



# Nebraska Dental Foundation GRANT APPLICATION

**FOR FOUNDATION USE ONLY**  
Date Received: \_\_\_\_\_  
Postcard Sent: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
Contact Person Name & Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Using the space provided below, please answer the following questions.  
Please do not attach or refer to other pages.

**PART I**  
**INFORMATION ABOUT THE APPLICANT**

1. Is the applicant organized as a nonprofit organization, under State laws governing charitable organizations? \_\_\_ Yes \_\_\_ No. If yes, what State governs? \_\_\_\_\_ If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_.

2. Is the applicant controlled by, related to, or connected with, or sponsored by another organization? \_\_\_ Yes \_\_\_ No. If yes, identify the organization (including its purposes and activities) and explain the relationship. Also include in your description the geographic area you serve and the relevant characteristics of the population you reach.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

3. If applicable, list the name and address and title of each member of the applicant's governing board.

_____	_____
Name	Title or Office
_____	_____
Street Address	City, State & Zip Code
_____	_____
Name	Title or Office
_____	_____
Street Address	City, State & Zip Code

4. Has the applicant (or any organization listed above) ever received a grant from this foundation? \_\_\_\_ Yes \_\_\_\_ No (If yes, give details):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

<b>PART II USE OF THE PROPOSED GRANT</b>
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5. State the amount of your funding request and explain in detail how it will be used. State whether the grant is to be earmarked for the use or benefit of any one person, group, or class of people. If so, for whom?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Also answer the following:

- a) Describe the unmet need your organization is attempting to address. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

b) List your proposed program's MAJOR goals.

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c) List the MAIN activities and milestones related to your goals.

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6. Are you requesting a one-time grant, or do you anticipate future requests specifically for the proposed program?

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7. Please provide a list of and brief biographical sketch of the key staff members who will be responsible for the program's proposed management and operation.

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8. If we grant your request for funding, how will this program be sustained after this grant? (Be specific)

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9. Person to contact who will be administering the proposed program:

<hr/> Name	<hr/> Title or Office
<hr/> Street Address	<hr/> City, State & Zip Code

By signing and submitting this application, the submitting organization agrees to abide by and be bound by each of the terms and conditions described in the application, and further that the applying organization warrants that all of the above information is true and correct as they verily believe and the governing boards of this organization have authorized submission of this grant application to the Nebraska Dental Foundation.

\_\_\_\_\_  
Name of Director / President of Organization

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Director / President of Organization

*The information in Parts I and II is to help the grantor foundation meet the requirements of Section 4945(h) of the Internal Revenue Code.*

<b>FOR GRANTOR FOUNDATION ONLY</b>
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1. Evaluation by Board Members:
2. Special supervisory or follow-up requirements, if any:
3. Remarks:
4. Action Taken:
  - a) Date received: \_\_\_\_\_
  - b) Approved as requested: \_\_\_\_\_
  - c) Approved as modified (see remarks): \_\_\_\_\_
  - d) Denied: \_\_\_\_\_
  - e) Date of grant agreement: \_\_\_\_\_
  - f) Amount of grant: \$ \_\_\_\_\_
  - g) Date of grant payment: \_\_\_\_\_
  - h) Date file closed: \_\_\_\_\_