

***Alliance of the American Dental Association
Dishing Up Smiles Outreach Program***

APPLICATION

Name of the Alliance or Member-at-Large _____

Contact Person (if applicable) _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Fax _____

E-Mail _____

Shipping Address (if different than above) _____

1. Project Title _____

2. Project Start Date _____ Project End Date _____

3. Attach an additional page and give a brief description of the *Dishing Up Smiles* Outreach Program. Be sure to include (a) the type of community setting where the project will take place, (b) who will receive the books, (c) how you plan to promote the project in your community and (d) how it will benefit the people who will receive the books.

4. Number of *Dishing Up Smiles* books requested.

5. Cost of project to your component/constituent/MAL, if any _____

6. Within thirty (30) days of completing your project, you must submit a report including:

- List the type of community setting where the project took place.
- Who received the books.
- Total number of books that were donated.
- Tell how you promoted the project in your community
- List the date(s) of the project.
- Total number of volunteer hours.
- Total number of AADA members participating in this project
- Any feedback from recipients or participants
- Include any other volunteer organizations that took part in this project.

SIGNATURE _____ DATE _____

APPROVED BY _____ DATE _____

PLEASE SUBMIT TO:

Alliance of the American Dental Association, 211 East Chicago Avenue, Suite 730, Chicago, IL 60611

PHONE: 800.621.8099 EXT 2865

FAX: 312.440.2587

AADA WEBSITE: www.AllianceADA.org