



Zoom Webinar
10/27/21, 12:00 PM

OOH Prop 56 Funding Office Hours Session #1

**Moving California Oral Health Forward
2022-2027 Request for Applications**

Welcome

- ▶ We are excited to assist you with applying for this funding opportunity
- ▶ All 61 California LHJs or their designee agencies are eligible
- ▶ Grant is non-competitive. All complete applications will be considered for final funding awards

Some Zoom Housekeeping Reminders

- ▶ Today's session is being recorded
- ▶ Please type your questions in the chat box
- ▶ There will be designated time for Q and A at the end
- ▶ Please keep yourself muted unless we call on you to ask or clarify a question
- ▶ Please use one form of audio to avoid feedback or echoing

Agenda

- ▶ Check-in poll #1
- ▶ Application Documents
- ▶ Timelines
- ▶ Key Considerations, Reminders
- ▶ Check-in poll #2
- ▶ Next Steps
- ▶ Questions and Answers



Check-in Poll #1

- ▶ Which application document do you have the most questions about?

On your smart phone, go to www.Menti.com and use the code **8606293**

Application Checklist (Document A)

- ▶ Document A (as shown) will serve as the cover sheet
- ▶ Application checklist and contents are due December 15, 2021
- ▶ There are 5 documents that must be submitted by the due date for the application to be considered complete
- ▶ All required forms and supplemental information can be accessed on the COHTAC website

Moving California Oral Health Forward 2022 – 2027 Application Checklist



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.*

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)

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Grantee Information Form (Document B)

- ▶ Document B (as shown) will be the second document in your application package
- ▶ This form provides information about the Organization, Grant Signatory, Project Director, and annual funding amount.

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Grantee Information Form

This is the information that will appear in your grant agreement.

Organization	Grant Signatory	Project Director	Funding
This is the information that will appear in your grant agreement.			
Federal Tax ID # _____	Name _____	Name _____	Year 1 (FY 22/23) \$ _____
Name _____	Title _____	Title _____	Year 2 (FY 23/24) \$ _____
Mailing Address _____	<i>If address(es) are the same as the organization above, just check this box and go to Phone</i> <input type="checkbox"/>	Supervisor Name and Title _____	Year 3 (FY 24/25) \$ _____
Street Address (if Different) _____	Mailing Address _____	Supervisor Email and Phone _____	Year 4 (FY 25/26) \$ _____
County _____	Street Address (if Different) _____	<i>If address(es) are the same as the organization above, just check this box and go to Phone</i> <input type="checkbox"/>	Year 5 (FY 26/27) \$ _____
Phone _____	Phone _____	Mailing Address _____	
Website _____	Email _____	Street Address (if Different) _____	
		Phone _____	
		Fax _____	
		Email _____	
The Grant Signatory has authority to sign the grant agreement cover.			
The Project Director is responsible for all of the day-to-day activities of project implementation and for seeing that all grant requirements are met. This person will be in contact with Oral Health Program staff, will receive all programmatic, budgetary, and accounting mail for the project and will be responsible for the proper dissemination of program information.			
These are the annual Funding amounts your LHI will accept for grant purposes.			

Narrative Summary Form (Document C)

- ▶ Document C (as shown) will be the third document in your application package
- ▶ Legacy (existing) LOHPs will provide an overview of their county, accomplishments during the prior 5-year grant term, and vision for the next 5-year cycle.

NARRATIVE SUMMARY

Include a Narrative Summary about your Local Oral Health Program (LOHP). Please describe the following elements:

Legacy Programs (current grantees 2018-2022 grant cycle)

- An overview of your county or jurisdiction's current status of oral health, your vulnerable and/or underserved population(s), demographics, and geography.
- LOHP accomplishments during the 2017-2022 grant cycle.
- A general description of how the LOHP has evolved over the five-year grant term.
- Describe how you envision the LOHP evolving in the next five-year grant term (2022-2027). What do you hope to accomplish in the next grant cycle?
- Barriers and potential strategies for the next 5 years.

New Programs (new programs in 2022-2027 grant cycle)

- Your county or jurisdiction's current status of oral health.
- Your vulnerable and/or underserved population(s), demographics, and geography.
- Include whether your LHJ has an Oral Health Program currently in place, and if so, please describe.
- Please provide a general description of how you envision the LOHP evolving over the five-year grant term, and how you shall accomplish these activities.

The Narrative Summary cannot exceed 2 pages, single-spaced, using 12 pt. font, with one-inch margins on all sides. Please use the Narrative Summary Form to prepare this application component. This will be the third document to include in your grant application. (*Document C*)

Narrative Summary Form (Document C) con't

- ▶ New programs will provide information about their current county/LHJ oral health status, geography & demographics, and a vision plus activities to grow their OH program over the 5-year grant term.

Narrative Summary Form
(Insert your Health Department's Name Here)

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CDPH 9083 Government Payee Form

- ▶ This form provides CDPH with the most current information for your jurisdiction to ensure payments are issued correctly and in a timely manner.

State of California-Health and Human Services Agency

California 161 82 00 177 10

Submit

GOVERNMENT AGENCY TAXPAYER ID FORM

The principal purpose of the information provided is to establish the unique identification of the government entity.
Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields bordered in red are required. Please print the form to sign prior to submittal. You may email the form to: GovSuppliers@cdph.ca.gov or fax it to (916) 650-0100, or mail it to the address above.

