



The North Carolina Dental Society Foundation Endowment Grant Program Instructions and Application

*Applications will not be reviewed until the **November 30, 2018 filing deadline**.*

The North Carolina Dental Society Foundation's Endowment provides financial grants of up to \$5,000 to nonprofit organizations and clinics that address one or more of the following objectives:

- **Access to Care**
To support programs that increase access to oral health care, particularly for the underserved, including children, their caregivers, and the elderly.
- **Prevention Education/Intervention**
To support programs that promote total health, disease prevention, and risk assessment.
- **Treatment Programs**
To support nonprofit organizations and clinics providing direct oral health treatment services.

Application Eligibility and Process

Applicants should submit a proposal describing their project and indicate which objective(s) they are addressing. Proposals must meet at least one of the North Carolina Dental Society Foundation Endowment objectives.

Support is provided to nonprofit organizations and clinics in both the public and private sectors.

Applications must be received no later than November 30. Typefont must be 10 points or larger.

Maximum grant awards are \$5,000.

When submitting the application, please include the following:

1. Application Cover Sheet
2. Proposal Narrative (no more than 8 pages)
 - Executive Summary

- Background on Issue to be addressed
 - The need for the Project/Program
 - Program description
 - a. Objectives (measurable and time-specific)
 - b. Planned activities
 - c. Expected outcomes
 - Relevance of the program to at least one of the North Carolina Dental Society Foundation Endowment objectives
 - Evaluation (how the objectives and outcomes are measured)
 - Sustainability of the program along with, and after the North Carolina Dental Society Foundation Endowment grant.
 - Organization and Project partners and qualifications to conduct the program
 - Recognition of the North Carolina Dental Society Foundation Endowment by the proposing organization.
3. Program Budget (no more than 2 pages)
- Line item budget for the total project that clearly identifies program-related costs, personnel/salary costs, indirect costs, and revenue sources.
4. Program Collaborators and Funding Partners (one page)
- Please provide the contact name, agency/organization, address, phone number, and email address of the project partners and collaborators. Please identify whether they are a funding or program partner.

Tax exempt nonprofit organizations under Section 501(c) 3 of the Internal Revenue Code and government agencies are eligible for funding. If a proposal is from an unincorporated collaboration, tax exemption verification and a letter of agreement signed by an eligible fiscal sponsor are required.

Please submit your application before or by Friday, November 30, 2018 COB with ENDOWMENT GRANT in the subject line to Executive Director, NC Dental Society Foundation: lridgeway@ncdental.org.

OR

Mail the application with postmark by November 30, 2018, to: North Carolina Dental Society Foundation, 1600 Evans Road, Cary NC 27513 ATTN: Endowment Grant

Proposals are reviewed once per year. Receipt of all applications is acknowledged via email or postcard. During the review of your application, the Endowment Committee may contact you for additional information.

Proposals that can *clearly and concisely* demonstrate the following characteristics will have a greater opportunity for funding.

- Relevance to the North Carolina Dental Society Foundation's Endowment mission.
- Address one or more of the Program Objectives

- Demonstrates a clear connection between oral health and general health and well-being
- Has established matching funds and/or long-term funding relationships
- Community-based and/or community driven
- Demonstrates established partnerships and collaborations
- Encourages creative solutions to identified challenges

Funding Restrictions

- Overhead and/or administrative costs in excess of 15% of total project budget.
- Conferences and special events (i.e. fundraising dinners)
- Lobbying and/or political campaigns or endorsements
- Capital campaigns
- Organization budget shortfalls



**North Carolina Dental Society Foundation
Endowment**

Grant Application Cover Sheet

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 November 30

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 most current IRS Form 990 or equivalent tax return) Current Year Prior Year



**North Carolina Dental Society Foundation
Endowment**

**Grant Application
Submission Check List**

Did you include/complete the following in your proposal?

Submission Criteria

- Completed application cover sheet
- Correct 10 pt or larger font size

Proposal Narrative

- 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 Society Foundation Endowment objective
- Evaluation (how the objectives and outcomes are measured)
- Sustainability of the program - during and after a North Carolina Dental Society Foundation grant
- Recognition of North Carolina Dental Society Foundation

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
- Most current tax return B form 990 or equivalent
- One supplemental attachment (i.e. newsletter, brochure) *optional*