

QUESTIONS ON GRANTEE CHARACTERISTICS

TELEPHONE INTERVIEW FOR THE HEAD START ORAL HEALTH INITIATIVE

EVALUATION: GRANTEE NAME AND LOCATION

Information to Confirm from Grantee's Oral Health Initiative Proposal	
Grantee address	THIS SECTION WILL BE FILLED WITH INFORMATION FROM EACH GRANTEE'S PROPOSAL
Grantee telephone number	
Primary contact for the Oral Health Initiative	
Primary contact's job title	
Primary contact's email address	
Programs operated by grantee (Head Start, Early Head Start, Migrant/Seasonal Head Start)	
Service options offered (center based, home based, combination)	
Number of Head Start centers grantee operates	
Operating schedule	
Other Agency Background Information	
Main programs operated by grantee (other than Head Start)	
Number of agency staff	
Approximate number of families served annually	
Number of years agency has been in operation	
Number of years agency has provided Head Start, Early Head Start, and/or Migrant/Seasonal Head Start services	