

ILLINOIS STATE DENTAL SOCIETY FOUNDATION

*ISDS Foundation*

GRANT APPLICATION

Please complete all questions contained on this application, including dates and signatures. Submit the original application and attachments and 6 copies to:

ISDS Foundation  
1010 South Second Street  
P. O. Box 217  
Springfield, IL 62705

Applications must be **postmarked on or before June 1.**

Organization/Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

Local Dental Society Name: \_\_\_\_\_

President of Local Society (signature): \_\_\_\_\_ PH: \_\_\_\_\_

Submitted By: \_\_\_\_\_ PH: \_\_\_\_\_

FAX: \_\_\_\_\_ Email: \_\_\_\_\_

NOTE: The *Submitted By* individual should be qualified to answer interview questions by an ISDSF Grant committee representative.

Have you received funding from ISDSF in the past? (please circle one) YES NO

If Yes, enter the date last funded: \_\_\_\_\_

Have you received funding from other organizations in the last 24 months? (please circle one) YES NO

If Yes: Indicate the following:

Name of funding institution: \_\_\_\_\_

Address: \_\_\_\_\_ Amount Funded \$ \_\_\_\_\_

(Add additional page for more funding institutions)

**PROJECT DESCRIPTION:**

Attach to this application a typed, single-spaced, description (maximum of 3 pages) explaining the purpose and duration of the proposed project or program for which you are seeking funds.

Include in your description the specific objectives the program will accomplish and how these objectives relate to the ISDS Foundation Mission Statement reflected on the Grant Guidelines.

- Include in the description any involvement of local dental professionals and community volunteers. Indicate the number of volunteers anticipated.
- Describe the backgrounds and extra curricular activities of the individuals most responsible for the project's operations and explain how their background and activities enhance the probability of successfully completing this project.
- Enumerate project activities and action plans with a timeline that includes the starting and completion dates.
- Describe how the project will be publicized to gain community involvement.
- Define how large a demographic area this program will affect ó how many people will benefit from the program.
- Explain specifically how progress in the project will be measured.
- Describe how the funds provided by the ISDSF grant will be used. Indicate the potential for the program to be sustained after Foundation funds have been expended.
- List potential roadblocks to success of the project and your plans to overcome them.
- Lastly, describe how the ISDSF grant will be acknowledged.

**EVALUATION METHOD**

Attached to this Application is a sample copy of the progress report that will be used to periodically review the progress of the program.

**PARTICIPANTS**

On a separate page, please list the names, addresses, daytime phone numbers, and roles of all participants involved with this project.

**PROJECT BUDGET**

Complete the attached budget worksheet.

If your project/program is awarded an ISDSF grant, by signing below, you/your organization agrees:

- To use the funds only for the purpose(s) for which they were intended;
- To immediately return to the ISDSF all funds not used for their intended purpose within the time stipulated on the Budget of the Application;
- To allow the Foundation to share information from any submitted application with outside reviewers or other external sources of information about the applicant, the affected community, or the proposed work;
- To abide by and be bound by each of the terms and conditions described in the Application and the final ISDSF Grant Contract, and further that the applying individual/organization warrants that all the above information is true and correct, and the governing board of this organization or individual has authorized submission of this grant application (including attachments) to the ISDSF.

Signed by: \_\_\_\_\_ Position: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

PROJECT BUDGET WORKSHEET

Total Proposed Budget: \$ \_\_\_\_\_ Amount requested from ISDSF \$ \_\_\_\_\_

- Check ONE:  Special Program/Project  
 One time capital expenditure (remember to submit 2 bids)  
 Operating Support  
 Other (describe) \_\_\_\_\_

Estimated number of people served by the projected funded by ISDSF

Directly: \_\_\_\_\_ Indirectly: \_\_\_\_\_

Staffing sources for the project:

# of people PAID \_\_\_\_\_ # of people volunteering \_\_\_\_\_

Project Expense Budget:

Personnel \$ \_\_\_\_\_

Rent, phone, utilities \$ \_\_\_\_\_

Equip/Supplies \$ \_\_\_\_\_

Meetings/Travel \$ \_\_\_\_\_

Other (describe)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

ILLINOIS STATE DENTAL SOCIETY FOUNDATION

*ISDS Foundation*

**PROJECT PROGRESS & EVALUATION REPORT**

(Example: not to be submitted with application for grant)

Continued funding of your project is dependent on the return of this progress and evaluation report on or before: \_\_\_\_\_, which is 30 days prior to our scheduled disbursement. This report is designed to measure the progress and effectiveness of your project. Please complete and submit this report in order for ISDSF to disburse the next grant allotment.

- What is your estimated percentage of completion that you feel the project is in so far?
- What are the major objectives remaining to be accomplished?
- Of the listed objectives in the application, which one(s) are nearest completion?
- As the project has progressed, what, if any, modifications have been made to the original objectives?
- What has been the measurable impact on the population served by the project?

Please complete the following Budget to Actual Expense Worksheet below:

	Budgeted Amount	Actual Paid Amount by Project
Personnel		
Rent, phone, utilities		
Equip/Supplies		
Meetings/Travel		
Other:		
Other:		
Other:		

The next disbursement amount agreed upon in the Contract is for \$\_\_\_\_\_. If this is not adequate, please indicate the amount needed \$\_\_\_\_\_. If the amount needed is larger than the amount scheduled by the Contract, on a separate page, describe why an acceleration of funds is necessary.