



Delta Dental of Virginia Foundation

# Foundation Grant Application 2019-2020

### Organization Information

Organization Name (Legal name of organization as it appears on your IRS exemption letter)

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Employer Identification Number (EIN) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Grant Writer's Name \_\_\_\_\_

Grant Writer's Phone \_\_\_\_\_

Grant Writer's Email \_\_\_\_\_

Organization Website \_\_\_\_\_

Organization Vision and Mission Statement (50 word maximum) \_\_\_\_\_

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Delta Dental of Virginia Foundation

Grant Request Information

Funding amount requested \_\_\_\_\_

A detailed project budget must be submitted with your application. Enter the total project budget here \_\_\_\_\_

The funding will be used to purchase or provide financial support for (choose one):

- Checkboxes for: Dental supplies, Dental equipment, Dental students providing services at a safety net clinic, Scholarship for dental or dental hygiene students, Dental provider support so that more patients can be treated, Staff support to program providing dental services, Dental appliances such as dentures or mouth guards, Dental educational materials and/or program delivery, Mobile dental clinic, Advance oral health through research

Based on your response to the previous question, provide a succinct summary of exactly how funding will be used (100 word maximum) \_\_\_\_\_

Three horizontal lines for text entry.

Have you received funding for this program from other organizations? If yes, list the name(s) and the confirmed amount from each, noting if they are matching funds. \_\_\_\_\_

Seven horizontal lines for text entry.

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Which of the following target populations will benefit from this funding? Check only the primary populations.

- Children age 0-3, Adults age 19-54, Disabled, Children age 4-12, Adults age 55+, Homeless, Children age 13-18, Veterans, Uninsured

How does your organization promote the availability of this program to potential beneficiaries? (50 word maximum)

Are there opportunities for Delta Dental to provide signage, literature or other branded recognition to be acknowledged as a funder for this grant? If so, please specify.

- I would like to receive communications from the Delta Dental of Virginia Foundation.
Applicant authorizes the Delta Dental of Virginia Foundation to use, publish and reference recipient's name, location, logos and/or related images and information in any Foundation public relations materials or news releases.