**2023 GRANT APPLICATION**

*This application is for organizations applying for* ***new programs*** *or****organizations NOT funded*** *by DDAZF in the last three years.*

*Please review the* ***Grant Application Instructions*** *carefully before completing this application.*

|  |  |
| --- | --- |
| Organization Name |  |
| Organization’s Executive Director | *Name* |  | *Phone* |  |
| Contact person/grant writer for correspondence regarding this application | *Name* |  | *Title* |  |
| *Email* |  | *Phone* |  |
| Program Coordinator for the **proposed program** | *Name* |  | *Title* |  |
| *Email* |  | *Phone* |  |
| Contact person for any **oral hygiene supplies** requested | *Name* |  | *Title* |  |
| *Email* |  | *Phone* |  |
| Mailing address for correspondence and notifications regarding this grant | *Addr 1* |  |
| *Addr 2* |  |
| *City, State, ZIP* |  |
| Program name |  |
| Provide a 1-2 sentence **summary** of the program (tell me about the program, not about your mission or organization)***Not to exceed 100 words:******Click here to see***[**examples on website**](https://www.deltadentalaz.com/foundation/grants/grant-recipients/) |  |
| Total Dollar amount requested ($30,000 maximum) | $ |  |
| Has this program received a previous grant from DDAZF? | NO |  | YES |  | *If YES, what year(s)?* |  |
| Counties or geographic area(s) to be served by this grant |  |
| Are you requesting Smile Bags? | NO |  | YES |  | *If YES, complete separate supply request form* |
| Are **ALL** Smile Bags for this Program? | NO |  | YES |  | *If NO, explain below.* |
| If **ALL** Smile Bags are NOT for this grant program, briefly explain other use(s) and amount(s). |  |
| Please place an “X” for ALL focus areas that apply to this grant |  | Children |  | Seniors |  | Pregnant Mothers |  | Food Services |
|  | Prevention |  | Education |  | Treatment |

**APPLICATION NARRATIVE**

**This section is not to exceed 2 pages. Please be concise and succinct.**

***THE CHART BELOW IS THE MOST IMPORTANT PART OF YOUR APPLICATION.***

**Program GOALS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Demographic** | **Age** | **# Lives Affected or Outcomes** | **Timeframe** | **Activities** | **OH Education Provided** | **Direct Services Provided** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

*If your program has multiple goals, please list ALL here.*

***EXAMPLE (please keep responses very brief):***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Low income, uninsured seniors* | *60+* | *140* | *6/1/23 to 2/1/24* | *RDH staff table at weekly Phoenix senior center meetings* | *Yes* | *Screenings, varnish treatments* |

|  |
| --- |
| 1. What is your organization’s Mission Statement? |
|  |
|  |
| 2. Program Overview: Explain the program, demographics served (include insurance status of patients, if known), and how you will accomplish the goals you have outlined in the chart above. |
|  |
|  |
| 3. How will you evaluate and measure the program outcomes? |
|  |
|  |
| 4. If you are providing direct, preventive services (e.g., screenings, cleanings, fluoride varnish applications, dental sealants), please describe your referral process for those requiring urgent restorative treatment. |
|  |
|  |
| 5. Include a brief timeline of program activities and dates, either below or separately. |
|  |
|  |
| 6. List other grantmaking organizations that currently provide funding for this program, and the remaining amount needed to run the program. |
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|  |
| 7. What opportunities are available for your organization to acknowledge a grant received from Delta Dental of Arizona Foundation? Please include possibilities such as in-person acknowledgement (e.g., check presentation, facility tour), social media posts, traditional media, signs at events or any other possibilities. |
|  |

**2023 Budgets**

***Please notice we are asking you for 2 budgets:***

* The total **PROGRAM** Budget – middle column – it is the entire budget for the program (not organization).
* The Proposed DDAZF **GRANT** Budget – right column – explain how you will use the grant funds you are requesting in this application. Explain these budget expenses on the **GRANT** Budget Narrative (page 4). We compare these two budgets to understand how much of the entire project DDAZ is funding and how you are utilizing the grant funds.
* If you are requesting funds for more than one year **and the amount requested for each year is not the same,** then please fill out a separate Budget page and **GRANT** Budget Narrative for each year (contact DDAZ Foundation for additional budget forms).
* Please attempt to keep the budget to one page, if possible.

