Advancing Oral Health Equity in California 2027-2030
Letter of Intent

Please complete and email this mandatory Letter of Intent to OfficeofOralHealth@cdph.ca.gov no later than **May 1, 2026.**

Organization Name: Siskiyou County Health & Human Services - Public Health

Authorized Representative: Shelly Davis, Director, Public Health

Project Lead or Designee: Toby Reusze, Deputy Director Public Health Education

Email: tareusze@co.siskiyou.ca.us

Phone: 530.841.2161

Please select one response:

Yes. We intend to apply for the funds from the California Department of Public Health, Office of Oral Health (CDPH/OOH), to continue to implement the Local Oral Health Program for our Local Health Jurisdiction (LHJ).	☒
Yes. We intend to apply for funding from CDPH/OOH to implement the Local Oral Health Program **and** will likely pursue a consortium. If selected, please include the following information: • Organizations involved: Click here to enter text. • Lead LHJ or Organization: Click here to enter text. • Jurisdictions covered: Click here to enter text.	☐
No. We do not intend to apply for this grant opportunity.	☐

Please complete the field below:

	Weeks	Months
How much time is needed for board approval?		2

Shelly Davis

Signature of Authorized Representative

4/8/26

Date