

CDS Foundation Grant Application

Date: _____

Organization Name: _____

Address: _____

City/State/Zip: _____

Contact Person and Title: _____

Phone: _____ Email: _____

Tell us about your organization, its history, mission and goals (Use separate sheets for your narrative.).

Are you a not-for-profit IRS 501(c)(3) charity organization? Yes No

If yes, provide your federal ID #: _____

Are you a Federally Qualified Health Center(FQHC)? Yes No

Date your fiscal year starts: _____ Date of incorporation: _____

Your principle sources of support. On a separate sheet, list the names and amounts of your three principal supporters:

___% Foundations ___% Government Support ___% Earned Income ___% Individual Contributions ___% Other

Cost of your fundraising: \$ _____ Percent of budget: _____

Administrative costs: \$ _____ Percent of budget: _____

Tell us about your grant request. Describe how the grant money will be applied. Please be sure to include the number of patients/clients who will benefit from this grant.

Amount requested: \$ _____

Purpose of request:

Capital Expenditures General Support Project or Program Technical Support

Start up Support Other

If other, please describe: _____



Tell us about your project.

If the grant request is for a Project, is it? New Ongoing Expansion

What is the scope of the Project? Short-term Long-term

In addition please use the following questions to provide an in depth narrative of the program/project on a separate page.

Which specific community by county will benefit from this grant?

What are the age demographics of patients to be served by this program/project?

What are the ethnic demographics of patients to be served by this program/project?

How will this program/project improve the dental health status of patients served?

What are your criteria for determining the success of this program/project?

Do you plan to sustain this program/project in the future? If so, what are your plans to secure funding?

What are your expected measurable outcomes?

How do you intend to give credit to this foundation for its support?

Complete the attached Budget form

a) Person/Title responsible for the Project: _____

Phone: _____ Email: _____

b) Title of Project: _____

c) Project start date: _____

d) Entire budget for this project: \$ _____

Please enclose: (Check off)

- APPENDIX A: A complete budget for the project or program.
- APPENDIX B: Current annual operating budget, services rendered, volunteer hours
- APPENDIX C: Current Board of Directors or Leaders and contact phone numbers
- APPENDIX D: Current audited financial report
- APPENDIX E: Previous year's federal tax return
- APPENDIX F: Previous Evaluation Report, if relevant
- APPENDIX G: List of Three (3) Principal Staff with their qualifications and yearly salary
- APPENDIX H: Signed Authorization for Use of Project/Program Documentation Form
- APPENDIX I: The CDS Foundation considers grant applications only from public charities as defined under the Internal Revenue Code and applicable regulations. An applicant must have obtained a 501(c)(3) determination letter prior to submitting an application and must include a copy with this application. If the applicant is not required to have obtained a 501(c)(3) letter, it must provide a copy of an IRS letter or a legal opinion certifying that the applicant is a public charity as described in section 509(a) (1)(2) or (3).

Application Deadline: May 1, 2018

Application Submission: Complete application and

- Email a copy to kweber@cdfs.org **AND** mail a paper copy (postmarked on or before May 1, 2018)
- Only applications submitted in both forms will be considered complete
- Award notification by end of July, 2018
- Grant period is Aug. 1 – July 31, 2019
- Stewardship report due by Dec. 31, 2019

Program/Project Budget for Chicago Dental Society Foundation Grant Application

Program/Project Name: _____

Grant Start Program: _____

Grant End Program: _____

Grant Amount requested: _____

Source	Amount Committed	Amount Pending
Support	\$	\$
Government Grants		
Foundations		
Corporations		
Individual Contributions		
Fundraising events		
Revenue		
Government contracts		
Earned Income Other		
Totals	\$	\$

Program/Project Expenses

Item	Amount	% FT or PT
Salaries and wages		
(break down by individual position and indicate full or part-time)		
1.	\$	
2.		
3.		
4.		
5.		
Subtotal	\$	
Insurance		
Travel		
Equipment		
Supplies		
Rent & Utilities		
In kind expenses		
Other (specify)		
Total Expenses		
Difference (income less expenses)	\$	

Chicago Dental Society Foundation Authorization for use of Program/Project Documentation

I, the undersigned, _____, authorize the Chicago Dental Society Foundation to use our submitted documentation of this program/project's photos, promotional flyers, press releases, etc.

I further authorize the release of this information. I understand that this documentation may be published by the Chicago Dental Society Foundation and/or their designee in any print, visual or electronic media including but not limited to dental journals and textbooks, scientific presentations and teaching courses, professional meetings, and education (closed circuit) television programs, for education and research related purposes.

Although neither I nor any individuals receiving services that have been funded through this grant will be identified by name in any publication along with other measures that minimize identity will be employed.

I understand that I have the right to revoke this authorization in writing any time, but if I do so it will have no effect on any action taken prior to my revocation.

I agree to release and hold harmless the Chicago Dental Society Foundation its trustees, agents, officers, and employees from any liability related to the making or use of this documentation for the purposes stated above. I release any claim that I may have relating to such use in publication, including any claim for payment in connection with distribution or publication of these materials in any medium.

Signature of Authorized representative: _____ Date: _____