical linkage models. The Equipment Support funding supports Local Oral Health Program (LOHP) efforts to address Objective 6 of the Work Plan and to implement evidence-based programs to achieve California Oral Health Plan Objectives. The funds will not be used for direct services.

Please select your response to indicate interest in applying for the funds. Select “Yes” for Component 1, Component 2, or both. Select “No” if you are not applying for the component.

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| --- | --- | --- |
| **Funding Component** | **Yes** | **No** |
| Component 1: Referral Management and Care Coordination |  |  |
| Component 2: Equipment Support |  |  |

**Please note:** *This letter of intent is optional and not considered binding on either party.*

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Signature of Director or designee authorized Date[](https://www.google.com/imgres?imgurl=http://4.bp.blogspot.com/-O6R2nGrh53w/VG7v0IRU3HI/AAAAAAAAEDM/4CbUzZmLwTI/s1600/E-mail_open-512.png&imgrefurl=http://web.kalid.com.cn/forminfo31199.asp?//email-open-icon&docid=TKQ4Q0rnna6irM&tbnid=0neooLZBYuOvdM:&w=512&h=512&safe=active&bih=770&biw=1536&ved=0ahUKEwidjOOQl6HOAhUGxWMKHVoHC1M4ZBAzCDIoMDAw&iact=mrc&uact=8)

**Please complete and email this document to**

**DentalDirector@cdph.ca.gov no later than 03/17/2021.**