



COMMUNITY GRANT APPLICATION

Please complete all questions contained on this application, including dates and signatures. Submit to: foundation@isds.org.

PROJECT NAME: _____

Organization/Individual Name: _____

Address: _____ City: _____ Zip: _____

Local Dental Society Name: _____

President of the local society: _____ 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? YES _____ NO _____

If Yes, enter the date last funded: _____

Have you received funding from other organizations in the last 12 months? YES _____ NO _____

If Yes: Please submit a listing of the funding institutions and the amount received from the funding institution for the last 12 months. Alternatively, submit Schedule B from IRS Form 990.

SUMMARY SECTION

Tax Status: _____ Number of Volunteer Workers on Average: _____

Mission Statement: _____

Brief Statement of Need and Cost: (PLEASE COMPLETE BELOW IN BOX)

GRANT AGREEMENT WITH THE ILLINOIS STATE DENTAL SOCIETY FOUNDATION



These grant conditions are an integral part of the grant agreement between the Illinois State Dental Society Foundation and _____, the recipient of this award.
(PLEASE PRINT)

Use of Grant

Grant funds and income earned thereon may be expended only for the purpose as stated in the ISDSF Grant Application and subject to the restrictions and conditions set forth as follows:

No substantial variance from the proposal dated may be made without prior written approval from the Foundation.

Grantee acknowledges that it will materially benefit from the grant and that the Grantee desires to accept and shall use the grant only in furtherance of the charitable purposes (subject to the restrictions and conditions) set forth herein. The grant is to provide funds for a special project. The special project being funded should not include any attempts to influence legislation. Attempts to use the funds in this manner will cause forfeiture of the grant.

Recognition

In acknowledgement of the significance of the grant, the Grantee shall provide the ISDS Foundation with appropriate publicity and recognition for support provided by the grant.

The Grantee shall cause the name of the ISDS Foundation and, if appropriate, related logo, to be included as appropriate on any publication related to the grant. The ISDS Foundation shall be referred to as the **Illinois State Dental Society Foundation**.

The ISDS Foundation, in its sole discretion, may require the Grantee to discontinue any use of the ISDS Foundation name (or any variation thereof, including the logo) at any time, including but not limited to requiring any and all identification, name and recognition of the grant hereunder to be removed from all places where it appears.

Public Information

The ISDS Foundation may include information about this grant in public reports and on its website. The ISDS Foundation reserves the right to approve in advance any and all fundraising materials or press releases that the Grantee intends to distribute that mention the ISDS Foundation. The Grantee shall send any materials or releases requiring approval hereunder electronically or via fax to the Grantee's primary Foundation staff contact. Please contact the foundation at foundation@ids.org, or fax to 217-525-8872.

Reports

The Grantee shall comply with ISDS Foundation requests for information and reports. Future grant proposals from the Grantee will not be considered if reporting requirements are not met. Reports should be sent according to the dates stipulated in the report request and sent to the attention of ISDS Foundation, PO Box 217, Springfield, IL 62705 or emailed to: foundation@isds.org.

Grant Accounting

This grant is scheduled to be paid no later than October 31. The Grantee is required to maintain financial records for expenditures and receipts relating to the Grantee’s grant. The ISDS Foundation reserves the right to conduct an audit of all grant-related expenditures. If the ISDS Foundation requests such an audit, the audit would be conducted by either the ISDS Foundation’s financial staff and/or independent auditors employed by the ISDS Foundation. The ISDS Foundation may request an audit at any time from the acceptance of this grant letter until twelve months after either the end of the program completion or the ISDS Foundation’s final payment on the grant.

Unspent Funds

Any grant funds or income earned thereon, not expended or committed for the purpose of the grant must be returned to the ISDS Foundation. In addition, the ISDS Foundation hereby reserves any actions or claim for damages against the Grantee that the ISDS Foundation may now or in the future have against the Grantee or any third party for the failure of the Grantee to satisfy its obligations and undertakings in the Grantee’s grant application, these Grant Conditions, or any other document or agreement between the ISDS Foundation and the Grantee.

