

DELTA DENTAL FOUNDATION

An Affiliate of Delta Dental of Michigan, Ohio, and Indiana

Community Mini-Grant Program • Contribution Request Application

Name of organization _____

Mailing address _____ City _____ State _____ ZIP+4 _____

Street address _____ City _____ State _____ ZIP+4 _____

Telephone _____ E-mail _____

Applicant name _____ Applicant title _____

Program title: (If additional space is needed, please continue on Page 2.)

Provide your Federal Employer Identification Number _____

Provide a brief description of the program for which funds are requested. (If additional space is needed, please continue on Page 2.)

What is unique about your program, and why should the Delta Dental Foundation fund it? (If additional space is needed, please continue on Page 2.)

Total cost of program \$ _____ Amount requested \$ _____

Are you seeking other sponsors? Yes No Please list: (If additional space is needed, please continue on Page 2.)

Is your organization providing any of the funding for this program? Yes No

If yes, indicate amount \$ _____

Is this program for:

- | | |
|---|--|
| a. Dentistry for indigents? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Groups dentally deprived? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Advancement of the science of dentistry? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Promotion of the dental health of the public? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Improving dental care with potential for reducing treatment costs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Community activity? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Other? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**SUBMISSION
DEADLINE
September 3, 2012**

**Award
Announcements
December 2012**

Is this an ongoing program? Yes No

Please indicate period of time this program will cover: _____ Date funds are needed _____

Please attach additional information regarding your organization, the purpose of the proposed program, and the specific use of funds within the program. On a separate sheet, provide IRS documentation (IRS public charity classification, a.k.a., reason for non-private foundation status).

Initiating a request: To initiate a request for a contribution from the Delta Dental Foundation, please complete the Delta Dental Foundation Community Mini-Grant Program Contribution Request Application and send it with any additional information to: **Delta Dental Foundation**

P.O. Box 293 • Okemos, MI 48805-0293 • Fax: (517) 347-5320 • ddf@deltadentalmi.com

Follow us on Facebook and Twitter! www.facebook.com/deltadentalmi • @DeltaDentalMI



(Additional writing space)

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for additional writing space.