



North Carolina Dental Health Endowment

Grant Application

I. Organization Information *(please type or print clearly)*

Name of Requesting Organization		Web Site	
Address	City	State	Zip
Telephone	Facsimile	E-mail	
Project Contact & Title (provide address/phone/e-mail information if different)			Executive Director/President

II. Requesting Organization Tax Status

Tax exempt, 501(c)(3) charitable organization (include copy of IRS determination letter) Fed. Tax ID# _____

Governmental tax-exempt unit (include verification) Other, please specify _____ (include verification)

Fiscal Sponsor If your organization is not a 501(c)3 or equivalent entity, please ID your fiscal sponsor below

Fiscal Sponsor Name	Contact Name/Title	Telephone
Fiscal Sponsor Address		Fed. Tax ID#

III. Project Description

Application Period October 31st

Project Title: _____

Project Summary (Limit to Space Provided): _____

Project Classification Access to Care Prevention Education/Intervention Treatment
(check only one category)

Statewide: Yes No Or County(ies) where project will be implemented (List all that apply): _____

IV. Target Population

Primary Ethnicity(ies) of target population: All races Or African American Latino Native American
 Asian (specify): _____ Other (specify): _____

Population (e.g., Children, Elderly, Migrant Workers, etc.): _____

Age Groups _____ Region: Urban Rural

V. Project and Organization Budget

Type of Support Requested: Financial Grant

Financial Grant: \$ _____ to _____
Amount requested Total Project Budget Project Timetable

Organization Operating Budget: (Total Expenses): \$ _____ \$ _____
(Include 2001 IRS Form 990 or equivalent tax return) Current Year Prior Year

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Submission Check List

Did you include/complete the following in your proposal?

Submission Criteria

- Correct paper, font, and stapled only
- 9 copies of all required items
- Completed application cover sheet

Proposal

- Need for the project/program
- Program description including:
 - Objectives (measurable and time-specific)
 - Planned activities
 - Expected outcomes
- Relevance of program to one North Carolina Dental Health Endowment objective
- Evaluation (how the objectives and outcomes are measured)
- Sustainability of the program - during and after a North Carolina Dental Health Endowment grant
- Recognition of North Carolina Dental Health Endowment Program

Attachments

- Program budget including:
 - Program-related costs
 - Personnel/salary costs
 - Indirect costs
 - Revenue sources
- Project collaborators and funding partners including:
 - Contact name of agency/organization
 - Address
 - Phone number
 - E-mail address
- IRS determination letter
- 2001 tax return – form 990 or equivalent
- One supplemental attachment (i.e. newsletter, brochure) *optional*