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Department of Health and Human Services  
Centers for Disease Control and Prevention

## DOH Information System (IS)

User ID:

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Login

### Conditions of Use and Logon

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Form Approved: OMB 0920-0739  
Expiration Date: 06/30/2010

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Department of Health  
and Human Services

Program Information: Add Contact Information

2009-2010 Program Information

Edit Contact Information

\* Program Name:

Grantee Number: 22905

\* Telephone:    ext.

FAX:    ext.

Web Address:

\* Principal Investigator:

\* Principal Investigator Telephone:    ext.

\* Primary OH Cooperative Agreement Contact:

\* Primary OH Cooperative Agreement Contact Telephone:    ext.

\* Business Official:

\* Business Official Telephone:    ext.

\* Fluoridation Program Funded:  Yes  No  
If yes, please list the first year of funding.  (YYYY)

\* Sealant Program Funded:  Yes  No  
If yes, please list the first year of funding.  (YYYY)

**Mailing Address**

\* Address Line 1:

Address Line 2:

\* City, State Zip:  Alaska -

**Shipping Address**

\* Shipping Address Same as the Mailing Address:  Yes  No

\* Address Line 1:

Address Line 2:

\* City, State Zip: Juneau Alaska -

# Program Information: Add Contact Information

## 2009-2010 Program Information

### Program Overview

\* Program Type:

Capacity Building

\* Program Summary:

ABC ↺ ↻ ▼

Characters: 13

\* Program Goals:

ABC ↺ ↻ ▼

Characters: 13

\* Networking with other programs within the current year:

#### Program

- Adolescent/school health
  - Adult Health
  - Aging
  - Cancer
  - Cardiovascular
  - Community Health
  - Diabetes
  - Genomics
  - Nutrition/Obesity
  - Physical Activity
  - School Health
  - Tobacco
  - Other (Specify)
- 

#### Communicate on Collaboration Suggestions/Ideas

- Select one ▼
- Select one ▼
- Select one ▼
- Select one ▼
- Select one ▼
- Select one ▼
- Select one ▼
- Select one ▼
- Select one ▼
- Select one ▼
- Select one ▼
- Select one ▼
- Select one ▼

#### Actively Collaborate on related Projects

- Select one ▼
- Select one ▼
- Select one ▼
- Select one ▼
- Select one ▼
- Select one ▼
- Select one ▼
- Select one ▼
- Select one ▼
- Select one ▼
- Select one ▼
- Select one ▼
- Select one ▼

Program Information: Add Personnel



2009-2010 Program Information

\* required field

Add Personnel

\* First Name:

Middle Name:

\* Last Name:

Credentials:

\* Mailing Address Same as the OH Program Mailing Address:  Yes  No

\* Address Line 1:

Address Line 2:

\* City, State Zip:

\* Telephone:    ext.

\* E-mail Address:

\* Position Title:

\* Overall Oral Health Program Time Allocation:  %

\* Program Time Allocation Working on Cooperative Agreement:  %

\* Primary Role Within Oral Health Program:

Other (specify):

\* Indicate all roles performed by this Personnel Member and the percent of Overall Program Time Allocation for each role:  
(The total of all roles FTE must add up to the overall program time allocation.)

Role	% of Overall FTE	Role	% of Overall FTE
Administrative Support	<input type="text"/> %	Fluoridation Engineer	<input type="text"/> %
Agency Manager	<input type="text"/> %	Fluoridation Specialist/Coordinator	<input type="text"/> %
Budget Manager	<input type="text"/> %	Grant Writer	<input type="text"/> %
Coalition Coordinator	<input type="text"/> %	Health Communication Specialist	<input type="text"/> %
Community Developer	<input type="text"/> %	Health Educator	<input type="text"/> %
Computer Technology Support	<input type="text"/> %	MIS Contact	<input type="text"/> %
Data Analyst	<input type="text"/> %	Policy Developer	<input type="text"/> %
Data Manager	<input type="text"/> %	Principal Investigator	<input type="text"/> %
Dental Consultant	<input type="text"/> %	Program Coordinator	<input type="text"/> %
Dental Director	<input type="text"/> %	Program Manager	<input type="text"/> %
Dental Sealant Coordinator	<input type="text"/> %	Regional Consultant	<input type="text"/> %
Epidemiologist	<input type="text"/> %	Web Designer	<input type="text"/> %
Evaluation Specialist	<input type="text"/> %	Other (specify)	<input type="text"/> %

## Program Information: Add Personnel (Continued)

\* What percent of the primary role's overall FTE is funded by CDC DOH?  %

What other sources fund this Personnel member's salary?:

Permanent state dollars  
 One-time only state dollars  
 Medicaid dollars  
 CDC/DOH supplemental dollars  
 Maternal Child Health block grant

CDC prevention block grant  
 Foundation dollars  
 HRSA dollars  
 Other (specify)

\* Employment Type:    
Other (specify):

\* Date Started With State Oral Health Program:  /  (MM/YYYY)



Date Finished With State Oral Health Program:  /  (MM/YYYY)

Attachments: To upload attachments, select 'Save' below then select the Attachment(s) link on the next page.


Assignment to Work Plan Activities	Status	Time Frame
No activities assigned.		

