

## 2014 GRANT APPLICATION



### *Advancing Oral Health in Ohio*

#### **Guidelines for Annual Grant Requests**

Funding requests are considered when a project or program meets the following criteria:

- Ohio-based dental-related program, endorsed with a letter of support from an ODA member dentist who will be involved in the program or the local component dental society.\*
- That the program has other sources of funding, in addition to the ODAF.
- That funding is requested for a program that reaches out to the underserved.
- Worthiness and soundness of request.
- Demonstrable need for supplemental funding on a time limited basis.
- The ability to continue the project upon expiration of the grant term.
- Grants may be renewable on a competitive basis for one additional year through the standard application process.

**An Interim and Final report is required of all grant recipients.**

\*A list of ODA component dental societies is available online at <http://oda.org/about-the-oda/governance/local-component-societies/>

**Grant applications must be received at the ODA Foundation office by end of day July 8, 2014.**

ODA Foundation      1370 Dublin Road      Columbus, OH 43215  
(614) 486-2700      (614) 486-0381 (fax)

## About the ODA Foundation

The Ohio Dental Association Foundation is a charitable organization that is the philanthropic arm of the Ohio Dental Association. It is governed by a Board of Trustees elected by the Executive Committee of the Ohio Dental Association.

## ODA Foundation Mission

The Ohio Dental Association Foundation exists to improve the oral health of the citizens of Ohio and to enhance the dental profession in Ohio.

## Focus Areas for Project Grant Funding

The ODA Foundation developed focus areas that will enable it to have an impact on the future of dentistry. Project grants will need to fulfill one of the following focus areas:

- Facilitate learning opportunities that will impact how dentistry operates and plans for the future.
- Support a strong dental education environment.
- Expand the pool of qualified dental auxiliaries for dental practices through education scholarships.
- Fund public service projects and worthwhile initiatives suggested by ODA members, component dental societies, and ODA Councils and Committees.
- Support programs that improve the image and quality of the dental profession.

**Note: Project grants are not intended for individual scholarships. Grant recipients will be provided with an Interim and Final Grant Reporting Form and must agree to return both to the ODAF by the dates indicated in order to be eligible for future grants.**

Examples of qualified oral health projects supported by the Ohio Dental Association Foundation in the past five years include, but are not limited to:

- **Educational programs that help access to care:** several grants were given to Ohio dental residency programs that expand residency training and clinics, and increase access to care for area residents in need.
- **Improving oral health awareness, especially in populations where oral health education and oral hygiene is not a high priority:** two grants awarded to Nationwide Children's Hospital in Columbus were for projects that reached specific vulnerable populations: low-income pregnant teens who received dental treatment and education on the oral and overall health connection, especially for the pregnant mother and her unborn child, and to low-income parents who received education and training on how maintaining oral hygiene can ensure their child's oral health. This resulted in a demonstrable reduction in caries and gum disease at the child's six month follow-up visit.
- **Helping U.S. veterans and at-risk populations:** recent grants helped volunteer dentists in Canton, Cincinnati and Toledo provide treatment and dentures to uninsured veterans who have no access to dental care, and helped support two adult free clinics that primarily provide emergency extractions and restorations to adults in urgent need. Another grant helps a Columbus pediatric clinic provide care to children in need at only \$10 per visit.

### The Ohio Dental Association Foundation does NOT fund:

- Endowments or fundraising campaigns,
- Political campaigns or groups,
- Programs not endorsed by an ODA member dentist (or local component dental society) or not related to oral health,
- Requests to reimburse materials or services already purchased/ordered.

**NOTE:** The ODA Foundation recommends submitting your grant at least two weeks before the due date to allow staff to review the application and ensure it is complete. This also allows ODAF staff time to contact the applicant for additional information or clarification that can be provided by the deadline.

## Application Components

Applicants are invited to submit a proposal, which should not exceed four pages of narrative, excluding appended materials, which should be kept to a relevant minimum, and submit **two** copies of the full proposal following the format below.

**1. General Information** – complete the form provided by the ODA Foundation (page 1)

**2. Statement of purpose** (page 2)

1. Identify the program or issue to be addressed and its relevance to the dental profession.
2. Describe the goals and objectives of the project.
3. Explain how the project relates to the ODA Foundation mission and which focus areas it addresses.

**3. Project description and plans** (pages 3 and 4)

- a. Describe scope of work, including the number of Ohioans and demographic population to be served through this program.
- b. Present a comprehensive timeline for proposed project
- c. Describe anticipated outcomes and benefits for the population served and the dental profession
- d. Describe how you will know you have attained your goals and objectives
- e. Explain how the results of your project will be used
- f. Present justification on all budget items, pertaining to the project
- g. Describe other financial sources of support (funding and in-kind donations)
- h. How project will be continued when grant period ends

**4. Key Personnel** (page 5) list up to five key personnel, including dental professionals, who will be involved in the development and implementation of the program, and summarize their experience and success with similar programs. Please include the CVs of each person listed as indicated in item 6 below.

**5. Budget** (page 6) provide detailed budget with income and expenses for project, including but not limited to:

- Personnel needs
- All expenses of project, including overhead if applicable
- Equipment needs for project
- All necessary materials and supplies

**6. Supporting documents**

- IRS documentation of 501(c)(3) or 509(a)(3) status
- Two letters of support (e.g. from ODA member dentists, agencies/facilities/component dental societies, etc. involved with or served by the grant)
- Relevant brochures or other information
- Resume or CV of project personnel – including experience with community outreach programs that help the underserved.

