



## **GRANT APPLICATION FORM**

The annual submission deadline for the Tennessee Dental Association Foundation grant application is **April 1**. If you have questions about the grant submission, please reach out and contact us at [tda@tndental.org](mailto:tda@tndental.org). We are here to help with your request.

### **Instructions:**

1. A cover letter **MUST** be included with each proposal, introducing the organization and proposal. The focus of the letter is the strategic link between your proposal and the Foundation's mission and grant making interests.
2. All proposals must be typewritten.
3. Please answer all the questions in the order listed.
4. Please use the headings, subheadings and numbers provided.
5. Please submit your request electronically to [tda@tndental.org](mailto:tda@tndental.org) in **ONE COMPLETE PDF DOCUMENT**.

## **TDAF MISSION STATEMENT**

***To strengthen oral health of the communities we serve through support of philanthropic initiatives.***



**COVER SHEET**

Date of Application: \_\_\_\_\_

Legal name of organization applying: \_\_\_\_\_  
(Should be same as on IRS determination letter)

Year Founded: \_\_\_\_\_ Current Operating Budget: \$ \_\_\_\_\_

Executive Director/CEO: \_\_\_\_\_

Contact Person/Title (If different from Executive Director/CEO):

Address (Principal/Administrative Office): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Website URL (if applicable): \_\_\_\_\_

Project Name: \_\_\_\_\_

Purpose of Grant (**one sentence**):

\_\_\_\_\_

Dates of the Project: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_

Geographic Area/Population Served: \_\_\_\_\_

\_\_\_\_\_  
**Signature, Chairperson, Board of Directors**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Typed Name and Title**

\_\_\_\_\_  
**Signature, Executive Director**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Typed Name and Title**



## **PROPOSAL REQUIREMENTS & FORMAT**

### **A. Proposal Summary:**

#### **1. History of Organization:**

- a. Mission statement
- b. Goals
- c. Description of current programs, activities and accomplishments
- d. Long-term plans

#### **2. Purpose of Grant:**

- a. Who is the target group for this proposal?
- b. How many people benefit from this proposal?
- c. How does this proposal aid oral health in Tennessee?
- d. What is the ultimate goal for this program?

#### **3. Evaluation:**

- a. Provide a detailed evaluation plan, including how success will be defined and measured for this program.
- b. Timeline for implementation.

### **B. Attachments:**

#### **1. Budget:**

- a. List each budget item.
  - i. Describe how each budget item relates to the project and how the amount was calculated.
- b. List other funding sources this proposal has, current or pending.

#### **2. IRS Determination Letter:**

- a. A copy of the current IRS determination letter indicating 501(c)(3) tax-exempt status.

### **C. Expectations:** If your organization's proposal is awarded grant funding, please see the expectations listed below:

1. Progress report halfway through program timeline.
2. Final report upon conclusion of program.