



Nebraska Dental Foundation

Grant Request

All individuals, groups and organizations **must** complete the Grant Request Form to be eligible for Foundation funding. Please read the **Grant Guidelines** before applying. All materials including your organization's project budget and required financial statements must be mailed together and received in one package. NDF will review applications once per calendar year. Your organization's application must be postmarked by the deadline date (March 15) to be considered. Please answer all questions that apply.

GRANT SUBMISSION DEADLINES: March 15th

Organization Name: _____ Submission Date: _____

Contact Name: _____ Title: _____

Email: _____ EIN (Federal Tax ID No.) _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____

Is organization a 501(c)(3)? _____ Is a dentist involved with this project? _____ If yes, please provide:

Dentist Name: _____ Practice Location: _____

Organization's annual budget including program for which funds are requested: _____

Percentage of annual budget that comes from federal or state funding: _____

Total program cost: _____ Grand Amount requested: _____ Date funds are needed: _____

Will other funding sources be utilized? _____

If yes, please list organizations (including your own) and amounts below:

Using the questions provided on this application, please describe the event or purpose for which the grant is requested in as much detail as possible. Application must also include an Executive Summary (as outlined in Grant Guidelines) and a detailed budget. We do not accept faxed applications and/or materials.

Q 1 Describe the current services provided by the applicant organization. Please provide a brief description of the proposed project or activities including date and location. How will funding enhance this effort?

Q 2 Describe the geographical area that would be served. Describe the target population that would be served. Please include summary of qualifications for participants in the program or activities.

Q 3 What is unique about your project or activity, and why should the NDF fund it?

I certify that all of the information contained in this application is true and complete to the best of my knowledge. If asked by an authorized official of the Nebraska Dental Foundation, the applicant organization agrees to provide documentation for information provided on this form. This documentation may include tax filings with the state or federal government.

Authorized Officer of Applicant Organization

Date

Return request to: NDF, 7160 South 29th Street, Ste.1 • Lincoln, NE 68516 • Fax: (402) 476-2641

The NDF is the charitable partner of the Nebraska Dental Association working to create better oral health for Nebraskans through educational programs, access to care initiatives and community collaborations.

The NDF reserves the right to deny any request that does not correspond to its grant guidelines and criteria.

Office Use Only

Date Request Received: Approved Denied Approved Amount: \$ _____

Approved by: _____ Date funding sent to grantee: _____

Grant Report Required? _____ If yes, due date for Grant Report: _____