Delta Dental of Virginia Foundation Grant Application

Thank you for your interest in receiving a grant from the Delta Dental of Virginia Foundation. We fund organizations and projects in Virginia working to **improve oral health in the Commonwealth**. Eligible candidates are safety net providers including Federally Qualified Health Centers, free clinics, hybrid clinics and other non-profit organizations working to improve oral health. Our process involves completing a short, online application (example below) and the grant period is from January 1, 2024 – December 31, 2024.

Our review committee, including Delta Dental of Virginia team members and external experts in oral health and grant making, will use the following criteria to make decisions on grants:

Criteria	Points Possible
1. Clear summary that explains what the organization wants to achieve	20
2. Well defined and realistic milestones/work plan	20
3. Reasonable budget and sound finances (10 points each)	20
4. Clearly defined, realistic and measurable outcomes	20
5. Understands the need and uses community voice to inform need	10
6. Articulates assets of the organization and the community	10

Finalists will be invited to a thirty-minute Zoom call, held the week of **October 9, 2023**, to further discuss the application with members of the review committee. The Foundation Board of Directors and staff will make final decisions based upon the scoring rubric presented above and information provided during Zoom meetings. Grantees will be notified of award decisions in December.

If you are unsure if you're eligible for funding, or if you've applied in the past but weren't funded, consider reaching out to us to discuss your program before you apply.

Contact information:
- Polly Raible, Executive Director: 919-815-1315 or polly.raible@deltadentalva.com
- Lauren Browning, Community Impact Manager: 540.824.5822 or lauren.browning@deltadentalva.com

Please complete the application online and ensure that all items requested are submitted before the deadline of August 28, 2023.

Grantees will be required to submit a short mid-year and final report (in table format) that shows progress against their goals. They will also be asked to meet with Foundation staff to talk about their progress three times a year (90-day, 6-month and 12-month check-ins) in 30-minute meetings either by Zoom or personal visit. Finally, we expect our grantees to share their stories and successes with us throughout their journey. We plan to share the amazing things you are doing in your communities through storytelling and promotion on social media.

Application Example
1. GENERAL INFORMATION

Request Type (select all that apply):
- General Operating Support – Support for a non-profit's ability to carry out day-to-day dental operations.
- Program Support – Support for a specific oral health program.
- Capital Support – Support for purchasing or renovating equipment or a facility to provide oral health services.
- Equipment Support – Support for purchasing equipment to provide oral health services.

Project Title (Consider naming the program that you're applying for):

Geographic Area You Are Serving (Please pick one or more):

Upload Board Member List
Please upload a list of your organization's current board members, including their titles and affiliations.

Executive Summary
In four sentences or less, provide a summary of your project that aligns with your outcomes and budget. This will be shared with our review committee and board to clearly articulate your proposed project. If your project is selected for a grant, it will also be used on our website.

2. OUTCOMES AND IMPACT

Share your expected outcomes to demonstrate the difference your organization will make through the project proposed. **This should align with your summary and your budget proposal.** We invite you to enter no more than five outcomes, which you can measure via number or description.

Your outcomes must include the number of patients served and the number of visits provided.

Additional examples MAY include, but are not limited to:
- Number of oral/dental treatment plans completed within 12 months.
- Number of children having their first dental visit before their first birthday.
- Completion of sealant applications for children ages 6 - 9.
- Completion of fluoride treatments.
- Integration of overall and dental health services.
- Increase in the number of times per day first graders brush their teeth.
- New partnerships that increase oral health access for low-income patients.

If your organization receives a grant, you will share the actual results of these target outcomes in your grant report. **Please include no more than five outcomes.**

Description of Expected Outcome:	Share #'s or narratives that demonstrate a measurable outcome Example: number of patients served by x date	Expected Completion Date:
Example: Patients Served	Number Expected: 350	12/31/24
1.		
2.		
3.		
4.		
5.		

3. ORGANIZATION/PROJECT OVERVIEW

Now that you have provided a summary of your project, take it one step further and help us understand some of the planning involved in making this project a success.
- What are the **main components of your project** (direct care, education for staff or community, transition to billing for Medicaid, etc.)?
- How will your **operations or staffing** change?
- Is this a **new or existing initiative,** and if existing, are you expanding to a new **population/target group**?