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# Program Information: Add Organization Chart



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Alaska

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## 2009-2010 Program Information \*required field

### Add Organization Chart

\* Document Title:

\* File Name and Location:   File size cannot exceed 10MB



\* Date Revised:  /  /  (MM/DD/YYYY)

\* Type:


- Overall state health structure
- State health division structure
- State oral health program structure

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  Department of Health and Human Services

# Program Information: Add Success Story



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## 2009-2010 Program Information \* required field

### Add Success Story

\* Title:

\* Status:  Draft  Final

\* Time Period of Achievement:  to  (MM-YY)

\* Point of Contact:

\* Keywords:   
Characters: 0

\* Related Recipient Activity:  Program Infrastructure - Staffing, Management and Support (1)  
 Data Collection and Surveillance (2)  
 Strategic Planning - The State Oral Health Plan (3)  
 Partnerships (4a)  
 Statewide Oral Health Coalition (4b)  
 School-Based or School-Linked Dental Sealant Programs (5a)  
 Community Water Fluoridation (CWF) (5b)  
 Policy Development (5)  
 Evaluation (7)  
 Program Collaboration (8)  
 Other (specify)



\* Summarize Program Impact:   
Characters: 0

\* Can the story be shared within CDC and outside of CDC (including the Chronic Disease Directors)?:  Yes  No  
If yes, by whom and when was approval to share the story granted?  
 on  /  /  (MM/DD/YYYY)


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Resources: Add Partner



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### 2009-2010 Resources \*required field

#### Add Partner

\* Partner Organization:

\* Contact First Name:

\* Contact Last Name:

Address Line 1:

Address Line 2:

City, State Zip:

Telephone:    ext.

E-mail:

Website:

\* Partner Status:  Active  Inactive

\* Member of Statewide or Community Based OH Coalition:  Yes  No If Yes, Select Coalition:

\* Partner Level:

\* Partner Type: (Select up to three)

- Academia/education
- Advocacy group
- An Individual
- Business/industry sector
- Civic organization

Other (specify)

\* Contributions:

- Communication network access
- Conference sponsor
- Consultation
- Data analysis
- Epidemiology
- Equipment
- Evaluation
- Funding
- Media
- Personnel
- Supplies and equipment
- Training/education
- Travel assistance
- Visibility (credibility)
- Other (specify)

\* Evidence of Collaboration:


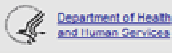
- Joint dedication of resources
- Letter of support
- Memorandum of agreement (MOA)
- Memorandum of understanding (MOU)
- Other (specify)

**Assignment to Work Plan Activities**

	Status	Time Frame
No activities assigned.		


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Resources: Add Contract



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### 2009-2010 Resources

\* required field

#### Add Contract

Note: If this contractor fulfills a staff position, enter it in the staff section.

\* Organization Name:

\* Contact First Name:

\* Contact Last Name:

Address Line 1:

Address Line 2:

City, State Zip:

Telephone:    ext.

E-mail:

Website:

\* Primary Role:  Select one  
Other (specify):

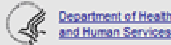

Contract Amount: \$

Contract Attachments:  To upload attachments, select 'Save' below then select the Attachment(s) link on the next page.

Assignment to Work Plan Activities	Status	Time Frame
No activities assigned.		

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Resources: Add Coalition



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- RESOURCES
- PLANNING
- WORK PLAN
- BUDGET
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### 2009-2010 Resources

\* required field

#### Add Coalition

\* Coalition Name:

\* Type:

- Community
- Regional
- Statewide
- Other (specify)

Number of Members:

\* Member Composition:

**Government**

- Social services
- Environmental health
- State/local health department
- Interagency and/or interdepartmental steering committee
- Other (specify)

**Community**

- Business leader
- Community water supervisor/manager
- Community-based clinic
- Faith-based organization
- Foundation
- Local community health department
- Other (specify)

**Education**

- Local school administrator
- Parent teacher association
- School nurse association
- Education
- Regional staff
- Other (specify)

**Providers**

- Dental hygienist
- Dentist
- Hospital and respective associations
- Physician
- Other (specify)

**Public**

- Consumer advocate
- Foundations
- General public
- Organizations that promote improved quality of life
- Organizations that promote oral health
- Patient care advocate
- Other (specify)

**Third Party Providers**

- Insurance
- Managed care
- Medicaid
- Other (specify)

**Policy Makers**

- Federal legislator
- Local/community policy maker
- Policy advocate
- State legislator
- Other (specify)

- Higher/Professional Education
- Allied health school
  - Dental and dental hygiene school
  - Medical school
  - Nursing school
  - Prevention research center
  - Public health school
  - Other (specify)

- \* Meeting Frequency:
- Monthly
  - Quarterly
  - Semi-annually
  - Annually
  - Other (specify)

- \* Coalition Focus Areas:
- Infants and toddlers
  - Children
  - Adolescents
  - Adults
  - Older adults
  - Access
  - Aging population
  - Assessment
  - Caries
  - Communications/marketing
  - Disparity
  - Education
  - Evaluation
  - Fluoridation
  - Funding
  - Infection control
  - Infrastructure
  - Injury prevention
  - Oral and systemic disease
  - Oral cancer
  - Periodontal disease
  - Policy
  - Program/system sustainability
  - Sealants
  - Surveillance
  - Tobacco cessation
  - Work force
  - Other (specify)

- \* Priority Areas Addressed by Specific Subgroups:
- Infrastructure  Yes  No
  - Fluoridation  Yes  No  N/A, HP2010 objectives have been met
  - Sealants  Yes  No  N/A, HP2010 objectives have been met

List Any Coalition Subgroups:

MS

Characters: 0

- \* Sustainability Evidence Type:
- 501c3 status
  - By-laws
  - Clerical staff support
  - Established internal communication network
  - Evaluation of coalition and coalition activities
  - Funding and institutionalization
  - Letter of support
  - Leveraging resources
  - Meeting minutes/schedules
  - Membership maintenance/list
  - Memorandum of agreement/understanding
  - Policy development
  - Products and impact
  - SMART action plan development and implementation
  - Visibility
  - Written priorities/plans/strategies
  - Written vision/mission statements
  - Other (specify)

Sustainability Evidence Attachments: To upload attachments, select 'Save' below then select the Attachment(s) link on the next page.

