

Internal Grant #:



# DTA FOUNDATION & DENTAL LIFELINE NETWORK: IMPROVING ORAL HEALTH CARE FOR MEDICALLY AT-RISK & SPECIAL NEEDS PATIENTS 2014 GRANT PROPOSAL APPLICATION FORM

Please complete the fields below. Once completed, use the signature field to digitally sign the report and click the submit button to automatically attach it to an email. A budget template is attached to this document, on the left side of the Adobe Reader screen. Right click "2014\_DTAF\_Grant\_Budget\_Template" and save it to your computer.

1. Name of Organization:

Website:

2. Principal Applicant Name:   
Authorized signer for the Organization

Principal Applicant Title:

Address:

City:  State:  Zip:

Telephone:  Email:

**All responses must fit within the space provided.**

3. Project Title:

Project Manager Name:   
If different from the Principal Applicant

4. Please provide a brief project summary:

Internal Grant #:

Date Received

5. Total Project Budget: \$  DTAF Grant Request: \$   
(Budget, **including how DTAF funds will be utilized**, must be attached)

6. Demonstration of Need:

7. Target Population(s) to be served:

8. Target Population Size:

9. Anticipated impact of project:

10. How will the project be implemented? (Include dates of implementation & total project time period):

11. Describe the major phases of the project (in a list format):

Internal Grant #:

Date Received

12. Does this project address:  Access to Care  Dental Productivity  Both

13. How does this project address the issue(s) checked in item 12 above?

14. How will this project positively impact capacity of care provided?

15. What, if any, community or private sector collaboration will be associated with this project?

16. How will DTAF funding be leveraged in terms of sustainability and larger scale funding?

17. How will the DTA Foundation logo/acknowledgements be featured?

18. List all other sources of funds, available or applied for, regarding this grant project:

Source Name	Amount Requested	Funding Approved?	Amount Funded
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	

19. Have you received DTA Foundation grant funds in the past?  Yes  No

If yes, what year?  How much funding?

If yes, please outline project accomplishments directly connected to prior DTAF funding:

20. Check list assuring that all mandatory supporting documents are attached as part of this application:

- Principal Applicant Curriculum Vitae
- IRS tax exempt documentation
- Letter(s) of support from confirmed co-sponsors and/or dental societies (where applicable)
- Copy of complete project budget to include proposed allocation of DTAF grant funds

**Failure to complete this form in its entirety and to submit all required components of the application (listed above) will result in rejection of the grant application. Please attach documents as individual files.**

**21. I do hereby acknowledge that all information contained in this application and accompanying documents are accurate.**

I, , being   
Name Title

of   
Organization

**do hereby certify that I have the authority to represent the organization and execute and deliver this Application and representations as set forth therein.**

Principal Applicant Signature:

Title:  Date:

**Applications must be received no later than May 28, 2014. All grant applicants will receive notification as to the outcome of their application no later than September 30, 2014.**



**Clicking submit will automatically attach this document to an email. Please attach the mandatory supporting documents to the same email as requested above. To save the document to your computer, select File>Save As. To save the budget template to your computer, right click "2014\_DTAF\_Grant\_Budget\_Template" on the left side of the Adobe Reader screen and select "save attachment." If you need assistance, call the DTA Foundation at 703-379-7755.**