PUBLICATION APPROVAL REQUEST
Michigan Department of Health and Human Services
External Relations and Communications
(See APC140 for the Publication Policy)

INSTRUCTIONS:
- Before submitting this form, review your publication to make sure it meets the MDHHS Style Guide provisions.
- All fields in Section I must be completed before reaching the Deputy Director for approval.
- After your Deputy Director completes Section II, submit the draft publication with the signed form to Communications via email at CommOffice@michigan.gov, or deliver to 333 South Grand, 6th Floor, Office of Communications.
- Allow up to 10 days for the Office of Communications to review this request.

SECTION I - To be completed by the REQUESTER:

1. This request is for:
   - [ ] Reprint (no edits)
   - [ ] Revisions
   - [x] Proclamation

2. Publication number and title
   Percent of Michigan Residents on Community Water Systems with Access Map

3. Publication submitted by (name)
   Lisa Borucki

4. Phone number
   517-335-8879

5. Email address
   [ ]

6. Date submitted
   [ ]

7. Name and address of office, agency, bureau, hospital, or center requesting this approval
   MDHHS, Oral Health, 109 W. Michigan, Lansing, MI 48616

8. Mandate for this publication (if applicable)
   N/A

9. Purpose of this publication
   To show the percent of Michigan Residents on Community Water Systems with Access to Optimally Floridated Water by County for FY17.

10. Target audience
    Residents who are on community water systems.

11. Distribution plan
    Oral Health webpage.

12. Is funding available and included in your spending plan? If yes, check one.
    - [ ] No
    - [x] Yes

13. Appropriation Yr.
    2019

14. Accounting Template
    491EG2474

15. Unit Code
    SHL

16. Dept. Object
    6129

17. Location
    X999

18. Quantity Ordered
    N/A

19. One or more month’s supply on hand
    [ ] Yes [ ] No

20. Requested Delivery Date (not ASAP)
    03/19/2019 (or sooner)

21. Ship printed material to: (check all that apply)
    - [ ] Requester
    - [ ] DTMB Warehouse - Commodity Code: ____________________
    - [ ] DTMB Mail Services
    - [ ] Ship order to (if different than address above)

22. Size
    - [ ] 8½ x 11
    - [ ] Other

23. Paper Color/Weight
    - [ ] Black
    - [ ] Other

24. Ink Color
    - [ ] Black
    - [ ] Other

25. Binding
    - [ ] Padding
    - [ ] Staple Upper Left
    - [ ] Saddle Stitch
    - [ ] Other

26. Print
    - [ ] One side
    - [ ] Two sided
    - [ ] No printing – online only

27. Punching
    - [ ] Yes (attach sample)

28. Folding/Perforation
    - [ ] Yes (attach sample)

29. Additional information

30. Content accuracy, technical data, addresses and phone numbers, website addresses, have been verified by (name)
    Sandra Sutton - 517-373-0238

MDHHS-5403 (Rev. 11-17) Previous edition obsolete.
31. Do grammar, style, and graphics adhere to the MDHHS Style Guide provisions?
☐ No ☒ Yes (A.P. style is recommended and review available upon request.)

32. What is the readability level? (See Instructions on page 2)
N/A

33. Was spell check used on the final draft?
☐ No ☒ Yes

SECTION II - To be completed by PROGRAM MANAGER and their ADMINISTRATION DEPUTY DIRECTOR:

34. Is there material in the publication that may have policy ramifications?
☐ Yes, if yes, forward the publication and this form to the MDHHS Policy Office for review.
☐ No. If no, sign off in the space provided below and forward all paperwork to Office of Communications.

35. Division director/program manager approval signature
[Signature] 3-7-19 [Date]

36. Deputy director approval signature
[Signature] 3-15-19 [Date]

SECTION III - To be completed by MDHHS POLICY OFFICE, if applicable:

37. Approval signature

Date

SECTION IV - To be completed by EXTERNAL RELATIONS AND COMMUNICATIONS:

38. Communications director approval signature
[Signature] 3-29-19 [Date]

SECTION V - To be completed by MDHHS FORMS, MAIL AND RECORDS MANAGEMENT:

39. FMRM Assigned Analyst Signature

Date Received ☐ $ Stock Status Date Completed

Line 29 instructions: How to determine publication reading level.

Microsoft Word 14.0

select "File" tab
select "Options" tab
select "Proofing" tab
select "Show readability statistics" box
select "Check grammar with spelling" box

After check spelling, the readability level will now appear.

To complete, refer to the number shown on the last line of the "Readability Statistics" table, next to "Flesch-Kincaid Grade Level." This number indicates the readability grade level.
Percent of Michigan Residents on Community Water Systems with Access to Optimally Fluoridated Water by County, 2017

% Accessing Optimally Fluoridated Water

- 0.0% - 25.0%
- 25.1% - 50.0%
- 50.1% - 75.0%
- 75.1% - 100.0%

Fluoridated water includes adjusted and optimal natural systems.
Numerator: Michigan residents accessing optimally fluoridated water.
Denominator: Michigan residents served by community water systems.