



2018 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 11, 2017.

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](mailto:foundation@mndental.org)