MINNESOTA DENTAL FOUNDATION
A practice of giving.

2017 Minnesota Dental Foundation Grant Application Form
(Please fill in all fields and use the "Print Form" when completed)

Organization Information

Name of Organization _____

Legal Name, if different _____

Address _____

City _____ *State* _____ *ZIP* _____

Phone _____ *Fax* _____ *URL* _____

Contact Name _____ *Title* _____

Phone _____ *E-mail* _____

Is your organization an IRS 501(c)(3) not for profit? Yes ☐ No ☐ *EIN* _____

If not, is your organization a public agency/unit of government? Yes ☐ No ☐

Budget Information

Amount Requested (in dollars) _____ *Are you seeking or do you have matching funds? (not mandatory)* Yes ☐ No ☐

Total Project Budget _____ *Total Annual Organization Budget* _____

Proposal Information

Expected Number Served: Children <12 _____ *Adults 18-65* _____ *Medically/Physically Compromised* _____

Teens 12-18 _____ *Seniors >65* _____ *Mentally Compromised* _____

Geographic Area Served _____

Direct Patient Care to the Underserved (other than GKAS) ☐ *Give Kids A Smile* ☐ *Project/Program Support* ☐

Dental Assisting/Hygiene Education Project ☐ *Other* ☐ _____

Project Dates _____ *Fiscal Year-end* _____

Is this the first year of this program? Yes ☐ No ☐ *If not, when did you start this specific program?* _____

Please provide the goals you hope to achieve through your program/project and describe how they fit with the Minnesota Dental Foundation's vision of eliminating unmet oral health needs in Minnesota. If a GKAS application, describe the services you will provide. Finally, describe briefly how you plan to measure your program/project outcomes. (Limit of 1500 characters.)

Authorization

By signing this grant request, you certify that you are authorized to submit grants on behalf of your organization.

Signature of Person Completing this Application _____

Title _____ Print Name _____Date _____

This grant request must be fully completed to be considered. Please print legibly if being completed by hand.

Grant applications should be received by the Minnesota Dental Foundation by Monday, December 12, 2016.

As a condition of receiving any award, you must file a report on how these funds were used within four months of the completion of the project.

Mail to:
Minnesota Dental Foundation
1335 Industrial Blvd, Minneapolis, MN 55413
Fax to: 612-767-8500
E-mail to: foundation@mndental.org