



Grant Application

Date: _____

Organization Name: _____

Address: _____

City/State/Zip: _____

Contact Person and Title: _____

Phone: _____ Email: _____

Tell us about your organization, its history, mission and goals (Use separate sheets for your narrative.).

Are you a not-for-profit IRS 501(c)(3) charity organization? Yes No

If yes, provide your federal ID #: _____

Date your fiscal year starts: _____ Date of incorporation: _____

Your principle sources of support. On a separate sheet, list the names and amounts of your three principal supporters:

___% Foundations ___% Government Support ___% Earned Income ___% Individual Contributions ___% Other

Cost of your fundraising: \$ _____ Percent of budget: _____

Administrative costs: \$ _____ Percent of budget: _____

Tell us about your grant request. Use separate sheets for your narrative. Be specific as to how grant money will be applied.

Amount requested: \$ _____

Purpose of request:

- Capital Expenditures Endowment General Support
- Project or Program Technical Support Start up Support Other

If other, please describe:

Tell us about your project. Use separate sheets for your narrative. Answering at least the following:

If the grant request is for a Project, is it? New Ongoing Expansion

What is the scope of the Project? Short-term Long-term

How will this Project improve the dental health status of your patients/clients?

How and when will you measure the success of this project? (Your results will be required by the CDS Foundation.)

If an ongoing project, provide your evaluation of the previous year's success/shortcoming.

If the Project is to continue, how do you plan to sustain it?

Specify how you intend to give credit to this foundation for its support.

If the request is for a Project, please answer the following:

a) Person/Title responsible for the Project: _____

Phone: _____ Email: _____

b) Title of Project: _____

c) Project start date: _____

d) Entire budget for this project: \$ _____

Please enclose:

(Check off)

- APPENDIX A: A complete budget for the project or program.
- APPENDIX B: Current annual operating budget, services rendered, volunteer hours
- APPENDIX C: Current Board of Directors or Leaders and contact phone numbers
- APPENDIX D: Current audited financial report
- APPENDIX E: Previous year's federal tax return
- APPENDIX F: An attached list of three (3) Principal Staff with their qualifications and yearly salary
- The CDS Foundation considers grant applications only from public charities as defined under the Internal Revenue Code and applicable regulations. An applicant must have obtained a 501(c) (3) determination letter prior to submitting its application and must include a copy with this application. If the applicant is not required to have obtained a 501(c) (3) letter, it must provide a copy of an IRS letter or a legal opinion certifying that the applicant is a public charity as described in section 509(a) (1), (2) or (3).