



MINNESOTA DENTAL FOUNDATION

A practice of giving.

Disaster Relief Fund

Information and Application

For more information contact:

Minnesota Dental Foundation

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Send the application and other materials to:

Minnesota Dental Foundation

1335 Industrial Blvd., Suite 200

Minneapolis, MN 55413

Fax: 612-767-8500

Email: Foundation@mndental.org

PURPOSE

- Respond to natural or man-made disasters that affects dental offices in Minnesota.
- Does not cover vehicular accidents of mobile dental clinics.
- The dental offices and businesses can be for-profit or non-profit, members or non-members of the MDA.
- Priority will be given to clinics and organizations providing care to low-income, uninsured, and underserved patients and communities.
- Must be a licensed dental practice in Minnesota.
- Must provide proof of damages or losses (insurance claims, photos, etc.).
- Must be in good standing with state licensing and regulatory requirements.

ITEMS COVERED

- Funds from the Minnesota Dental Foundation will only cover costs from non-reimbursed losses or damage.
- Physical damage to building such as structural damage, roof damage, flooding, fire damage, broken windows, and vandalism.
- Loss of essential equipment and supplies such as dental chairs, imaging systems, sterilization units, and other necessary dental equipment and supplies.
- Other emergency expenses such as costs associated with temporarily relocating or emergency response measures.
- Funds cannot be used for pre-existing debts or unrelated business expenses.
- Practices that have received substantial insurance payouts or other relief funding may have limited eligibility.

FUNDING

- Funding for this program comes from the Disaster Relief Fund, a fund of the Minnesota Dental Foundation.
- Practices that have received substantial insurance payouts or other relief funding may have limited eligibility.
- Grant recipients must provide a follow-up report on fund usage within 6 months of funding.

EVALUATION

- Each application will be evaluated for funding based upon information provided on this application.
- The Minnesota Dental Foundation, along with its selection consultants, reserves the right to determine the weighing of any criteria.
- All applications will be reviewed and funds awarded without reference to race, gender, disability or any other protected class status.
- Please note that applications meeting any or all of the criteria are not guaranteed receipt of an award.

- The Minnesota Dental Foundation reserves the right to determine the recipient of any award and to do so in its sole discretion.

APPLICATION PROCESS

- A completed, legible application form.
- An additional one-page description of the how the disaster affected your business and how these funds will help restore your facility.
- Proof of loss (photos, articles, insurance claim, etc).
- The Minnesota Dental Foundation may solicit, at its sole discretion, appropriate information from an organization in lieu of requesting an application.

The complete application, along with all requested information, can be mailed or emailed to the Minnesota Dental Foundation to the address or email address on the cover of this application. Receipt of the application will be sent to the applicant.



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Disaster Relief Program Application

Clinic/Business Name _____

First Name _____ MI ____ Last _____

Address _____

City _____ State ____ Zip _____

Telephone (____) _____ Cell Phone (____) _____ Email _____

Is the clinic an IRS 501(c)(3) nonprofit organization? ☐ Yes ☐ No

Social Security or EIN Number _____

Insurance Information

Insurance Company _____

Insurance Agent & Phone _____

Disaster Information

Please attach a single page describing how your clinic was impacted by the disaster and explain how these funds will support continued patient care and operations.

Breakdown of how requested funds will be used (Check all that apply):

- ☐ Dental Supplies
- ☐ Small Equipment
- ☐ Large Equipment
- ☐ Providing Care & Preventative Treatment
- ☐ Covering Wages of Clinic Staff
- ☐ Repairs & Structural Damage
- ☐ Other (Please specify): _____

I declare under penalty of perjury that the information on this application is true and complete to the best of my knowledge. If asked by the Minnesota Dental Foundation, I agree to provide additional verification as requested. The Minnesota Dental Foundation does not provide advice on the tax implications of this grant.

Applicant's Signature _____ Date _____