



Grant Application Cover Sheet

(Note: This is a fillable PDF form which can be saved.)

Date of Request: _____
(mm/dd/yyyy)

Priority Areas:

- Oral health education
- Prevention of oral disease
- Access to dental care by underserved populations.

Organization Information [must be 501 (c)(3) tax-exempt]

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____
(xxx) xxx-xxxx

Mission/Purpose of Applicant Organization: _____

Project Information

Title: _____

Brief Description: _____

Start/End Dates: _____

Number of Direct Lives Affected by this Project: _____

Target Population(s): _____

Geographic Area(s) to Be Served: _____

Amount Requested: _____

Contact Information

President/Executive Director: _____ Title: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____
(xxx) xxx-xxxx