



Grant Guidelines and Criteria

The Missouri Dental Association Foundation (MDAF) is a nonprofit, charitable organization established in 1977 as a subsidiary of the Missouri Dental Association. It is a qualified, tax-exempt corporation.

Objectives: The grant program's main objective is to provide financial support to efforts that create better oral health for Missourians through educational programs, access-to-care initiatives and community collaborations.

Eligibility Criteria: Each year the MDAF determines a total budget for responding to grant requests. Eligible proposals from community-based, not-for-profit, oral health promotion programs in the state of Missouri received before the July 15 deadline will be considered.

Examples of qualified oral health promotions or funding requests include:

- Dental supplies, equipment and/or limited remodeling to an existing structure
- Dental health education conducted at schools, health fairs and social agencies via mobile dental clinics or outreach programs;
- Dental health education programs in conjunction with preventive programs such as fluoride and dental sealant application programs;
- Other philanthropic endeavors relating to dentistry in Missouri.

Examples of *unqualified* oral health promotions or funding requests include:

- Salary and other staff compensation;
- Endowments or fundraising campaigns;
- Direct support of individuals or lobbying of any kind;
- Capital costs (purchasing or constructing a new facility);
- Grants to organizations located outside of Missouri.

Evaluation of Proposals: The MDAF Finance Committee will evaluate all qualified proposals using a scorecard that incorporates the criteria below. The Finance Committee will report their recommendations to the Foundation's Board of Directors. The full board will review the recommendations and vote on which proposals to support and at what dollar level.

Grants will be awarded based on:

- Originality, creativity and innovation;
- Potential for, or history of, continuous program operation;
- Community involvement including volunteer support;
- Provision of actual restorative, preventive and dental education services;
- Oral health awareness education and promotion content;
- Potential impact on the target audience and/or community.

Submission Guidelines: Grant applications must include the official application form and the following information only.

- **Project Budget** including total project cost and any other funding sources being utilized. The Foundation prefers to fund local grassroots projects that don't receive large amounts of federal funding. In addition to your project budget, please submit the following financial documents, if applicable, with your application: IRS Form 990, 501c3 verification letter, and organization's current year budget.

Application forms are available for download at www.modental.org/foundation or by contacting Paul Roberts at the MDAF office at 573-634-3436 or paul@modentalmail.org.

Please Note:

- Only one proposal submission per organization per year will be accepted.
- Do not double-side, bind, staple or fax documents.
- Do not submit additional materials such as videos, brochures or promotional gifts. These items will not be duplicated or submitted to the grant review committee or returned to the applicant.

Submit proposal to:
Paul Roberts
Missouri Dental Association Foundation
3340 American Ave
Jefferson City, MO 65109

Program Timetable:

- An official application form will be posted on the MDAF website from January 1 through July 15.
- Applications are accepted once a year and awards are made once a year.
- Proposals must be postmarked no later than July 15
- Grant announcements will be made by November 1 each year.
- A written report to the MDAF regarding the use of the grant funds may be requested upon completion of the proposed project or activity to ensure the grantee is in compliance with the terms of the grant.

Additional Information: If you have any questions or need additional information, please contact the Foundation at 573-634-3436.

The MDAF has the authority to change these guidelines and criteria, or award grants that do not fall within the range of these guidelines at its discretion.



All individuals, groups and organizations **must** complete the Grant Request Form to be eligible for Foundation funding. Please read the Grant Guidelines before applying. All materials including your organization’s project budget and required financial statements must be mailed together and received in one package. Please submit materials single-sided with no staples. MDAF will review applications once per calendar year. Your organization’s application must be postmarked by the deadline date (July 15) to be considered. Please answer all questions that apply.

GRANT SUBMISSION DEADLINES:

July 15

Organization Name: _____ Submission Date: _____

Contact Name: _____ Title: _____

Email: _____ EIN (Federal Tax ID No.) _____

Address: _____

City: _____ State: ____ Zip: _____ Phone: _____ Fax: _____

Is organization a 501(c)(3)? _____ Is a dentist involved with this project? _____ If yes, please provide:

Dentist Name: _____ Practice Location: _____

Organization’s annual budget including program for which funds are requested: _____

Percentage of annual budget that comes from federal or state funding: _____

Total program cost: _____ Amount requested: _____ Date funds are needed: _____

Will other funding sources be utilized? _____ If yes, please list organizations (including your own) and amounts below:

Using the three questions provided on this application, please describe the event or purpose for which the grant is requested in as much detail as possible. Do not exceed 5 pages total. Application must also include a detailed project budget. We do not accept faxed applications and/or materials.

Q 1 Describe the current services provided by the applicant organization. Please provide a brief description of the proposed project or activities including date and location. How will funding enhance this effort?

Q 2 Describe the geographical area that would be served. Describe the target population that would be served. Please include summary of qualifications for participants in the program or activities.

Q 3 What is unique about your project or activity, and why should the MDAF fund it?

I certify that all of the information contained in this application is true and complete to the best of my knowledge. If asked by an authorized official of the Missouri Dental Association Foundation, the applicant organization agrees to provide documentation for information provided on this form. This documentation may include tax filings with the state or federal government.

Authorized Officer of Applicant Organization

Date

Return request to: MDAF, 3340 American Ave • Jefferson City, MO 65109
Contact Paul Roberts at 573-634-3436 if you have questions concerning this form.

The MDA Foundation is the charitable partner of the Missouri Dental Association working to create better oral health for Missourians through educational programs, access-to-care initiatives and community collaborations. The MDAF reserves the right to deny any request that does not correspond to its grant guidelines and criteria.

Office Use Only

Date Request Received: _____ Approved Denied Approved Amount: \$ _____

Approved by: _____ Date funding sent to grantee: _____

Grant Report Required? _____ If yes, due date for Grant Report: _____