Principal Government Agency Name

Remit-To Address (Street or PO Box)

City: State: Zip Code+4:

Government Type: ☐ City ☐ County ☐ Special District ☐ Federal ☐ Other (Specify) Federal Employer Identification Number (FEIN)

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

Fiscal ID# (if known)	Dept/Division/Unit Name	Complete Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Person Title

Phone number E-mail address

Signature Date

CDPH 9083 (1/18)

Grant Activities and Reporting / Tracking Measures (Exhibit A)

- ▶ Exhibit A (as shown) provides the objectives and activities to implement over the grant term and the expected timelines.
- ▶ Legacy LOHPs will select all activities for objectives 1-7.
- ▶ New LOHPs will select all activities for objectives 1-3 and one objective from 4-7.

Grant Activities
2022 – 2027

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Local Health Jurisdictions (LHJs) shall implement selected strategies outlined in the California Oral Health Plan and make progress toward achieving the California Oral Health Plan's goals and objectives. The activities may include convening, coordination, and collaboration to support planning, disease prevention, surveillance, education, and linkage to treatment programs. LHJs will maintain regular reporting to demonstrate progress towards implementing grant activities.

Legacy Local Oral Health Programs (LOHPs) who participated in the 2017 – 2022 grant cycle are responsible for selecting all grant activities for objectives 1 – 7. LHJs who are new and establishing Local Oral Health Programs as part of the 2022 – 2027 grant cycle must select all grant activities for objectives 1 – 3 and will be responsible for selecting all activities for one additional objective (from objectives 4 – 7) of their choice.

A more comprehensive summary of expectations for grant objectives, activities, and reporting/tracking measures is included in a separate LOHP Work Plan in Appendix 2.

Please indicate your program's status by placing an "X" in the appropriate check box below:

☐ Legacy Local Oral Health Program (participated in 2017 – 2022 grant)

☐ New Local Oral Health Program

Based on the guidance above, please indicate which of the objectives and activities your local health jurisdiction will implement by placing an "X" in the appropriate check box below. Maintain records of reporting/tracking measures for all selected objectives and / submit documentation annually, bi-annually, or as necessary, including all relevant documentation in progress report and data form submissions:

Activities	Reporting/ Tracking Measures	Timeline
<input type="checkbox"/> Objective 1: By June 30, 2027, establish or sustain program infrastructure, partnerships, and processes to ensure implementation and evaluation of the Work Plan.		
<input type="checkbox"/> 1.1: Build or maintain capacity and engage community stakeholders to provide qualified professional expertise in dental public health for program direction, coordination, and collaboration.	1.1.a(A): LOHP staff trainings list 1.1.b(A): Advisory Committee (AC) members list 1.1.c(A): AC meeting agendas 1.1.c(B): Number of AC meetings convened 1.1.c(C): AC meeting participation list 1.1.d(A): Community engagement summary 1.1.e(A): List of partner communications 1.1.f(A): AC meeting minutes 1.1.g(A): AC satisfaction survey evaluation	07/1/22- 06/30/27

Crosswalk

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2017-2022 Work Plan Objective Number	2022-2027 Work Plan Objective Number	Activity Topic Areas
1-5	1	Infrastructure, Needs Assessment, CHIP, Evaluation Plan
6	2	Community-clinical Linkages, School-based, School-linked, Fluoride
7	3	KOHA, Key Partnerships
8	4	Tobacco Cessation, Sugar-Sweetened Beverage Reduction
9	5	Oral Health Literacy, Medical/Dental Integration
10	6	Oral Health Care Delivery System Quality Improvement
11	7	Create and Expand Oral Health Networks

Supplemental Submission

- ▶ Includes two documents: Checklist and Detailed Budget with Justification
- ▶ Office Hours Session #2 - January 12, 2022
- ▶ Focus of Session #2 is on supplemental submission documents
- ▶ Documents due **January 31, 2022**

Timeline of Key Dates and Submissions

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Activity	Date
LOHP Letter of Intent	November 5, 2021
Application Due (except budget)	December 15, 2021
Applications Reviewed	January – February 2022
Office Hours Session #2	January 12, 2022, 12-1:00 p.m.
Supplemental Submission Due	January 31, 2022
Approved for Agency Signature	March 30, 2022
Supplemental Submission Review	April 1, 2022
Approve Work Plans and Budget	June 15, 2022
Grants Executed	July 1, 2022

Key Considerations and Reminders

- ▶ Please notify OOH if you do NOT plan to apply for the next grant funding cycle
- ▶ Grant is non-competitive
- ▶ Letter of Intent is optional and non-binding, but preferred
- ▶ Funding will commence July 1, 2022

Check-in poll #2

- ▶ Which application document do you still have questions about?

On your smart phone, go to www.Menti.com and use the code **8606293**

Next Steps

- ▶ Submit a complete Grant Application (5 documents) by December 15, 2021
- ▶ Attend Office Hours Session #2 on supplemental submission documents on January 12, 2022
- ▶ Complete and send Supplemental Submission (budget and checklist) to OOH by January 31, 2022

Questions and Answers