Foundation for Dental Health Education

GRANT GUIDELINES

1. Grant requests must be for a Dental Health Education project.

2. Grant applications **must be received by** October 1 of each calendar year.

3. Notification of grant award will be made by November 15 of each calendar year.

4. Grant award checks will be mailed by January 15.

5. A full report must be received by the Grant Review Committee no later than thirty (30) days after project completion.

6. Publicity for the project must recognize the FDHE. Public Relations materials must be submitted with the final report.

7. Failure to comply with the above guidelines will require full reimbursement of amount awarded to grantee.
GRANT APPLICATION

Application Deadline: October 1

1. Name of Alliance / Organization: ____________________________________________
   Contact Person: ____________________________________________
   Street Address: ____________________________________________
   City: __________________________ State: _________ Zip Code: ____________
   Phone: (Day)________________________ (Evening) ____________________________
   Fax: ____________________________ E-mail: __________________________

2. Purpose of Organization, Including a Brief History (if other than a Component or Constituent Dental Alliance):

3. Project Title: ____________________________________________________________
   Project Start-up Date: ________________ End Date: ____________________________
   Location of Event: _______________________________________________________

4. Target Audience (categories and possible number to be served):

5. Brief Description of Project (attach additional page(s) if more space is required):

6. Amount of Funds Requested: _____________________________________________

7. Purpose of grant and how funds will be used (attach additional page(s) if more space is required):
8. Do similar projects exist in your area? __________ If yes, how will your project differ? __________________

9. Will your organization receive funding from other sources? __________ If yes, when will it be received and how will it be used?

10. If applicable, please attach the following items:

A. Your organization’s most recent annual budget
B. Your IRS Tax Exemption letter (501-C-3)
C. Roster of current Board of Directors
D. Copy of last audit
E. Most recent Annual Report

Signature and Title of Authorized Individual ___________________________ Date ___________________________

Submit application to:

Foundation for Dental Health Education
Sharon Wiest
164 West 2040 South
Orem, UT  84058

801-225-2048

info@allianceada.org

Grant applications must be received by October 1st of each calendar year.
Please review the FDHE Grant Guidelines.