

**Alliance of the American Dental Association
Senior Smiles 2008 Grant Application**

AADA Member Name : _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____ Email: _____

Constituent/Component Alliance (if applicable): _____

Name of program contact: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Name of dentist(s) or dental team professional(s) who will participate: _____

Constituent/Component Dental Society (if applicable): _____

Number of Senior Smiles kits requested: _____

Please provide rationale as to the number of kits requested: _____

In no more than 3 pages of narrative, please attach to this form a description of:

- The older adult-consumer education program that you propose
- The type of community setting where the program will take place
- How you plan to promote the program in your community
- The approximate date(s) the program will take place
- The population served by this program, can it be expanded, to whom and how can it expand
- The composition of the team members who will conduct the program and their experience in senior citizen education
- Are there any other community based organizations that will participate in the program
- How many volunteers will be involved
- What is the potential for expanding this program in the next 12 months
- Any other additional information that demonstrates a compelling need for your program

Please submit all materials by **May 15, 2008** to:

Alliance of the American Dental Association
211 E. Chicago Ave. Suite 730
Chicago, IL 60611
Phone: +1.800.621.8099 x 2866
www.AllianceADA.org

Please note that only one proposal per individual or organization will be accepted. Proposals will be accepted via **email** to Director@AllianceADA.org or via **US mail**. **Faxed proposals will not be accepted.**