Assignment to Work Plan Activities	Status	Time Frame
No activities assigned.		

# Planning : Add State Plan

## 2009-2010 Planning

### Edit State Plan

\* Plan Status:  Draft  Published

\* Published Title:

\* Time Frame:  -  (YYYY-YYYY)

\* Date Published:  /  (MM/YYYY)

\* Date Last Revised:  /  (MM/YYYY)

Web Address:

\* Dissemination of Plan:

<input type="checkbox"/> Academia/school	<input type="checkbox"/> Media
<input type="checkbox"/> Advisory/partner group	<input type="checkbox"/> National organization and state affiliate
<input type="checkbox"/> Business/industry sector	<input type="checkbox"/> Other federal government agency
<input type="checkbox"/> Coalition	<input type="checkbox"/> Other local government agency
<input type="checkbox"/> Federal health government agency	<input type="checkbox"/> Other state government agency
<input type="checkbox"/> General public	<input type="checkbox"/> Priority population organization
<input type="checkbox"/> Governor and staff	<input type="checkbox"/> Private/public policy maker
<input type="checkbox"/> Hospital/health care agency	<input type="checkbox"/> State health government agency
<input type="checkbox"/> Legislator	<input type="checkbox"/> Third party payer
<input type="checkbox"/> Local health government agency	<input type="checkbox"/> Other (specify) <input type="text"/>

\* Content Areas:

<input type="checkbox"/> Burden of disease	<input type="checkbox"/> School-based or school-linked sealant programs
<input type="checkbox"/> Partnerships	<input type="checkbox"/> Infection control
<input type="checkbox"/> Caries	<input type="checkbox"/> Strategies to address oral health promotion across the lifespan
<input type="checkbox"/> Periodontal diseases	<input type="checkbox"/> Leveraging of resources
<input type="checkbox"/> Evaluation strategies and recommendations for monitoring the outcomes and impacts of plan implementation	<input type="checkbox"/> Strategies to identify best practices
<input type="checkbox"/> Plan maintenance	<input type="checkbox"/> Oral cancer
<input type="checkbox"/> Healthy People 2010 objectives	<input type="checkbox"/> Water fluoridation
<input type="checkbox"/> Priority populations	<input type="checkbox"/> Oral health infrastructure
<input type="checkbox"/> Implementation strategies	<input type="checkbox"/> Other (specify) <input type="text"/>

\* Does the plan include specific, measurable and time phased objectives?:  Yes  No

# Planning: Add Surveillance Plan

## 2009-2010 Planning

### Edit Surveillance Plan

\* Plan Status:  Draft  Final

\* Title:

\* Time Frame:  -  (YYYY-YYYY)

\* Date Completed:  /  (MM/YYYY)

\* Date Last Revised:  /  (MM/YYYY)

\* Has a logic model been developed for the plan?:  Yes  No  Currently being developed

\* Identify the data sources used for the surveillance plan:

<input checked="" type="checkbox"/> ASTDD State Synopsis	<input checked="" type="checkbox"/> National Oral Health Surveillance System (NOHSS)
<input checked="" type="checkbox"/> Basic Screening Surveillance (BSS)	<input checked="" type="checkbox"/> Pregnancy Risk Assessment Monitoring System (PRAMS)
<input checked="" type="checkbox"/> Behavioral Risk Factor Surveillance System (BRFSS)	<input type="checkbox"/> U.S. Bureau of Census
<input checked="" type="checkbox"/> Centers for Medicare and Medicaid Services (CMS)	<input type="checkbox"/> Vital statistics
<input checked="" type="checkbox"/> Chronic Disease Indicators (CDI)	<input checked="" type="checkbox"/> Water Fluoridation Reporting System (WFRS)
<input type="checkbox"/> Dental, Oral and Craniofacial Data Resource Center (DRC)	<input type="checkbox"/> Woman, Infants, and Children (WIC)
<input type="checkbox"/> Health Plan Employer Data and Information Set (HEDIS)	<input checked="" type="checkbox"/> Youth Risk Behavior Surveillance System (YRBSS)
<input type="checkbox"/> Hospital Discharge Data	<input type="checkbox"/> Youth Tobacco Survey (YTS)
<input checked="" type="checkbox"/> National Health and Nutrition Examination Survey (NHANES)	<input checked="" type="checkbox"/> Other (specify)
<input type="checkbox"/> National Immunization Survey (NIS)	<input type="text" value="Cancer and Birth Defec"/>

## Planning: Add Burden Document

### 2009-2010 Planning

#### Edit Burden Document, Priority Population and Unmet Needs

\* Status:

Draft  Published

\* Working Title:

\* Anticipated Publish Date:

/  (MM/YYYY)

\* Describe Progress to Date:

ABC ↶ ↷ ▼

Character: 0

Save

Cancel

# Planning: Add Environmental Assessment

## Edit Environmental Assessment: General Information

\* Assessment Title:

\* Date of Assessment:

