



The purpose of this grant is to promote community dental awareness projects aimed at educating and informing the community.

**OVERVIEW OF THE ORGANIZATION**

1. Name of Organization/Person applying

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2. Principal service and purpose

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3. Collaboration, partnership and joint ventures as it relates to the project

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**DESCRIBE YOUR PROJECT IN MORE DETAIL**

1. The needs identified, quantity if possible:

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2. Proposed timeline:

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**EXPLAIN THE EXPECTED BENEFITS FROM THIS INVESTMENT**

1. Who will be served, benefited or impacted; and how will identity needs be addressed?

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2. How will the applicant/organization benefit?

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3. If the application is for a new service or demonstration project explain the source of funds to carry on the project (if any will be needed) after the requested funds are spent. Are there commitments or guarantees for these funds?

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4. What other organizations in the area are now furnishing the type of services to be performed with the funds requested? To what extent would proposed project services be a duplication of any other services now available? How have you collaborated with them in providing these services?

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5. Describe any past and current efforts within the community to address the identified needs:

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6. What marketing or public relations methods will be used to communicate to your donors/members/supporters any grant support received from the North Central Dental Foundation?

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**PLEASE ATTACH THE FOLLOWING SUPPORTING DOCUMENTATION TO YOUR APPLICATION:**

1. A budget for this proposal.
2. Names of your officers, staff, board of directors, including terms, if applicable.
3. Certificate of good standing by the Indiana Secretary of State (if incorporated)
4. Copy of IRS letter stating that your organization is tax-exempt.

**SUBMIT COMPLETED APPLICATION TO:**

NCDF  
303 S Main Street, Suite 103  
Mishawaka, IN 46544

or via email:

NCDS@MedDentSociety.com