



Smile Fund Application Form

The HDS Foundation Smile Fund supports non-profit organizations that offer innovative and collaborative outreach projects to improve oral health in Hawaii. Smile Fund requests can range from \$100 and up to a maximum of \$4,999. Smile Fund requests are accepted throughout the year, and are awarded to qualifying applicants on a first-come basis while funds are available.

To apply for a Smile Fund, please complete and return this form to Foundation@HawaiiDentalService.com.

Mahalo!

Date: _____

Name of organization: _____

Address: _____

Name of contact person: _____ Title: _____

Email: _____ Phone: _____

Social media handle: _____

Project name: _____

Project start date: _____ End date: _____

Amount requested: \$ _____

Please attach a copy of your 501 (C) (3) Tax Exempt status.

Project Description - Describe the oral health-related project:

Budget - Describe how the grant funds will be spent:

Project Goals - Describe how you will achieve your goals:

Reach - How many people will you reach with your project?

Population Served: Select up to 4

- Developmentally Disabled
- Economically Challenged
- Physically Challenged
- Veterans
- General Population
- Pregnant Women
- Other

Ethnicities Served: Select up to 4

- African American
- Asian American
- Caucasian
- Hispanic/Latino
- Native American
- Native Hawaiian
- Pacific Islander
- Other

Age Groups Served: Select up to 4

- Infants (0-5)
- Children (6-13)
- Young Adults (14-19)
- Adults (20-64)
- Seniors (65+)
- All Ages

Priority Area(s):

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

QUESTIONS?

Foundation@HawaiiDentalService.com
Call: 808-529-9277