 /  (MM/YYYY)

\* Summarize Opportunities Identified (Findings):

ABC ↺

Characters: 13

\* Identify stakeholders involved in the developing, conducting, analyzing or evaluating the assessment:

ABC ↺

Characters: 13

Save

Cancel



# Planning: Add Environmental Assessment (Continued)

## 2009-2010 Planning

### Edit Environmental Assessment: Structures and Process

\* Has the Structure and Process Assessment been completed?  Yes  No

A. Governor's Office		
	Rating	Comments
1. Champion for Oral Health in Governor's Office	Select one	
2. Planning process (Governor, administration etc.)	Select one	
3. Governor's agenda	Select one	
B. Legislature		
	Rating	Comments
1. Champion for Oral Health in Legislature	Select one	
2. Legislative planning process.	Select one	
3. Legislative agenda	Select one	
4. Legislature leadership supportive of Oral Health	Select one	
C. Health Department/Agency (HD)		
	Rating	Comments
1. Champion for Oral Health in the Health Department	Select one	
2. Health Department planning process	Select one	
3. Health Department agenda/mission	Select one	
4. Health Department policy	Select one	
5. Reporting lines of authority between the Oral Health unit and the Health Department	Select one	
6. Health Department leadership	Select one	
7. State chronic disease coordinator	Select one	
8. State public health officer	Select one	
9. Oral Health placement in agency organizational chart	Select one	
10. Stability of organization-chart (re-organization happens often or not)	Select one	
11. Ability to collaborate with other chronic disease areas	Select one	
12. Competition for visibility and dollars among chronic disease programs	Select one	
13. Medicaid agenda/policy	Select one	
14. Hiring process/policy	Select one	
15. Health Department budget and fiscal priorities	Select one	
D. Oral Health Unit/Department (OHU)		
	Rating	Comments
1. Visible champion for ORAL HEALTH in the Oral Health Unit	Select one	
2. Succession planning for state dental director	Select one	
3. Location of Oral Health staff (centralized or decentralized)	Select one	
4. Oral Health distance from state health officer -- lines of reporting and access to	Select one	
5. Expertise (staff) needed to move Oral Health forward is present within the Oral Health Unit	Select one	
6. Relations between the Oral Health unit and the Water department (or unit responsible for fluoridation)	Select one	
7. Web presence	Select one	

## Planning: Environmental Assessment (Continued)

E. Local Health Departments		Rating	Comments
1. State Health Department authority over local Health Departments	Select one	<input type="button" value="v"/>	<input type="text"/>
2. Support for Oral Health issues at the local Health Department level	Select one	<input type="button" value="v"/>	<input type="text"/>
F. Partners		Rating	Comments
1. External champions for Oral Health	Select one	<input type="button" value="v"/>	<input type="text"/>
2. Non-traditional partner support	Select one	<input type="button" value="v"/>	<input type="text"/>
3. Oral Health advocacy groups	Select one	<input type="button" value="v"/>	<input type="text"/>
4. Private foundation support	Select one	<input type="button" value="v"/>	<input type="text"/>
5. Other chronic disease areas support	Select one	<input type="button" value="v"/>	<input type="text"/>
6. Other (Specify) <input type="text"/>	Select one	<input type="button" value="v"/>	<input type="text"/>
G. Legislation/Policy		Rating	Comments
1. Mandated ORAL HEALTH program	Select one	<input type="button" value="v"/>	<input type="text"/>
2. Practice Act	Select one	<input type="button" value="v"/>	<input type="text"/>
3. Mandatory screening	Select one	<input type="button" value="v"/>	<input type="text"/>
4. Loan repayment programs	Select one	<input type="button" value="v"/>	<input type="text"/>
5. Fluoridation requirements	Select one	<input type="button" value="v"/>	<input type="text"/>
6. Other (Specify) <input type="text"/>	Select one	<input type="button" value="v"/>	<input type="text"/>
H. Other		Rating	Comments
1. Geography of your state	Select one	<input type="button" value="v"/>	<input type="text"/>
2. Population (urban/rural/frontier)	Select one	<input type="button" value="v"/>	<input type="text"/>
3. Ability to address special populations in your state	Select one	<input type="button" value="v"/>	<input type="text"/>

Save























Cancel

# Planning: Environmental Assessment (Continued)

## 2009-2010 Planning

### Edit Environmental Assessment: Resources

\* Has the Resources Assessment been completed?  Yes  No

A. Financial	Rating	Comments
1. Financial resources for Oral Health unit	Select one 	<input type="text"/>
2. Diversity of sources for financial support	Select one 	<input type="text"/>
3. Stability of financial support	Select one 	<input type="text"/>
4. Ratio of grants to state funds	Select one 	<input type="text"/>
5. Ability to successfully apply for grants	Select one 	<input type="text"/>
B. Human Resources	Rating	Comments
1. Presence of dental director	Select one 	<input type="text"/>
2. Adequate professional staff	Select one 	<input type="text"/>
3. Adequate support staff	Select one 	<input type="text"/>
4. Access to dental consultants	Select one 	<input type="text"/>
5. Fiscal department human resources	Select one 	<input type="text"/>
6. Number of contract employees v. number of state staff	Select one 	<input type="text"/>
7. Ability to contract for additional assistance	Select one 	<input type="text"/>
8. Other (Specify)	Select one 	<input type="text"/>
C. Infrastructure (state level)	Rating	Comments
1. Comprehensive burden document	Select one 	<input type="text"/>
2. Comprehensive state plan	Select one 	<input type="text"/>
3. Diverse, state-wide coalition	Select one 	<input type="text"/>
4. Evaluation capacity and use	Select one 	<input type="text"/>
5. Surveillance system/measures that provide the data needed for stakeholders, evaluation, and program growth	Select one 	<input type="text"/>
6. Fluoridation program management	Select one 	<input type="text"/>
7. Fluoridation equipment	Select one 	<input type="text"/>
8. School-based/linked dental sealant programs	Select one 	<input type="text"/>
9. External expertise available to impact Oral Health (MPH programs, dental/hygiene schools, evaluation consultants etc)	Select one 	<input type="text"/>