**YEAR: 2023**

|  |  |  |
| --- | --- | --- |
| **Expenses** | **Total PROGRAM BUDGET** | **GRANT BUDGET** |
| 1. Salaries | $ |  | $ |  |
| 2 Employee Benefits and Taxes | $ |  | $ |  |
| 3. Employee Education/Training | $ |  | $ |  |
| 4. Professional Fees and Contracts | $ |  | $ |  |
| 5. Communications(phone, fax, postage) | $ |  | $ |  |
| 6. Supplies **not including** DDAZF Smile Bags (e.g., varnish, disposable mirrors, etc.)*See Application Instructions.* | $ |  | $ |  |
| 7. Occupancy (rent, utilities, building & facilities | $ |  | $ |  |
| 8. Advertising/Printing/Publication | $ |  | $ |  |
| 9. Travel/Meetings | $ |  | $ |  |
| 10. Other Expenses | $ |  | $ |  |
| **11. Total** | **$** |  | **$** |  |

**2023 GRANT Budget Narrative**

* Each line of the **GRANT** Budget (column on far right on page 3) corresponds to a line in the **GRANT** Budget Narrative (below). Both areas have big, bold, red lines around them.
* The amount on the **GRANT** Budget page (page 3) is to be **described** in the **GRANT** Budget Narrative (page 4);
i.e., ***GRANT*** *Budget (page 3) on line 6, Supplies: “$500.” Line 6 on the* ***GRANT*** *Budget Narrative (page 4) should explain that amount (500 Happy Teeth booklets @ $1/book=$500).*
* Provide an explanation for each expense listed in the **GRANT** Budget.
* When funding for staffing/salaries (Expense Line 1) is part of the proposal, include in the **GRANT** Budget Narrative detail such as hours and wages per hour *(RDH for 200 hours x $25/hour).*
* Please attempt to keep the **GRANT** Budget Narrative to one page.

|  |  |
| --- | --- |
| **Expenses** | **DDAZF GRANT Budget Narrative** |
| 1. Salaries (wages/hours) |  |
| 2. Employee Benefits and Taxes |  |
| 3. Employee Education/Training |  |
| 4. Professional Fees and Contracts |  |
| 5. Communications(phone, fax, postage) |  |
| 6. Supplies **not including** DDAZF Smile Bags (e.g., toothbrushes, toothpaste, or floss) |  |
| 7. Occupancy (rent, utilities, building & facilities |  |
| 8. Advertising/Printing/Publication |  |
| 9. Travel/Meetings |  |
| 10. Other Expenses |  |
| **11. Total** | N/A |

**ADDITIONAL REQUIRED INFORMATION**

Please combine and submit the following documents in order as one separate, continuous **PDF file**:

* Your *organization’s* operating budget for the most recent fiscal year (note your organization’s fiscal year dates). It is acceptable to use your organization’s budget format.
* Provide a copy of the organization’s 501(c)(3) letter of determination. If the organization is a school, federally recognized Indian Tribe, or government entity, this document may not pertain.
* A current list of the Board of Directors **with their titles and affiliations**
* Any other applicable attachments

**REMINDERS**

* Please remember to be concise and succinct in narrative answers
* Application to be emailed as a **WORD** document
* Attachments to be emailed as one separate **PDF** document
* Send all files to deltafoundation@deltadentalaz.com
* Please use YOUR organization name as the filename, NOT Delta Dental:
e.g. ***ACME 2023 Grant Application***