

2024 Application Form
Mars Wrigley Foundation / Chicago Dental Society Foundation
Healthier Smiles Grant Program

CHICAGO DENTAL SOCIETY MEMBER DENTISTS
AND SECOND- AND THIRD-YEAR DENTAL STUDENTS

Application Deadline: April 5, 2024 by 5:00 pm Central

Application Submission: Complete your application and

- email (1 PDF file please- **multiple files will be rejected**) to kweber@cdfsfound.org, **AND**
- mail a paper copy (postmarked on or before deadline) to:

Chicago Dental Society Foundation, 401 N. Michigan Ave., Suite 200, Chicago, IL 60611

The Chicago Dental Society Foundation announces its Healthier Smiles Grants partnership with the Mars Wrigley Company Foundation. This program encourages community minded Chicago Dental Society member dentists and second- and third-year dental students to identify, volunteer and partner with local community health fairs, organizations and healthcare facilities in vulnerable and underserved communities to provide dental programs that increase oral health literacy (dental education programs) and that provide dental services (increase access to care) in the Chicagoland area.

This program provides Community Service Grants totaling more than \$45,000.

Grants are limited to a maximum of \$5,000 per project.

The total grants will be allocated based on the following:

- 55% grants – Chicago Community groups
- 15% grants – Cook (other than Chicago City proper) County Community groups
- 15% grants – DuPage County Community groups
- 15% grants – Lake County Community groups

1. Eligibility

Chicago Dental Society member dentists – to be eligible you must check both boxes:

- You are a registered CDS member and a licensed practitioner (CDS Member No. _____)
- You have completed and attached a Program Summary (description below)

Note: Applications can be submitted by a dentist on behalf of a cross functional team of dental professionals.

Chicago Dental Society member students – to be eligible you must check every box:

- You are a second- or third-year dental student
- You are a CDS member
- You have completed and attached a Program Summary (description below)
- You have attached an authorized copy of your academic record

Note: Applications can be submitted by a representative student member on behalf of a cross functional team of students.

2. General Information

Principal Applicant (full name): _____

Note: Checks will be made out to and mailed to the principal applicant at the address provided below.

CDS member number: _____

Co-Applicant(s) [full names]: _____

Address: _____

Email address: _____

Phone number: _____

Practice name: _____

Degrees earned: _____

University and anticipated year of graduation (second- and third-year dental students only): _____

3. Program Information

Program title: _____

Program location address: _____

Program date(s) (Programs may start immediately after notification):

Program end date (Programs must be completed by Sept. 1): _____

Is this a new program? Yes No

Is this a continuing program? Yes No

Have you received a Healthier Smiles grant in the past? Yes No

4. Program Summary

You must include a Program Summary as an attachment to this form (maximum 2,000 words) addressing:

- Provide a profile of the target audience and summarize their oral health needs.
- Describe the proposed community service activities designed to meet those needs.
- Outline how oral health education is a component of the project and how you intend to measure an increase in oral health literacy.
- Provide a bio of each of the participating health professionals.
- Summarize how the program will be evaluated.
- Indicate the estimated (you must provide figures on this document using this format):
- Must provide total numbers for your program. For example if you have multiple dates please add all data for all dates and provide this number in the spaces below. **You MUST use this format:**

____ Total number of participating volunteer dental professionals

____ Total number of volunteer hours per dental professional

____ Total number of patients provided with an oral health screening

____ Total number of procedures delivered (include examinations and oral hygiene instruction)

____ Total number of patients treated (total number of patients treated during grant period only)

____ Total number of different types of procedures offered

____ Total number of patients provided with oral health education

____ Total number of direct beneficiaries

____ Total approximate retail dollar value of each service to be performed (estimated by taking # of patients x \$value of each treatment provided = total value of services)

5. Please attach an itemized budget

6. Please disclose any financial assistance/billing/concurrent funding for this program.

7. Please list dates and locations for this program. Please inform CDSF if dates/locations change.

8. **Amount requested:** _____

Selection Criteria

The Grants Committee will evaluate applications using unweighted criteria:

- **Significance/Innovation:** The extent to which the application meets the 'Program Summary' criteria and offers a creative approach to improving the target community's oral care and oral health education.
- **Outcome measures:** The extent to which the application sets specific, measurable, achievable and realistic measures (Measures of improved oral health literacy and metrics of dental care delivered).
- **Feasibility:** The extent to which the application demonstrates a logical and sound planning process for implementing the program, follows a timeline appropriate to the goals and outcomes set to be achieved, and indicates long-term sustainability once the grant is completed.

9. Application Requirements

- **A grant application must be submitted by email (one PDF file please) AND mail. Only complete applications that are submitted both by mail and email will be considered for review.**
- Submission deadline: April 5, 2024
- Program Budget
- Program Timeline
- Recipients of grant must use funds for the specific purpose intended.
- Any funds not used must be returned.
- A stewardship report must be submitted by Sept. 27, 2024 after program completion summarizing the measurable outcomes requested under the program's criteria.
- Incomplete applications will not be considered nor returned for subsequent resubmission.
- Grantee is required to publicly acknowledge the support of the Mars Wrigley Foundation/CDS Foundation Community Service Grants Program.
- Grantee must supply two high quality photographs and one video which can be used for local media publicity and a signed media release for use of photos for each person appearing in photos/videos.

10. Program Schedule

- Grant Application Committee review: Completed by April 30, 2024
- Grant Notifications no later than May 6, 2024
- Grant funds disbursed no later than June 1, 2024
- Program completion no later than September 1, 2024
- Stewardship reports submitted to CDSF no later than September 27, 2024
- Mars Wrigley Company Foundation and Chicago Dental Society Foundation will publicize the Award Program and Grantees.

11. Application Restrictions

- No discretionary or emergency requests.
- No individual research projects.
- Program related salary only.
- No travel expenses.
- No general operational expenses as distinct from program costs.
- No reimbursement for services billed within a private practice setting.