# Planning: Environmental Assessment (Continued)

## 2009-2010 Planning

Edit Environmental Assessment: Climate/Culture

\* Has the Climate/Culture Assessment been completed?  Yes  No

A. Appreciate Data	Rating	Comments
1. Legislature history of using data to direct policy and fiscal decisions	Select one	
2. Oral Health unit history of using data to direct program and fiscal decisions	Select one	
3. Health Department history of using data to direct program and fiscal decisions	Select one	
B. Prevention/Intervention Focus	Rating	Comments
1. Legislature focus on intervention v. prevention programs	Select one	
2. Health Department focus on intervention v. prevention programs	Select one	
3. Oral Health Unit focus on intervention v. prevention programs	Select one	
4. Partner focus on intervention v. prevention programs	Select one	
C. Perception of Value of Oral Health	Rating	Comments
1. Attitudes towards public health efforts in general within the general population	Select one	
2. Public norms and values (high valuation of Oral Health as part of overall health)	Select one	
3. Public education/awareness of Oral Health and disease	Select one	
4. Public support for a change in Oral Health policy/legislation/systems etc	Select one	
5. General state government value of Oral Health as a public health issue	Select one	
6. Legislature value of Oral Health as a public health issue	Select one	
7. Ability to recognize that Oral Health services are a part of primary care by those outside of the Oral Health Unit within the Health Department	Select one	
8. Oral Health is on the "radar screen" of health issues with decision makers and opinion leaders	Select one	
9. Oral Health Unit alignment with other disease areas that share more of the current "limelight".	Select one	
10. Media perception Oral Health as a part of overall health and newsworthy topic	Select one	
D. Opinion of Oral Health Program	Rating	Comments
1. Public perception of the state Oral Health program and presence in the state	Select one	
2. Media perception of the state Oral Health program and presence in the state	Select one	
3. Decision maker perception of the state Oral Health program and presence in the state	Select one	
4. Health Department decision makers perception of the state Oral Health program and presence in the state	Select one	
5. Presence of emergent issues or controversy around Oral Health or Oral Health organizations within the state	Select one	
6. Presence of recent non-successful attempts to pass legislation related to Oral Health	Select one	
7. Presence of those likely to oppose Oral Health related legislation/policy proposals	Select one	
8. Presence of competing priorities among partner groups	Select one	
9. Partner perception that change in Oral Health is an urgent issue	Select one	
E. Open Communication/Relations	Rating	Comments
1. Between Oral Health Unit and governor's office/staff	Select one	
2. Between Oral Health Unit and legislature	Select one	
3. Between Oral Health Unit and state public health officer	Select one	
4. Between Oral Health Unit and state chronic disease coordinator	Select one	
5. Between Oral Health Unit and local boards of health or Health Department's	Select one	
6. Between Oral Health Unit and other Oral Health organizations in the state	Select one	
7. Between Oral Health Unit and general public	Select one	
8. Between Oral Health Unit and private care providers	Select one	
9. Between Oral Health Unit and state dental society	Select one	
10. Between Oral Health Unit and state hygiene society	Select one	
11. Between state dental society and legislature	Select one	
12. Between state dental hygiene society and legislature	Select one	
13. Between partner groups and the legislature	Select one	
F. Other	Rating	Comments
1. Prospect for increased Oral Health support in the next year?	Select one	

Save Cancel

# Planning: Other Assessments

## 2009-2010 Planning

### Add Systemic, Sociopolitical, and Policy Change Assessment

\* Assessment Title:

\* Date of Assessment:  /  (MM/YYYY)

\* Next Expected Assessment Date:  /  (MM/YYYY)

\* Level:  
 State  
 Local  
 Region within state  
 Other (specify)

\* Frequency of Assessment:  Semi-annually  Annually  Bi-annually  Every  years

\* Describe Process for Conducting the Assessment (Methodology):  

Characters: 0

\* Summarize Opportunities Identified (Findings):  

Characters: 0

\* Change as a Result of the Assessment (Use of Findings):  

Characters: 0


\* Identify stakeholders involved in the developing, conducting, analyzing or evaluating the assessment:  

Characters: 0

Additional Assessment Information:

To upload attachments, select 'Save' below then select the Attachment(s) link on the next page.

