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

DOH Information System (IS)

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Form Approved: OMB 0920-0739
Expiration Date: 05/31/2013

Public reporting burden of this collection of information is estimated to average 11 hours per response (interim report), including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0739)

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Program Information: Add Contact Information

2012-2013 Program Information

Edit Contact Information

* Program Name:

Grantee Number:

* 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: -

Shipping Address

* Shipping Address Same as the Mailing Address: Yes No

* Address Line 1:

Address Line 2:

* City, State Zip: -

Program Information: Add Contact Information

2012-2013 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	Communicate on Collaboration Suggestions/Ideas	Actively Collaborate on related Projects
Adolescent/school health	Select one ▼	Select one ▼
Adult Health	Select one ▼	Select one ▼
Aging	Select one ▼	Select one ▼
Cancer	Select one ▼	Select one ▼
Cardiovascular	Select one ▼	Select one ▼
Community Health	Select one ▼	Select one ▼
Diabetes	Select one ▼	Select one ▼
Genomics	Select one ▼	Select one ▼
Nutrition/Obesity	Select one ▼	Select one ▼
Physical Activity	Select one ▼	Select one ▼
School Health	Select one ▼	Select one ▼
Tobacco	Select one ▼	Select one ▼
Other (Specify) <input style="width: 150px;" type="text"/>	Select one ▼	Select one ▼

Program Information: Add Personnel



- FUNDED PROGRAMS
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- PROGRAM INFORMATION
- RESOURCES
- PLANNING
- WORK PLAN
- BUDGET
- REPORTS

[Contact Information](#) | [Program Overview](#) | [Personnel](#) | [Organization Chart](#) | [Success Stories](#)

2012-2013 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"/> %
		<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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2012-2013 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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Program Information: Add Success Story

2012-2013 Program Information

* required field

Add Success Story


* Title:

* Status: Draft Final

* Time Period of Achievement: to (MM-YYYY)

* Point of Contact:

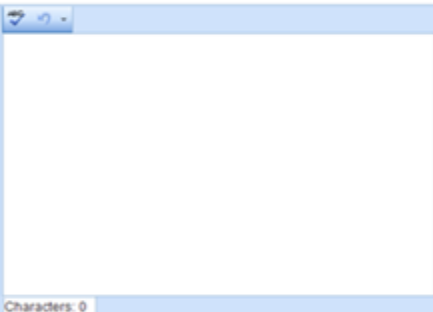
* Keywords:



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 (6)
 - 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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Partners | [Contracts](#) | [Coalitions](#)

2012-2013 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:


<ul style="list-style-type: none"> <input type="checkbox"/> Communication network access <input type="checkbox"/> Conference sponsor <input type="checkbox"/> Consultation <input type="checkbox"/> Data analysis <input type="checkbox"/> Epidemiology <input type="checkbox"/> Equipment <input type="checkbox"/> Evaluation <input type="checkbox"/> Funding 	<ul style="list-style-type: none"> <input type="checkbox"/> Media <input type="checkbox"/> Personnel <input type="checkbox"/> Supplies and equipment <input type="checkbox"/> Training/education <input type="checkbox"/> Travel assistance <input type="checkbox"/> Visibility (credibility) <input type="checkbox"/> Other (specify) <input type="text"/>
---	---

* Evidence of Collaboration:

<ul style="list-style-type: none"> <input type="checkbox"/> Joint dedication of resources <input type="checkbox"/> Letter of support <input type="checkbox"/> Memorandum of agreement (MOA) 	<ul style="list-style-type: none"> <input type="checkbox"/> Memorandum of understanding (MOU) <input type="checkbox"/> Other (specify) <input type="text"/>
--	--

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

Resources: Add Contract



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2012-2013 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:

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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2012-2013 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)

Resources: Add Coalition (Continued)

- 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.		

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Planning: Add State Plan

2012-2013 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:

- Academia/school
- Advisory/partner group
- Business/industry sector
- Coalition
- Federal health government agency
- General public
- Governor and staff
- Hospital/health care agency
- Legislator
- Local health government agency

- Media
- National organization and state affiliate
- Other federal government agency
- Other local government agency
- Other state government agency
- Priority population organization
- Private/public policy maker
- State health government agency
- Third party payer
- Other (specify)

* Content Areas:

- Burden of disease
- Partnerships
- Caries
- Periodontal diseases
- Evaluation strategies and recommendations for monitoring the outcomes and impacts of plan implementation
- Plan maintenance
- Healthy People 2010 objectives
- Priority populations
- Implementation strategies

- School-based or school-linked sealant programs
- Infection control
- Strategies to address oral health promotion across the lifespan
- Leveraging of resources
- Strategies to identify best practices
- Oral cancer
- Water fluoridation
- Oral health infrastructure
- Other (specify)

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

Planning: Add Surveillance Plan

2012-2013 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 type="checkbox"/> ASTDD State Synopsis	<input type="checkbox"/> National Oral Health Surveillance System (NOHSS)
<input type="checkbox"/> Basic Screening Surveillance (BSS)	<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System (PRAMS)
<input type="checkbox"/> Behavioral Risk Factor Surveillance System (BRFSS)	<input type="checkbox"/> U.S. Bureau of Census
<input type="checkbox"/> Centers for Medicare and Medicaid Services (CMS)	<input type="checkbox"/> Vital statistics
<input type="checkbox"/> Chronic Disease Indicators (CDI)	<input 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 type="checkbox"/> Youth Risk Behavior Surveillance System (YRBSS)
<input type="checkbox"/> Hospital Discharge Data	<input type="checkbox"/> Youth Tobacco Survey (YTS)
<input type="checkbox"/> National Health and Nutrition Examination Survey (NHANES)	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> National Immunization Survey (NIS)	<input type="text" value="Cancer and Birth Defect"/>

