

2012 GRANT GUIDELINES & APPLICATION



Supporting Dental Education in Ohio

Guidelines for Grant Requests

Funding requests are considered when a project or program meets the following criteria:

- Ohio-based dental-related program, endorsed with a letter of support from the local component society* of the Ohio Dental Association.
- That funding is requested for a new and innovative program.
- Worthiness and soundness of request.
- Demonstrable need for supplemental funding on a time limited basis.
- The ability to continue the project upon expiration of the grant term.
- Grants may be renewable on a competitive basis for one additional year through the standard application process.

An Interim and Final report is required of all grant recipients.

*A list of ODA component dental societies is available online at www.oda.org.

**Grant applications must be received by the ODA Foundation
no later than July 10, 2012.**

About the ODA Foundation

The Ohio Dental Association Foundation is a charitable organization that is the philanthropic arm of the Ohio Dental Association. It is governed by a Board of Trustees elected by the Executive Committee of the Ohio Dental Association.

ODA Foundation Mission

The Ohio Dental Association Foundation exists to improve the oral health of the citizens of Ohio and to enhance the dental profession in Ohio.

Focus Areas for Project Grant Funding

The ODA Foundation developed focus areas that will enable it to have an impact on the future of dentistry. Project grants will need to fulfill one of the following focus areas:

- Facilitate learning opportunities that will impact how dentistry plans for the future.
- Support a strong dental education environment in Ohio.
- Expand the pool of qualified dental auxiliaries for dental practices through educational training grants.
- Fund public service projects and worthwhile initiatives suggested by ODA members, component dental societies, and ODA Councils and Committees.
- Support programs that improve the image and quality of the dental profession.

Note: Project grants are not intended for individual scholarships. Grant recipients will be provided with an Interim and Final Grant Reporting Form and must agree to return the completed reports to the ODAF by the dates indicated.

Examples of qualified oral health projects supported by the Ohio Dental Association Foundation in the past five years include, but are not limited to:

- **Educational programs that help access to care:** grants were awarded to four dental residency programs in Ohio to expand residency training and clinics, thus allowing for more dental residents to provide care to the underserved in the dental clinics.
- **Improving oral health awareness, especially in areas where oral health education and oral hygiene is not a high priority:** grants were awarded to programs that reach out to children and families about the importance of oral health and oral hygiene with information and materials given to schools and parents. Another grant helped OSU dental students go into senior centers and assisted living facilities in rural areas to provide care and education to the geriatric community and enhance the dental student curriculum regarding oral health issues specific to older adults.
- **Strengthening awareness of organized dentistry and leadership among dental students:** funding helped CWRU dental students develop and implement a student leadership program to enhance and utilize such skills as a dentist and in other areas of their lives.
- **Improving the oral health of elementary school children:** funding to a CWRU inner-city school program provided the means for the program to purchase needed preventive materials such as sealants and fluoride. This also enhanced the learning experience of dental students as they worked in the schools.

The Ohio Dental Association Foundation does NOT fund:

- Endowments or fundraising campaigns,
- Political campaigns or groups,
- Programs not endorsed by an ODA component dental society or not related to oral health,
- Requests to reimburse materials or services already purchased/ordered.

Application Process

Applicants are invited to submit a proposal, which should not exceed four pages of narrative, excluding appended materials, which should be kept to a relevant minimum, and submit **two** copies of full proposal, following the format below.

- 1. Cover page** – complete the form provided by the ODA Foundation (page 1)
- 2. Statement of purpose/need** (page 2)
 1. Identify the program or issue to be addressed and its relevance to the dental profession.
 2. Describe the goals and objectives of the project.
 3. Explain how the project relates to the ODA Foundation mission and which focus areas it addresses.
- 3. Budget** (page 3) provide detailed budget with income and expenses for project, including but not limited to:
 - Personnel needs
 - All expenses of project, including overhead if applicable
 - Equipment needs for project
 - All necessary materials and supplies
- 4. Project description and plans** (pages 4 and 5)
 - a. Describe scope of work, including the number of Ohioans and demographic population to be served through this program.
 - b. Present a comprehensive timeline for proposed project
 - c. Described anticipated outcomes and benefits for the dental profession
 - d. Describe how you will know you have attained your goals and objectives
 - e. State how the results of your project will be used
 - f. Present justification on all budget items, pertaining to the project
 - g. Describe other financial sources of support (cash and in-kind)
 - h. How project will be continued when grant period ends
- 5. Supporting documents**
 - IRS documentation of 501(c)(3) or 509(a)(3) status
 - 2 letters of support (references)
 - Letter of endorsement from local component dental society
 - Relevant brochures or other information
 - Resume or CV of project personnel

Application Deadline

Please submit **two** copies of the complete proposal by July 10, 2012 to:

ODA Foundation
1370 Dublin Road
Columbus, Ohio 43215
(614) 486-2700

Questions

For any questions or concerns regarding the application or grant process, please call the ODA Foundation at (614) 486-2700.

The ODA Foundation's ability to meet requests for grant support is limited. The final determination for funding is made on the merits of the project, and that it falls within the general purposes and objectives of the Foundation. Financial awards are the decision of the Foundation Board of Trustees.

The Board of Trustees reviews applications for grants in July, generally for distribution during the ODA Annual Session.

Project Title: _____

Organization Name: _____

Principal mission and service of the organization (brief): _____

Contact Person Name: _____ Title: _____

Executive Director/Board President Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Fax: _____

Email: _____ Website: _____

If organization is known by another name, please state: _____

Date incorporated: _____ County: _____

Total organizational budget (2011): \$ _____ Total organizational budget (2012): \$ _____

Tax ID number: _____ IRS 501c(3) (or other) status: _____

Local Dental Society & Contact Name/Phone Number: _____

Name of organization's three largest funding sources over the past ten years:

Source	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

Amount of Funding Requested: \$ _____

Signatures:

Executive Director/Board President _____

Date _____

Dental Society Officer/Executive Director _____

Date _____

Statement of Purpose

Please answer the following three questions (use additional page if needed)

1. Identify the program or issue to be addressed and its relevance to the dental profession:

2. Describe the goals and objectives of the project:

3. Identify what ODA Foundation focus area(s) the project addresses, and how it ties into the ODA mission:

Budget

Please provide detailed budget (expenses and income) for project below.

Expenses

Personnel: \$ _____

Director: \$ _____

(List all other positions below)

Title: _____ \$ _____

Title: _____ \$ _____

Title: _____ \$ _____

Program: \$ _____

Equipment: \$ _____

Supplies: \$ _____

Printing: \$ _____

Postage: \$ _____

Telephone: \$ _____

Overhead: \$ _____

Mileage (if applicable): \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Total Project Budget: \$ _____

Income

ODA Foundation Grant: \$ _____

Other Income: \$ _____

(Please list all sources)

Source: _____ \$ _____

Source: _____ \$ _____

Signature

Contact Person/Title _____

Date _____

I. *Please provide a narrative below that provides the following information (use additional page if needed):*

a) Describe the scope of work, including number of Ohioans served and their demographic population:

b) Present a comprehensive timeline for the proposed project:

c) Describe anticipated outcomes and benefits for the dental profession:

d) Describe how you will know you have attained your goals and objectives:

Project Description and Plan Narrative (continued – use additional page if necessary)

e) How the results of your project will be used:

f) Present justification on all budget items pertaining to the project:

g) Describe other financial sources of support (cash and in-kind):

h) How will the project/program be continued after the ODA Foundation project grant ends?