# Planning: Add Evaluation Plan



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[State Plan](#) | [Surveillance Plan](#) | [Burden Document](#) | [Environmental Assessment](#) | [Other Assessments](#) | **[Evaluation Plan](#)** | [Plans and Logic Models](#)

## 2009-2010 Planning \* required field

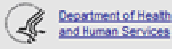

**Add Evaluation Plan**

\* Evaluation Type:    
Other


\* Plan Status:  Not started  Planning  Implementation

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# Planning: Add Plans and Logic Models



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## 2009-2010 Planning \*required field

### Add Plans and Logic Models

\* Document Title:

\* File Name and Location:   File size cannot exceed 10MB

\* Date Revised:  /  /  (MM/DD/YYYY)



\* Type:

- Dissemination Plan
- Fluoridation Plan
- Logic Model
- Media/Communication Plan
- Policy Action Plan
- Sealant Plan
- Sustainability Plan
- Strategic Plan
- Other (specify)


---

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## Work Plan: Add Output Objective



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### 2009-2010 Work Plan

[Back to Work Plan Summary](#)

#### Add Output Objective

**Specific**

\* Title:

\* Description: 

MSG

Characters: 0

\* Status:

\* Primary Goal:

- Program Infrastructure - Staffing, Management and Support (1)
- Data Collection and Surveillance (2)
- Strategic Planning - The State Oral Health Plan (3)
- Partnerships (4a)
- Statewide Oral Health Coalition (4b)
- School-Based or School-Linked Dental Sealant Programs (5a)
- Community Water Fluoridation (CWF) (5b)
- Policy Development (6)
- Evaluation (7)
- Program Collaboration (8)
- Other (specify)

Secondary Goal:  
(select up to 2)

- Program Infrastructure - Staffing, Management and Support (1)
- Data Collection and Surveillance (2)
- Strategic Planning - The State Oral Health Plan (3)
- Partnerships (4a)
- Statewide Oral Health Coalition (4b)
- School-Based or School-Linked Dental Sealant Programs (5a)
- Community Water Fluoridation (CWF) (5b)
- Policy Development (6)
- Evaluation (7)
- Program Collaboration (8)
- Other (specify)

**Measurable and Achievable**

\* Measure of Success:

Program Infrastructure - Staffing, Management and Support

- One full-time dental director and .5 FTE program coordinator
- One-half time epidemiologist
- .5 FTE in dental sealant program coordination
- 5 FTE in water fluoridation engineering/specialist or coordinator
- .25 FTE in program evaluation
- .25 FTE in health education/communication and appropriate administrative support
- Other program staff: Shared capacity of a fiscal coordinator and a grant writer

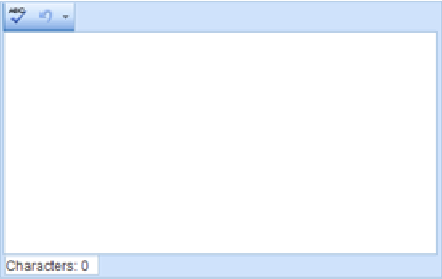
\* Baseline:   
 Baseline Unknown (explain how it will be determined below)

\* Target:



## Work Plan: Add Output Objective

\* Evidence of Successfully Measuring Target:




Characters: 0

Target Met:  Not Available

**Relevant**

\* Describe how this objective will establish, strengthen or expand your program's capacity to plan, implement, and evaluate population-based oral disease prevention and health promotion programs, targeting populations and oral disease burden:





**Time-Bound**

\* Estimated Start Date:  /  (MM/YYYY)

\* Estimated End Date:  /  (MM/YYYY)

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# Work Plan: Activity

## 2009-2010 Work Plan

### Add Activity

Related Objective: WP1-Infrastructure-Development (Ongoing, 07/2008-07/2009)

\* Title:

\* Activity Description: 

ABC

Characters: 0

\* Current Status:

\* Lead Staff Assigned:

- Other Staff Assigned:
- Annette Erickson
  - Brad Whistler
  - Eric Peter
  - Janine Schoellhorn
  - Margie Chadwick
  - Molly McGrath
  - Sharon Schlicht
  - Stephanie Birch

- Contractors Assigned:
- Aurora Consulting
  - Information Insights
  - J. David Hardison, DMD, MBA

- Partners Assigned:
- Alaska Center for Rural Health
  - Alaska Commission on Aging
  - Alaska DEC, Division of Environmental Health, Drinking Water Program
  - Alaska DEED, Head Start Collaboration
  - Alaska Dental Action Coalition
  - Alaska Dental Society
  - Alaska DHSS Division of Public Health, Section of Women's Health

Other Resource Assigned: 

ABC

Characters: 0

Partner Involvement Description: 

ABC

Characters: 0

\* Estimated Start Date:  /  (MM/YYYY)

\* Estimated End Date:  /  (MM/YYYY)

# Work Plan: Objective Progress

## 2009-2010 Work Plan

### Add Objective Progress & Results

Related Objective:

WP1-Infrastructure-Development (Ongoing, 07/2008-07/2009)

\* Date Progress Occurred:

/  (MM/YYYY)

\* Describe Progress:

ABC↕

Characters: 0

\* Objective's Target Met:

- Yes
- No
- Currently ongoing

\* Date Met:

/  (MM/YYYY)

\* Measure Achieved:

\* Facilitating Factors for Success:

ABC↕

Characters: 0

Barriers Encountered While Achieving the Objective's Target Measure:

ABC↕

Characters: 0

Plans to Overcome Barriers:

ABC↕

Characters: 0

Other Outcomes or Collateral Effects (positive or negative):

ABC↕

Characters: 0

## Work Plan: Activity Progress

### 2009-2010 Work Plan

#### Add Activity Progress

Related Activity:

Hire state dental director (Completed, 07/2008-07/2008)

\* Date Progress Occurred:

/  (MM/YYYY)

\* Describe Progress:

ABC ↵

Characters: 0

## Work Plan: Products

### 2009-2010 Work Plan

#### Add Product

Related Objective:

WP1-Infrastructure-Development (Ongoing, 07/2008-07/2009)

\* Product Title:

\* Product Description:

ABC ↵

Characters: 0

Product Attachments:

To upload attachments, select 'Save' below then select the Attachment(s) link on the next page.

