California Department of Public Health - Office of Oral Health
Local Oral Health Program Grant Deliverables Web based Data Form Instructions

(This document provides instructions for filling and submitting the data form which fulfills Local Oral Health Program (LOHP) grant deliverables requirement. Follow steps 1-12 to fill and submit the completed form).

1. Please click on the below URL link to open the Data form from your desktop or laptop computer:

https://arcg.is/W5Xaz   **OR**

https://survey123.arcgis.com/share/edbf948bcea94ea38522fd6555f397a0

CDPH-Office of Oral Health

Local Oral Health Program Grantee Deliverables Data Form

Note: If you are unable to open the link, try copying and pasting the URL in your browser (Internet Explorer, Chrome, Safari, etc.) to open the data form.

2. Select your County name from the drop down menu '**Grantee**' (*required field)

Grantee*

-Please Select-

3. Click on '**Set Location**' and input the physical address of your office/facilty

Click Set Location, enter facility address, then click enter

Set Location

4. Input the email address of the LOHP Coordinator/Project Director/staff filling the Data form here '**Contact email**' (*required field)

Contact email*

[   ]

5. Select your grant number from the drop down menu '**Grant #**' (*required field)

Grant #*

[-Please Select-   ▼]

6. Insert data report date by selecting the date from the pop up calendar here '**Data Report Date**' (*required field)

Data Report Date*

[🗓 m/d/yy   ]

7. Click on the arrow next to the '**Grant Deliverable and Activity description**' to view all the LOHP grant delverables.

Note: One can '*expand*' or 'collapse' any item by clicking the 'arrow' next to it.

— **Grant Deliverable # and Activity Description** ▶———————

8. Click the arrow next to '**Deliverable**' to view all the activities and corresponding data elements.

Grant Deliverable # and Activity Description ⊙

– **Deliverable 7** ▶

9. **a)** Select the '**Deliverable**' and input relevant LOHP data by **following steps b-d**.

Deliverable 7 ⊙

b) Check '**Activity description**'
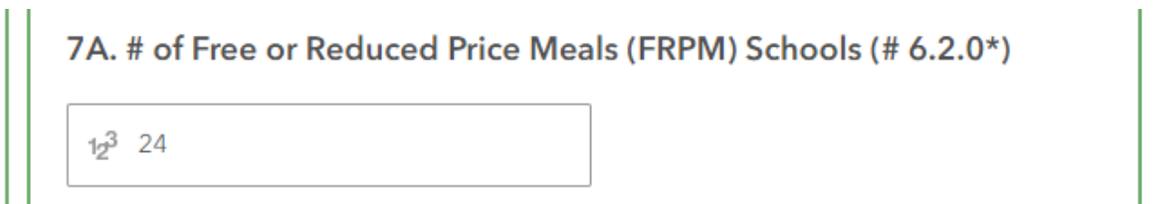
Acitivty Description

☑ 07 - Fluoride program (FP) activities

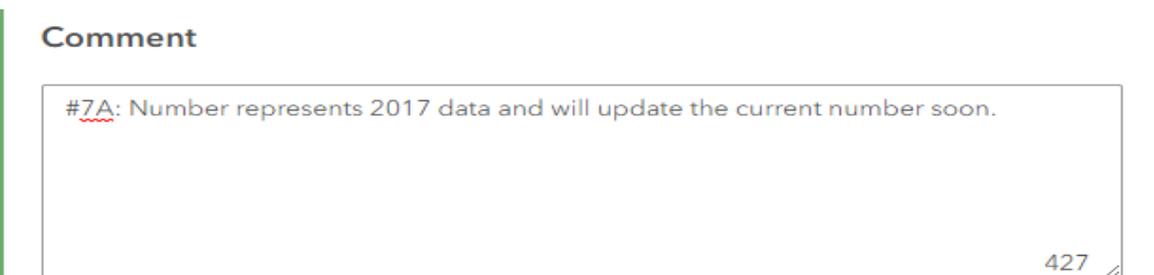**c)** Add data in the box next to deliverable # as appropriate.

Note: '123' in the empty box indicates that only numerical values are allowed

7A. # of Free or Reduced Price Meals (FRPM) Schools (# 6.2.0*)

123 24

d) Add any relevant comments in the '**Comment**' box as shown below.

Comment

#7A: Number represents 2017 data and will update the current number soon.

427

Note: Maximum allowable characters in the comment box is 1000 without spaces.

10. **Repeat Step 9 (a-d)** for all the deliverables pertinent to your LOHP.

11. After filling the form, use '**print**' or '**print screen**' command on your computer to print the completed form or save the form as a PDF from the 'print dialogue' (as shown below).

Note: You cannot print the the filled form once '**submitted**' (Step# 12).
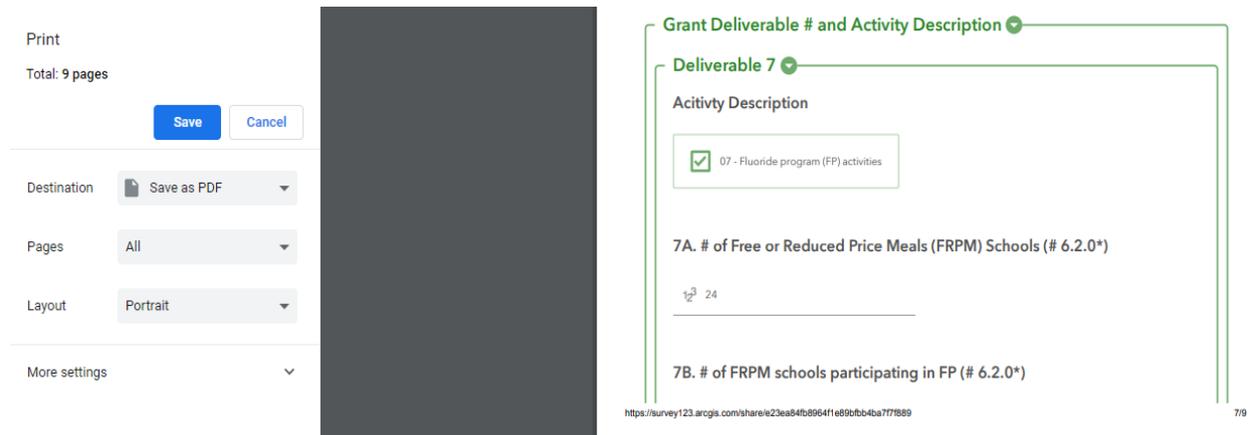
12. Click the '**Submit**' button to submit the completed (filled) form to CDPH-Office of Oral Health. Print the 'Thank you' note as a proof of submission for your records.

Additional Notes:

i). (*) in the deliverable represents corresponding Work Plan Progress Report Template Activity (#) and is listed as a cross reference.

ii) Some activities do not have a corresponding work plan activity as indicated in the data form (**no relevant activity listed**).

iii) Depending on the LOHP's work plans, not all grantees are required to submit data for all the '**deliverables and activities**'.

iv) LOHPs are required to submit the data form '**annually**', preferably at the end of **every calendar year** during the five year grant period on the pertinent LOHP grant deliverables and activities.

v) For questions and comments, please contact: DentalDirector@cdph.ca.gov