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IMPROVING DENTAL HEALTH

## Common Grant Application Form

The annual submission deadline for the Michigan Dental Association Foundation grant application is **May 1**. Only one proposal will be accepted between Jan. 1 and Dec. 31 annually. **Grant money must be used within the calendar year following the grant award date.** If you have questions about the grant submission, please reach out and contact us at [foundation@michigandental.org](mailto:foundation@michigandental.org). We are here to help with your request. We can visit your site, and/or meet with you to discuss the request in detail. We may contact you to schedule a visit and to see the outcomes of the project/program for which funding has been requested.

### Instructions

1. A cover letter **MUST** be included with each proposal, introducing the organization and proposal. The focus of the letter is the strategic link between your proposal and the Foundation's mission and grant making interests.
2. All proposals must be typewritten.
3. Please answer all the questions in the order listed.
4. Please use the headings, subheadings and numbers provided.
5. Please submit your request electronically to [foundation@michigandental.org](mailto:foundation@michigandental.org) in **ONE COMPLETE PDF DOCUMENT**.
6. **ZIP FILES ARE NOT ABLE TO BE ACCEPTED!** Our firewall prevents receipt of these files.

### Glossary of Terms:

**Outcome:** The intended impact or results a program or project is trying to produce.

**Project:** A planned undertaking or organized set of services designed to achieve specific outcomes that begins and ends within the grant period.

**Program:** An organized set of services designed to achieve specific outcomes for a specified population that will continue beyond the grant period.

**General Operating Support:** Grant funds to support the ongoing services, mission or goals of an organization.

**Cooperation:** Explanation of networking and information sharing occurring with other organizations in the community including any shared values.

**Collaboration:** Organizations submit a joint proposal for funding to address common issues where they have similar outcomes to accomplish



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### COVERSHEET

Date of Application: \_\_\_\_\_

Legal name of organization applying \_\_\_\_\_

**(Should be same as on IRS determination letter and as supplied on IRS Form 990.)**

Year Founded: \_\_\_\_\_ Current Operating Budget: \$ \_\_\_\_\_

Executive Director: \_\_\_\_\_

Contact person/title (if different from executive director):

\_\_\_\_\_

Address (principal/administrative office): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Required reporting has been submitted for previous awards:

\_\_\_\_\_

Project Name: \_\_\_\_\_

Purpose of Grant **(one sentence)**:

\_\_\_\_\_

Dates of the Project: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_

Geographic Area/Population Served: \_\_\_\_\_

Name of your Fiduciary Organization (if any): \_\_\_\_\_

\_\_\_\_\_  
**Signature, Chairperson, Board of Directors**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Typed Name and Title**

\_\_\_\_\_  
**Signature, Executive Director**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Typed Name and Title**

## PROPOSAL REQUIREMENTS & FORMAT

Please provide the following information:

### A. NARRATIVE

#### 1. Executive Summary

- Briefly explain why your agency is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if the grant is made.

#### 2. Purpose of Grant

- Statement of needs/problems to be addressed; description of target population and how they will benefit.
- Description of project goals, measurable objectives, action plans, and statements as to whether this is a new or ongoing part of the organization.
- Timetable for implementation.
- Existing partners in the project and their roles?
- Acknowledge similar existing projects or agencies, if any, and explain how agency or proposal differs, and efforts to work cooperatively.
- Describe the involvement of constituents in defining problems to be addressed, making policy, and planning the program.
- Describe the qualifications of key staff and volunteers ensuring the success of the program. Are there specific staff training needs for this project?
- Long-term strategies for funding this project at end of grant period.

#### 3. Evaluation

- Evaluation plans, including how success will be defined and measured.
- How results will be used and/or disseminated and, if appropriate, how the project will be replicated.
- Describe the involvement of constituents in program evaluation.

#### 4. Budget Narrative/Justification

- Grant budget; a **Grant Budget Format** is provided for use, if appropriate.
- Show how each budget item relates to the project and how the amount was calculated.
- List other funding sources this proposal has, current or pending.
- Please indicate priority items in the proposed grant budget. (In case full request can't be met.)

#### 5. Organization Information

- Brief summary of organization's history mission and goals.
- Description of current programs, activities and accomplishments.
- Organizational chart, including board, staff and volunteer involvement.

#### 6. If you have a fiduciary organization

- Brief summary of organization's history mission and goals.
- Brief summary of your organization relationship with the fiduciary organization.
- Letter of support from the fiduciary organization supporting your grant request.

### B. ATTACHMENTS

1. **A copy of the current IRS determination letter** indicating 501(c)(3) tax-exempt status.

2. **List of Board of Directors with affiliations. (names and affiliations only — address information not necessary)**

#### 3. Finances

- Organization's current annual operating budget, including expenses and revenue.
- Most recent annual financial statement (independently audited, if available; if not available, attach Form 990).

4. **Annual report;** Most-current year.

### IF YOU HAVE A FIDUCIARY ORGANIZATION

1. **Fiduciary organization audited report;** most-current year.

2. **Fiduciary organization approved annual budget;** current FY year.

3. **List of Board of Directors with affiliations. (names and affiliations only) and key staff members.**



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### GRANT BUDGET FORMAT

Below is a listing of standard budget items. Please provide the project budget in this format and in this order.

A. Organizational fiscal year: \_\_\_\_\_

B. Time period this budget covers: \_\_\_\_\_

C. For a CAPITAL request, substitute your format for listing expenses. These will likely include: architectural fees, land/building purchase, construction costs, and campaign expenses.

D. **Expenses:** include a **description in your narrative and input the total amount** for each of the following budget categories, in this order:

	REQUESTED	EXPENSES
Salaries	\$ _____	\$ _____
Payroll Taxes	\$ _____	\$ _____
Fringe Benefits	\$ _____	\$ _____
Consultants/Professional Fees	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Travel	\$ _____	\$ _____
Equipment	\$ _____	\$ _____
Supplies	\$ _____	\$ _____
Printing and Copying	\$ _____	\$ _____
Telephone and Fax	\$ _____	\$ _____
Postage and Delivery	\$ _____	\$ _____
Rent	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____
Evaluation	\$ _____	\$ _____
Marketing	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____

**TOTAL REQUESTED** \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_



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### GRANT BUDGET FORMAT (cont.)

E. **Revenue:** include a **description in your narrative and input the total amount** for each of the following budget categories, in this order; please indicate which sources of revenue are committed and which are pending.

	COMMITTED	PENDING
1. Grants/Contracts/Contributions		
Local Government	\$ _____	\$ _____
State Government	\$ _____	\$ _____
Federal Government	\$ _____	\$ _____
Foundations (itemize)	\$ _____	\$ _____
Corporations (itemize)	\$ _____	\$ _____
Individuals	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____
2. Earned Income		
Events	\$ _____	\$ _____
Publications and Products	\$ _____	\$ _____
3. Membership Income	\$ _____	\$ _____
4. In-Kind Support	\$ _____	\$ _____
5. Other (specify)	\$ _____	\$ _____
<b>TOTAL REVENUE</b>	<b>\$ _____</b>	<b>\$ _____</b>