## 2009-2010 Budget

\* required field

## Form 424a

Edit Requested Budget

Updated: 04/27/2009

\* Budget Status:  Draft  
 Ready to Include in Report  
 CDC Approved  /  /  (MM/DD/YYYY)

## Section A - Budget Summary

Budget Year 2009-2010

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance # (b)	Estimate Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1. Base Funding	<input type="text"/>	\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ .00
2. Supplemental	<input type="text"/>	\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ .00
3. Carry Over (2008-2009)	<input type="text"/>	\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ .00
4. Carry Over (2007-2008)	<input type="text"/>	\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ <input type="text"/> .00	\$ .00
5. Total		\$ .00	\$ .00	\$ .00	\$ .00	\$ .00

## Section B - Budget Categories

	Base Funding	Supplemental (2009-2010)	Carry Over (2008-2009)	Carry Over (2007-2008)	Total
6a. <a href="#">Personnel</a>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
6b. Fringe benefits	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
6c. <a href="#">Travel</a>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
6d. <a href="#">Equipment</a>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
6e. <a href="#">Supplies</a>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
6f. <a href="#">Contractual</a>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
6g. Construction	N/A	N/A	N/A	N/A	N/A
6h. <a href="#">Other</a>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
6i. Total Direct charges (sum 6a-6h)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
6j. <a href="#">Indirect Charges</a>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
6k. TOTAL (sum 6i and 6j)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

## Section C - Non-Federal Resources

Grant Program (a)	Applicant (b)	State (c)	Other Sources (d)	Totals (e)
7. Base Funding	\$ <input type="text"/> .00	N/A	\$ <input type="text"/> .00	\$ .00
8. Supplemental	\$ <input type="text"/> .00	N/A	\$ <input type="text"/> .00	\$ .00
9. Carry Over (2008-2009)	\$ <input type="text"/> .00	N/A	\$ <input type="text"/> .00	\$ .00
10. Carry Over (2007-2008)	\$ <input type="text"/> .00	N/A	\$ <input type="text"/> .00	\$ .00
11. Total	\$ .00	N/A	\$ .00	\$ .00

Budget – Form 424a (Continued)

**Section D - Forecasted Cash Needs**

		<b>Total for First Year</b>	<b>1st Quarter</b>	<b>2nd Quarter</b>	<b>3rd Quarter</b>	<b>4th Quarter</b>
12.	Federal	\$ .00	\$ <input type="text" value=".00"/>	\$ <input type="text" value=".00"/>	\$ <input type="text" value=".00"/>	\$ <input type="text" value=".00"/>
13.	Non-Federal	\$ .00	\$ <input type="text" value=".00"/>	\$ <input type="text" value=".00"/>	\$ <input type="text" value=".00"/>	\$ <input type="text" value=".00"/>
14.	<b>Total</b>	\$ .00	\$ .00	\$ .00	\$ .00	\$ .00

**Section E - Budget Estimates for federal funds needed for balance of the project**

	<b>Grant Program (a)</b>	<b>First Year (b)</b>	<b>Second Year (c)</b>	<b>Third Year (d)</b>	<b>Fourth Year (e)</b>
15.	Base Funding	\$ <input type="text" value=".00"/>	\$ <input type="text" value=".00"/>	\$ <input type="text" value=".00"/>	\$ <input type="text" value=".00"/>
16.	Supplemental	\$ <input type="text" value=".00"/>	\$ <input type="text" value=".00"/>	\$ <input type="text" value=".00"/>	\$ <input type="text" value=".00"/>
17.	Carry Over (2008-2009)	\$ <input type="text" value=".00"/>	\$ <input type="text" value=".00"/>	\$ <input type="text" value=".00"/>	\$ <input type="text" value=".00"/>
18.	Carry Over (2007-2008)	\$ <input type="text" value=".00"/>	\$ <input type="text" value=".00"/>	\$ <input type="text" value=".00"/>	\$ <input type="text" value=".00"/>
19.	<b>Total</b>	\$ .00	\$ .00	\$ .00	\$ .00

**Section F - Other budget information**

20. Direct Charges

21. Indirect Charges

22. Remarks

Budget – Personnel

2009-2010 Budget

Edit Personnel

Budget Type: Base Funding  
Personnel: Last Name, First Name  
Position Title: Title Displayed Here

\* Yearly Salary: \$

% of Time: 0%

\* Number of months per year:

\* Amount: \$

\* Justification:

ABC ↺

Characters: 0

\* Allocation:

Federal requested amount	\$ <input type="text"/>	or	<input type="text"/>	%
State cash amount	\$ <input type="text"/>	or	<input type="text"/>	%
State in-kind amount	\$ <input type="text"/>	or	<input type="text"/>	%
Other cash amount	\$ <input type="text"/>	or	<input type="text"/>	%
Other in-kind amount	\$ <input type="text"/>	or	<input type="text"/>	%

Fringe Benefit Rate: %

\* Fringe Amount: \$

Fringe Allocation:

Federal requested amount	\$ <input type="text"/>	or	<input type="text"/>	%
State cash amount	\$ <input type="text"/>	or	<input type="text"/>	%
State in-kind amount	\$ <input type="text"/>	or	<input type="text"/>	%
Other cash amount	\$ <input type="text"/>	or	<input type="text"/>	%
Other in-kind amount	\$ <input type="text"/>	or	<input type="text"/>	%