## Application Deadline

Please submit **two** copies of the complete proposal by July 8, 2014 to:

ODA Foundation  
1370 Dublin Road  
Columbus, Ohio 43215  
(614) 486-2700

## Questions

For any questions or concerns regarding the application or grant process, please call the ODA Foundation at (614) 486-2700.

The ODA Foundation's ability to meet requests for grant support is limited. The final determination for funding is made on the merits of the project, and that it falls within the general purposes and objectives of the Foundation. Financial awards are the decision of the Foundation Board of Trustees.

The Board of Trustees reviews applications for grants in July, generally for distribution during the ODA Annual Session.

## Review of Applications

All completed grant applications that are received by the due date each year will be processed and submitted to the Grant and Scholarship Review Committee. This committee consists of four members of the ODAF Board of Trustees, the Board Secretary and Foundation Director. Grants are awarded annually based on the amount available for funding each year, and all program grant awards are determined on a per case basis by the full committee at its annual review and selection meeting.

## Priority Projects

The Ohio Dental Association Foundation will give priority consideration to complete applications that demonstrate:

- **Documented need for the program or project.** This should include statistics, data and other indicators of the community need.
- **Long-lasting results of the program or project after the grant year.** Explain how the program will result in sustainable change for the target population.
- **The program is geared to the underserved.** Define the demographics of the underserved population to be served through the program.
- **Applicant's ability and track record working with underserved populations.** The application should demonstrate past experience with community outreach programs, working with the dental community, and the ability to fulfill the proposed program or project.

## Checklist

The following list is of the items that must be included in your application in order to be complete; these are detailed on the instruction page titled 2014 Grant Application Format. Incomplete or late applications will not be processed.

- General Information, page 1
- Statement of Purpose, page 2
- Project Description and Plans, pages 3 and 4
- Key Personnel, page 5
- Budget & Financial, page 6
- Supporting Documents

Program/Project Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Principal mission and service of the organization (brief): \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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

Day Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

If organization is known by another name, please state: \_\_\_\_\_

Date incorporated: \_\_\_\_\_ County: \_\_\_\_\_

Total organizational budget (2013): \$ \_\_\_\_\_ Total organizational budget (2014): \$ \_\_\_\_\_

Tax ID number: \_\_\_\_\_ IRS 501c(3) (or other) status: \_\_\_\_\_

Local Dental Society & Contact Name/Phone Number: \_\_\_\_\_

Name of organization's three largest funding sources over the past ten years:

<b>Source</b>	<b>Amount</b>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

Amount of Funding Requested: \$ \_\_\_\_\_

**Signatures:**

Executive Director/Board President \_\_\_\_\_

Date \_\_\_\_\_

Program Director \_\_\_\_\_

Date \_\_\_\_\_

Please answer the following three questions (use additional page if needed)

1. Identify the program or issue to be addressed and its relevance to dentistry in Ohio:

2. Describe the goals and objectives of the project:

3. Identify what ODA Foundation focus area(s) the project addresses, and how it ties into the ODA mission:

*Please provide a narrative below that provides the following information (use additional page if needed. You can also answer these questions on a separate document and indicate See Attached.*

a) Describe the scope of work, including number of Ohioans served and their demographic population:

b) Present a comprehensive timeline for the proposed project:

c) Describe anticipated outcomes and benefits for the population served and for the dental profession:

d) Describe how you will know you have attained your goals and objectives:

*Project Description and Plan Narrative (continued – use additional page if necessary)*

e) Explain how the results of your project will be used:

f) Present justification on all budget items pertaining to the project:

g) Describe other financial sources of support (cash and in-kind):

h) How will the project/program be continued after the ODA Foundation project grant ends?

List the key individuals (no more than five) including dental professionals, who will be involved in the development and implementation of this project, and summarize their experience and success with similar programs that help the underserved. Use an additional page if needed.

**Name, Title/Affiliation:** \_\_\_\_\_

Please provide detailed budget (expenses and income) for project below.

### Expenses

Personnel Specific to the Program *(List all positions below)*

Title: \_\_\_\_\_ \$ \_\_\_\_\_

Title: \_\_\_\_\_ \$ \_\_\_\_\_

Title: \_\_\_\_\_ \$ \_\_\_\_\_

Program: \$ \_\_\_\_\_

Equipment: \$ \_\_\_\_\_

Supplies: \$ \_\_\_\_\_

Printing: \$ \_\_\_\_\_

Postage: \$ \_\_\_\_\_

Telephone: \$ \_\_\_\_\_

Overhead: \$ \_\_\_\_\_

Travel (if applicable): \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

**Total Project Budget:** \$ \_\_\_\_\_

### Income

ODA Foundation Grant: \$ \_\_\_\_\_

Amount your Organization  
is Contributing \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

*(Please list all sources)*

Source: \_\_\_\_\_ \$ \_\_\_\_\_

Source: \_\_\_\_\_ \$ \_\_\_\_\_

Source: \_\_\_\_\_ \$ \_\_\_\_\_

### Signature

Contact Person/Title \_\_\_\_\_

Date \_\_\_\_\_