

ANNUAL GRANT APPLICATION

Name of organization: _____

Address: _____

City/State and Country/Zip or Postal Code: _____

Telephone: _____ E-mail: _____

Federal ID#: _____ IRS 501(c)(3) not-for-profit: yes no

Contact person and title: _____

Project name and location: _____

Purpose of grant: _____

Grant request: \$ _____ Total budget of project: \$ _____

Total organization budget for current year: \$ _____

Percentage of budget allocated for salaries and administration expenses: _____

Names, titles and telephone numbers of three CDS members familiar with your organization:

CERTIFICATION:

President or Chair of governing board: _____

To the best of my knowledge and belief, statements in this grant application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant organization will comply with applicable laws, regulations, terms and conditions in effect at the time of grant.

I understand that the Chicago Dental Society, in evaluating this grant application, may, if it deems appropriate, review any and all of the information submitted as part of this request with the Grants and Donations Committee.

Signature of President: _____ Date: _____



CHICAGO DENTAL SOCIETY

Grants and Donations Committee • 401 N. Michigan Ave., Suite 200 • Chicago, IL 60611-5585 • Phone: (312)836-7300 • www.cds.org