



## Grant Application Preview

For your convenience, this is a preview of the information requested in the grant application. All grants applications must be submitted through our online form on our website.

### Organization Information

#### Organization Contact Information

Organization Name\*

Tax ID\*

Address\*

Island\*

City\*

State\*

Zip Code\*

Phone\*

Please provide a brief history and mission of your organization\*

Max 300 words

Organization's annual budget\*

## Contact Information

Primary Organization Contact (President, Executive Director, CEO, etc.)

Prefix\*

First Name\*

Last Name\*

Title\*

Phone\*

Email\*

Primary Request Contact (Director of Development, Program Director, Grant Writer, etc. )

Prefix\*

First Name\*

Last Name\*

Title\*

Phone\*

Email\*

# Request Information

## Project Details

Project Title\*

Please provide in one or two sentences a brief overview of your project\*

Max 150 words

Requested Amount\*

Project Start Date\*

Project End Date\*

Type of Support\*

- ☐ Program Support
- ☐ General Operating Support
- ☐ Capital Campaign
- ☐ Other

Program Area\*

- ☐ Oral Health Education
- ☐ Dental Treatment
- ☐ Dental Workforce Education
- ☐ Dental Prevention: School Sealant Programs
- ☐ Dental Prevention: Community Water Fluoridation
- ☐ Dental Prevention: Other Dental Prevention
- ☐ Other

Please provide a statement describing the need or opportunity that this project will address\*

Max 500 words

Please provide a statement describing a clear objective and timeline. In your timeline, please elaborate on the specifics of how you plan on carrying out the grant as much as possible. For example, we would like to see exactly how you plan to administer the program/project, partnerships you might form as apart of the grant, etc\*

Max 500 words

Project Budget\*

Please provide a detailed budget and description for the project, with the items listed in order of priority. If there are broad categories, such as "Project Materials" or "Operatory Equipment" break down the category into its respective items and their prices.\*

Upload File

Max 29 MB

Please provide quotes from two different vendors for all the items you have requested. If a quote cannot be obtained, please provide a document explaining how you calculated the cost for the item (with calculations included).\*

Upload File(s)

Max 25 MB

I acknowledge that I understand that at the end of the grant period, I will be required to submit a report to the HDS Foundation with documentation that includes how much of the grant funds our organization used and what we used them on. I also understand that if we do not utilize all of the funds in our grant, we are obligated to return these funds to the HDS Foundation at the end of the grant period or receive the HDS Foundation's written approval to utilize the grant funds for alternative activities.\*

☐ Yes I understand

Please describe the plan to measure the program's effectiveness\*

Max 500 words

Please provide the plan for acknowledging the Foundation. Examples of ways to acknowledge the Foundation include posts on social media highlighting the grant and online articles highlighting the grant.\*

Max 500 words

What do you envision to be the future of this program and how do you plan on sustaining its outcomes in the community beyond the grant period?\*

Max 500 words

## Project Demographics

### Gender\*

- ☐ Females
- ☐ Males
- ☐ Both females and males

Estimated Affected Children\*

Estimated Affected Adults\*

### Ethnicity\*

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

### Population Served\*

- ☐ Developmentally Disabled
- ☐ Economically Challenged
- ☐ General Population
- ☐ Homeless
- ☐ LGBTQIA+
- ☐ Physically Challenged
- ☐ Pregnant Women
- ☐ Veterans
- ☐ Other

### Age Group\*

Total must add up to 100%

- |   |                        |
|---|------------------------|
| <input type="checkbox"/> Infants (0-5)        | <input type="text"/> % |
| <input type="checkbox"/> Children (6-13)      | <input type="text"/> % |
| <input type="checkbox"/> Young Adults (14-19) | <input type="text"/> % |
| <input type="checkbox"/> Adults (20-64)       | <input type="text"/> % |
| <input type="checkbox"/> Seniors (65+)        | <input type="text"/> % |

### Geographical Area Served

(select all that apply)\*

- ☐ Honolulu County
- ☐ Kauai County
- ☐ Maui County
- ☐ Hawaii County
- ☐ Other

## Attachments

### Attachments

Attach: Current and Past Operating budget\*

Upload File

Max 25 MB

Attach: 501(c)3 Determination Letter\*

Upload File

Max 25 MB

Attach: List of current Board of Directors\*

Upload File

Max 25 MB

Attach: Optional Attachments

Upload File

Max 25 MB