

# Chicago Dental Society 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.)

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

If yes, provide your federal ID #: \_\_\_\_\_

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.** Use separate sheets for your narrative. Be specific as to how grant money will be applied.

Please be sure to include the number of patients/clients who will benefit from this grant.

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Amount requested: \$ \_\_\_\_\_

Purpose of request:

Capital Expenditures

Endowment

General Support

Project or Program

Technical Support

Start up Support

Other

If other, please describe:

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**Tell us about your project.** Use separate sheets for your narrative. Answering at least the following:

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

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

How will this Project improve the dental health status of your patients/clients?

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How and when will you measure the success of this project? (Your results will be required by the CDS Foundation.)

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If an ongoing project, provide your evaluation of the previous year's success/shortcoming.

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If the Project is to continue, how do you plan to sustain it?

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Specify how you intend to give credit to this foundation for its support.

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If the request is for a Project, please answer the following:

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: An attached list of three (3) Principal Staff with their qualifications and yearly salary
- 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 its 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).