



## 2026 Application Form Mars Snacking Foundation / Chicago Dental Society Foundation Healthier Smiles Grant Program

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

**Application Deadline:** May 8, 2026 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](mailto: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 Snacking 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:

- You must be a registered CDS member and a practitioner with a license in good standing in Illinois.

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

### Chicago Dental Society member students:

- You must be a second- or third-year dental student.
- You must be a CDS member.
- You must identify a faculty advisor for this grant: name \_\_\_\_\_ and email address \_\_\_\_\_
- You must attach an authorized copy of your academic record along with a letter of support from the College

*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(s): \_\_\_\_\_

Program date(s): Please keep in mind the grant period is June 25 -October 10.

\_\_\_\_\_

Program end date (*Programs must be completed by Oct. 10*): \_\_\_\_\_

Is this a new program?  Yes  No

Is this a continuing program?  Yes\*  No \*If this is a continuing program please report only on activities that occur between June 25-October 10, 2026

Have you received a Healthier Smiles grant in the past?  Yes  No If yes, what year? \_\_\_\_\_

#### 4. Program Summary

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

- A profile of the target audience and summary of their oral health needs.
- A description of how your proposed activities are designed to meet those needs.
- A description of how this project integrates oral health education as a core component, with the goal of measuring improvements in participants' oral health literacy through pre- and post-intervention assessments and follow-up evaluations.
- A **short** bio of each of the participating health professional (two to three sentences per person)
- A description of how this activity will be evaluated.

#### Appendix A.

Please see the attached appendix. You must use the document and format provided to estimate statistics for the grant period (June 25-October 10). Proposals that do not include this appendix will not be considered.

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: May 8, 2026 at 5:00 p.m. Central
- 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 25, 2026 after program completion summarizing the measurable outcomes requested under the program's criteria.
- Incomplete applications or applications that do not follow instructions will not be considered nor returned for subsequent resubmission.
- Grantee is required to publicly acknowledge the support of the Mars Snacking Foundation/CDS Foundation Healthier Smiles Grant Program.
- Grantee must supply two high quality photographs and one video **with the final stewardship report** which can be used for local mediapublicity and a signed media release for use of photos for each person appearing in photos/videos.

## 10. Program Schedule

- Grant Application Deadline: May 8, 2026
- Grant Notifications no later than June 10, 2026 with fund dispersal immediately after
- Grant period June 25- October 10
- Grant progress report submitted to CDSF no later than July 25, 2026
- Program completion no later than October 10, 2026
- Final stewardship reports submitted to CDSF no later than October 25, 2026

## 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.

**Appendix A.**

Please provide an estimate for the figures below **for only the grant period June 25- October 10, 2026. You must use this form.** Please do not provide any extraneous information.

Please list the number of dental professionals who will participate in this program.

- \_\_\_\_\_ dentists
- \_\_\_\_\_ hygienists
- \_\_\_\_\_ dental assistants
- \_\_\_\_\_ dental students
- \_\_\_\_\_ other staff

Please list the total number of volunteer hours **per person**. For example, if a dentist will volunteer for five hours on five separate days during the grant period, the total number of volunteer hours for one dentist is 25.

- \_\_\_\_\_ dentist
- \_\_\_\_\_ hygienist
- \_\_\_\_\_ dental assistant
- \_\_\_\_\_ dental student
- \_\_\_\_\_ other staff

\_\_\_\_\_ Total number of patients who will receive **ONLY** an oral health screening.

\_\_\_\_\_ Total number of patients who will be provided with **ONLY** oral health education

\_\_\_\_\_ Total number of dental procedures you will offer to each participant. Please include oral hygiene instruction in this figure. For example, if you are offering oral health screenings, cleanings and oral hygiene instruction, the answer is 3. If you are offering only oral health screenings the answer is 1.

\_\_\_\_\_ Total number of patients who will be provided with treatments, hygiene instruction/ oral health education/ oral health screenings. This number should reflect the total number of all individuals who will be served by this grant from June 25-October 10.

\_\_\_\_\_ Total approximate dollar value of services to be provided by this project during the grant period June 25- October 10. This is estimated by multiplying the number of individuals served by the retail value of the services each will receive.