Work Plan
Populate the table with a high-level work plan that explains what must happen for your project to be successful. What milestones do you have to reach?

Milestone	Lead Staff Person	Timeline for Completion
Ex: Recruit new dentist	Executive Director	March 30, 2024
Ex. Begin marketing new dentist	Marketing Manager	April 30, 2024
Ex. Begin seeing adult patients for restorative care	Dental Director	May 15, 2024

Capital Grant Specific Milestones

If you're applying for a capital grant, please use the below table to explain what must happen for your project to be successful.

Capital Grant Milestone	Yes, No or N/A	Timeline for Completion
Is this board approved?		
Have you acquired the necessary permits?		
Do you already have a contractor agreement?		
Are the drawings/floorplans approved?		
When is the groundbreaking?		
When is the projected opening date?		
Have the necessary funds been raised for this?		

Equipment Grant Specific Milestones

If you're applying for an equipment grant, please use the below table to explain what must happen for your project to be successful.

Equipment Milestones:	Yes, No or N/A	Timeline for Completion
Is it approved?		
Has it been ordered?		
Tentative Arrival Date:		
Tentative Install Date:		
Do you have staff trained to operate?		

If you have recently written an application for another organization with this information, feel free to upload it here and save yourself some time. *NOTE: This does not have to be a grant proposal submitted to the Delta Dental of Virginia Foundation and you can upload more than one file if needed.*

Why are we asking this: We want to better understand what you want to achieve, how you want to achieve it and what milestones need to happen for you to be successful.

Leveraging Assets

Please tell us if you are involved with any partnerships in your community. How does this approach improve your service or offering?

Examples may include:
- Partnering with a fellow safety net organization or community group to provide transportation services to your patients.
- Your community may have an existing neighborhood coalition that is active and has identified access to dental care as a need.
- If you are a returning grant applicant, you are welcome to share any new insights, practices, or partners since your last grant submission.

Why we are asking this: We feel there is a big advantage to teaming up within our communities and amplifying strengths rather than focusing on challenges, and we want to hear from you about what makes your organization powerful.

Community Voice

How do the individuals in your community have a voice in your organization's work? For example, how does the community give input, shape programs, influence decisions, etc. to fit the needs of the individuals you serve? You may also consider sharing feedback that you have received and explain the steps you took to make changes.

Why we are asking this: We believe non-profits are most effective when they have formal and informal ways of understanding the needs of their patients from the individuals themselves. Do you take into consideration when and how your patients want their services (e.g., offering evening services)? We are interested in hearing how your organization gives your community a voice in your work. Many nonprofits include community members in their governance (e.g., through board positions), but we are open to learning about all the ways you seek and use community input.

4. FINANCIAL OVERVIEW

AUDITED FINANCIALS - Please upload your organization's most recent audited financial statement. If an audit is not available, please upload the most recent Form 990.
AMOUNT REQUESTED - How much are you requesting for your grant?

PROJECT BUDGET – Please complete the budget sheet provided. **This should align with your summary.** Please do not include cost per service as a line item.

Project Name:	
Group or Organization Name:	
Contact Person:		Contact Phone:	

Total Funding Request from DDVA Foundation:	
Total Project Cost:	

Items (Salaries, project items, rentals):	Total cost of each item:	Amount requested for each item:	Please advise if you receive cash or in-kind support for any of the items and from whom. If we are not funding the full amount, let us know where those funds are coming from.	
			Amount (cash or in-kind):	Source of funding:
Grand total:				

If you have any additional notes you would like to include, please do so in the space below:

5. ADDITIONAL INFORMATION & SUBMISSION INSTRUCTIONS

ADDITIONAL MATERIALS/UPLOADS - *This is optional. Feel free to upload a document or list of links to any additional information that you believe is relevant to your request or tells your organization's story. Most organizations who utilize this share links to existing documents or videos. Our intention is to leave space for you to share what makes your organization an asset – it is not to create more work! Please limit additional materials/uploads to two.