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**2018 APPLICATION FORM**

**Wrigley Company Foundation / Chicago Dental Society Foundation  
Community Service Grants**

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

**Application Deadline:** April 1, 2018

**Application Submission:** Complete your application and

- email a copy to [kweber@cdfsfound.org](mailto:kweber@cdfsfound.org), AND
- mail a paper copy (postmarked on or before April 1, 2018) to:  
Chicago Dental Society Foundation, 401 N. Michigan Ave., Suite 200, Chicago, IL 60611

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The Chicago Dental Society Foundation announces its 2018 Community Service Grants partnership with the 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.

**The 2018 program provides Community Service Grants totaling more than \$50,000.**

**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 need to CHECK EVERY BOX**

- You are a registered CDS member and a licensed practitioner
- You have completed and attached the 'Program Summary' attachment

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

**Chicago Dental Society member students – to be eligible you need to CHECK EVERY BOX**

- You are a second- or third-year student
- You are a CDS member
- You have completed and attached the 'Program Summary' attachment
- 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): \_\_\_\_\_

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 start date: \_\_\_\_\_

Program end date (*Programs must be completed by Sept. 1, 2018*): \_\_\_\_\_

Is this a new program?       Yes    No

Is this a continuing program?  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:

\_\_\_ Number of participating dental professionals

\_\_\_ Number of volunteer hours per person

\_\_\_ Number of patients screened

\_\_\_ Number of treatments delivered

\_\_\_ Number of patients treated

\_\_\_ Number and types of treatments offered

\_\_\_ Number of patients educated

\_\_\_ Approximate dollar value of each service to be performed

- Itemized Budget.
- Disclose any financial assistance/concurrent funding for the program.
- Summarize any prior involvement in a community oral health program and key achievements.
- Location where program will take place.

5. Amount Requested \$ \_\_\_\_\_

#### 6. 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

## **7. Application Requirements**

- A grant application must be submitted by email AND mail. Only applications that are submitted both by mail and email will be considered for review.
- Submission deadline: April 1, 2018
- 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 October 1, 2018, 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 Wrigley Company Foundation/CDS Foundation Community Service Grants Program.
- Grantee must supply one high quality photograph which can be used for local media publicity and a signed media release for use of photo.

## **8. Program Schedule**

- Grant Application Committee review: Completed by April 21, 2018.
- Grants Awarded no later than May 1, 2018.
- Grants disbursed no later than May 15, 2018.
- Program completion no later than September 1, 2018.
- Stewardship reports no later than October 1, 2018.
- Wrigley Company Foundation and Chicago Dental Society Foundation will publicize the Award program and Grantees.

## **9. Application Restrictions**

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

# Wm. Wrigley Jr. Company Foundation and 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: \_\_\_\_\_