Budget: Travel

2009-2010 Budget

Add Travel

\* Budget Type:  Base Funding  
 Supplemental  
 Carry Over (specify)

\* Trip Title:

\* Type:

\* Number of People:

\* Number of Trips:

Dates of Travel:  /  /  -  /  /  (MM/DD/YYYY)

Per Diem: \$

Mileage: \$

Ground Transportation: \$

Air Fare: \$

Lodging: \$

Car Rental: \$

Other: \$

\* Amount: \$

\* Justification: 

ABC

Characters: 0

Allocation:

Federal requested amount	\$ <input type="text"/>	or	<input type="text"/> %
State cash amount	\$ <input type="text"/>	or	<input type="text"/> %
State in-kind amount	\$ <input type="text"/>	or	<input type="text"/> %
Other cash amount	\$ <input type="text"/>	or	<input type="text"/> %
Other in-kind amount	\$ <input type="text"/>	or	<input type="text"/> %



Budget: Equipment

2009-2010 Budget

Add Equipment

\* Budget Type:  Base Funding  
 Supplemental  
 Carry Over (specify)

\* Equipment Title:

\* Number of Units:

\* Cost per Unit: \$

\* Amount: \$

\* Justification: 

ABC ↺

Characters: 0

Allocation:

Federal requested amount	\$ <input type="text"/>	or	<input type="text"/>	%
State cash amount	\$ <input type="text"/>	or	<input type="text"/>	%
State in-kind amount	\$ <input type="text"/>	or	<input type="text"/>	%
Other cash amount	\$ <input type="text"/>	or	<input type="text"/>	%
Other in-kind amount	\$ <input type="text"/>	or	<input type="text"/>	%

Budget: Supplies

2009-2010 Budget

Add Supplies

\* Budget Type:

- Base Funding
- Supplemental
- Carry Over (specify)

\* Supply Title:

\* Number of Units:

\* Cost per Unit:

\$

\* Amount:

\$

\* Justification:

AEC

Characters: 0

Allocation:

- Federal requested amount \$  or  %
- State cash amount \$  or  %
- State in-kind amount \$  or  %
- Other cash amount \$  or  %
- Other in-kind amount \$  or  %

Budget: Contractual

2009-2010 Budget

Edit Contractual

\* Budget Type:

- Base Funding
- Supplemental
- Carry Over (specify)

Organization Name:

TBD

Primary Role:

Other

\* Amount:

\$

\* Justification:

ABC ↶ ↷

Characters: 13

\* Scope Of Work:

ABC ↶ ↷

Characters: 13

\* Method Of Accountability:

ABC ↶ ↷

Characters: 13

\* Period of Performance:

/  /  -  /  /  (MM/DD/YYYY)

Budget: Contractual (Continued)

\* Method Of Determination:

ABC↩

Characters: 13

Allocation:

Federal requested amount	\$	<input type="text"/>	or	<input type="text"/>	%
State cash amount	\$	<input type="text"/>	or	<input type="text"/>	%
State in-kind amount	\$	<input type="text"/>	or	<input type="text"/>	%
Other cash amount	\$	<input type="text"/>	or	<input type="text"/>	%
Other in-kind amount	\$	<input type="text"/>	or	<input type="text"/>	%

\* Travel Costs Included?:

Yes  No

\* Trip Title:

\* Type:

Select one ▼

\* Number of People:

\* Number of Trips:

Dates of Travel:

/  /  -  /  /  (MM/DD/YYYY)

Per Diem:

\$

Mileage:

\$

Ground Transportation:

\$

AirFare:

\$

Lodging:

\$

Car Rental:

\$

Other:

\$

\* Amount:

\$

Save

Cancel

Budget: Other

### 2009-2010 Budget

#### Add Other

\* Budget Type:

- Base Funding
- Supplemental
- Carry Over (specify)

\* Description:

ABC ↕

Characters: 0

\* Amount:

\$

\* Justification:

ABC ↕

Characters: 0

Allocation:

Federal requested amount	\$ <input style="width: 80%;" type="text"/>	or	<input style="width: 80%;" type="text"/>	%
State cash amount	\$ <input style="width: 80%;" type="text"/>	or	<input style="width: 80%;" type="text"/>	%
State in-kind amount	\$ <input style="width: 80%;" type="text"/>	or	<input style="width: 80%;" type="text"/>	%
Other cash amount	\$ <input style="width: 80%;" type="text"/>	or	<input style="width: 80%;" type="text"/>	%
Other in-kind amount	\$ <input style="width: 80%;" type="text"/>	or	<input style="width: 80%;" type="text"/>	%

## 2009-2010 Budget

### Add Indirect Charges

\* Budget Type:  Base Funding  
 Supplemental  
 Carry Over (specify)

\* Indirect Charge Rate:  %

\* Indirect charge Base:  Personnel  
 Fringe Benefits  
 Travel  
 Equipment  
 Supplies  
 Contractual  
 Construction  
 Other

\* Justification: 

ABC

  
Characters: 0

\* Amount: \$

Allocation:

Federal requested amount	\$ <input type="text"/>	or	<input type="text"/>	%
State cash amount	\$ <input type="text"/>	or	<input type="text"/>	%
State in-kind amount	\$ <input type="text"/>	or	<input type="text"/>	%
Other cash amount	\$ <input type="text"/>	or	<input type="text"/>	%
Other in-kind amount	\$ <input type="text"/>	or	<input type="text"/>	%