Save

Cancel

Planning: Add Burden Document

2012-2013 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

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

Planning: Add Environmental Assessment (Continued)

2012-2013 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"/>

Planning: Environmental Assessment (Continued)

2012-2013 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	
2. Diversity of sources for financial support	Select one	
3. Stability of financial support	Select one	
4. Ratio of grants to state funds	Select one	
5. Ability to successfully apply for grants	Select one	
B. Human Resources	Rating	Comments
1. Presence of dental director	Select one	
2. Adequate professional staff	Select one	
3. Adequate support staff	Select one	
4. Access to dental consultants	Select one	
5. Fiscal department human resources	Select one	
6. Number of contract employees v. number of state staff	Select one	
7. Ability to contract for additional assistance	Select one	
8. Other (Specify)	Select one	
C. Infrastructure (state level)	Rating	Comments
1. Comprehensive burden document	Select one	
2. Comprehensive state plan	Select one	
3. Diverse, state-wide coalition	Select one	
4. Evaluation capacity and use	Select one	
5. Surveillance system/measures that provide the data needed for stakeholders, evaluation, and program growth	Select one	
6. Fluoridation program management	Select one	
7. Fluoridation equipment	Select one	
8. School-based/linked dental sealant programs	Select one	
9. External expertise available to impact Oral Health (MPH programs, dental/hygiene schools, evaluation consultants etc)	Select one	

Save

Cancel

Planning: Environmental Assessment (Continued)

2012-2013 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

2012-2013 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):

ABC [dropdown]

Characters: 0

* Summarize Opportunities Identified (Findings):

ABC [dropdown]

Characters: 0

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

ABC [dropdown]

Characters: 0

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

ABC [dropdown]

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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2012-2013 Planning

* required field

Add Evaluation Plan

* Evaluation Type:


* Plan Status: Not started Planning Implementation

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Planning: Add Plans and Logic Models



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2012-2013 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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2012-2013 Work Plan [Back to Work Plan Summary](#)

Add Output Objective

Specific

* Title:

* Description:



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: 

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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  Department of Health and Human Services

Work Plan: Activity

2012-2013 Work Plan

Add Activity

Related Objective:

* Title:

* Activity Description:

ABC ↩ ▼

Characters: 0

* Current Status:

* Lead Staff Assigned:

Other Staff Assigned:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Contractors Assigned:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Partners Assigned:

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

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

2012-2013 Work Plan

Add Objective Progress & Results

Related Objective:

* 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

2012-2013 Work Plan

Add Activity Progress

Related Activity:

* Date Progress Occurred: / (MM/YYYY)

* Describe Progress:

ABC

✓ ↻ ▾

Characters: 0

Work Plan: Products

2012-2013 Work Plan

Add Product

Related Objective:

* 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.

Budget - Form 424a

2012-2013 Budget

* required field

Form 424a

Edit Requested Budget

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

Section A - Budget Summary

Budget Year

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. Personnel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
6b. Fringe benefits	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
6c. Travel	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
6d. Equipment	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
6e. Supplies	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
6f. Contractual	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
6g. Construction	N/A	N/A	N/A	N/A	N/A
6h. Other	\$ 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. Indirect Charges	\$ 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

		Total for First Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
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.	Total	\$.00	\$.00	\$.00	\$.00	\$.00

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

Grant Program (a)	First Year (b)	Second Year (c)	Third Year (d)	Fourth Year (e)
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. Total	\$.00	\$.00	\$.00	\$.00

Section F - Other budget information

20. Direct Charges

21. Indirect Charges

22. Remarks

Budget – Personnel

2012-2013 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 \$ or %

State cash amount \$ or %

State in-kind amount \$ or %

Other cash amount \$ or %

Other in-kind amount \$ or %

Fringe Benefit Rate:

%

* Fringe Amount:

\$

Fringe Allocation:

Federal requested amount \$ or %

State cash amount \$ or %

State in-kind amount \$ or %

Other cash amount \$ or %

Other in-kind amount \$ or %

Budget: Travel

2012-2013 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 \$ or %
State cash amount \$ or %
State in-kind amount \$ or %
Other cash amount \$ or %
Other in-kind amount \$ or %

Budget: Equipment

2012-2013 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

2012-2013 Budget

Add Supplies

* Budget Type:

- Base Funding
 Supplemental
 Carry Over (specify)

* Supply Title:

* Number of Units:

* Cost per Unit:

\$

* Amount:

\$

* Justification:

ABC

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 (Continued)

* Method Of Determination:

ABC ↩ ↪

Characters: 13

Allocation:

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

* 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:

\$

Budget: Other

2012-2013 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 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: Indirect

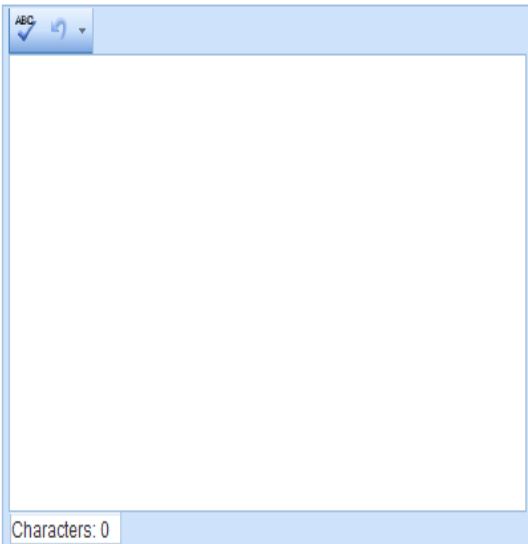
2012-2013 Budget

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: 

* 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"/>	%