This agreement and signature page is part of the application and must be signed and returned.

Signed by: _____ Position: _____

Print Name: _____ Date: _____

Print Organization or Program/Project Name

PROJECT BUDGET WORKSHEET

NOTE: This budget should reflect only the dental related portion of your program/project if you are part of a larger organization.

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

- Check ONE: Special Program/Project (like, Give Kids A Smile day)
 One time capital expenditure (remember to submit 2 bids) (* see below)
 Operating Support
 Other (describe) _____

Estimated number of people directly served by the Project/Program funded by ISDSF _____

Staffing sources for the project:

of people PAID _____ # of people volunteering _____

Project Expense Budget:

Administrative Personnel (# _____ directly involved) \$ _____

Dentists (# _____ directly involved) \$ _____

Other Clinical (# _____ directly involved) \$ _____

Rent, phone, utilities \$ _____

Equip/Supplies \$ _____

Meetings/Travel \$ _____

Other (describe)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total \$ _____ This Total should equal Top of Page

Estimated Start Date: _____ Estimated completion Date: _____

Submitted by: _____ Date: _____

PROJECT DESCRIPTION:

Attach to this application a description of the purpose and duration of the proposed project or program for which you are seeking funds.

Include in your description one to two paragraphs addressing each of the following issues:

- the specific objectives the program or project will accomplish;
- how these objectives relate to the ISDSF Mission Statement reflected in the Grant Guidelines;
- specifically identify the program's target group (dental students, K-8 students; seniors; low-income, etc)
- include the involvement of local dental professionals and community volunteers;
- how many people will benefit from the program/project;
- 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;
- give specific measurement indicators that will determine how you define the project's success
For Example:
The goal of the project is to treat X # of patients per month; or
The goal of the project is to increase the number of Kindergarten schools from 12 to 15; or
The goal of the project is to increase our pediatric exams from 4,000 to 4,400
- indicate the potential for the program to be sustained after ISDSF funds have been expended;
- describe potential roadblocks to the success of the project and the plans to overcome them;
- how will the project be publicized to gain community involvement; and
- describe how the ISDSF Grant will be acknowledged.

EVALUATION METHOD

Each Grant Application is scored by the ISDSF Grant Committee based on a legible and timely submitted complete application that includes the above listed issues being addressed in the application. Included in the scoring is a review of the Budget for the program, properly completed.

Applications must be postmarked no later than May 28th.

A progress report is required to be submitted to the ISDSF Board. A Progress Review Request form that is tailored to your project will be sent to you around March 1st, the year of the award. The ISDSF will send this request form using your Communication Preference indicated on Page 1 of the Application. If the program/project is not completed by the first reporting period, another final report will be required to be submitted on or before August 1st, the year of the award.

PARTICIPANTS

On a separate page, please list the names, addresses, and day time phone numbers and roles of the top two people involved with this project.

PROJECT BUDGET

Complete and submit the attached budget worksheet.

Remember to submit the listed pages of the most recently filed IRS Form 990 from below, if Form 990 is filed by your organization.

If Form 990 is not filed and your program or project is part of an ongoing dental office or clinic, submit the most recent Profit and Loss Statement of the DENTAL operations (i.e.: DENTAL revenues and DENTAL expenses).

COMPLETE APPLICATION

Before submitting your application, did you include:

- Pages 1-4 of the ISDS Foundation Application
- A 3 page or less program/project description
- A completed Program Budget (Page 4 of the Application)
- ISDS Local Component Endorsement Letter
- CVs of the Top 2 individuals responsible for this program/project
- Most recent Profit & Loss Statement of the DENTAL operations if no IRS Form 990
- If your organization files IRS Form 990, you MUST submit the following:
 - Pages 1 & 2
 - Part VII on Pages 7 & 8
 - Part VIII on Page 9
 - Part IX on Page 10
 - Part X on Page 11
 - Schedule B to comply with the above listing of Contributors

Also include any supplemental schedules if referred to in any of the above submitted pages.

Full compliance with this Note is part of the scoring process.

Send the completed application to foundation@isds.org.