

## Smile Fund 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.

### Request Information

#### Organization Information

Organization Name\*

Also Known As (AKA)

Mailing Address\*

City\*

State\*

Postal Code\*

Tax ID\*

Website Address

Social Media Handle

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

Prefix\*

First Name\*

Last Name\*

Title\*

Phone\*

Email\*

## Project Contact Person (Director, Administrator)

Prefix\*

First Name\*

Last Name\*

Title\*

Phone\*

Email\*

## Program Details

Project Name\*

Project Start Date\*

Project End Date\*

Grant Amount Requested\*

Requests between \$100-\$5000

Project Description - Describe the oral health-related project\*

Max 120 words

Project Goals - Describe how you will achieve your goals\*

Max 120 words

Budget - Describe how the grant funds will be spent\*

Project Budget Detail - Please provide a detailed line item budget\*

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

Estimated Affected Adults\*

Estimated Affected Children\*

Ethnicity\*

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

Target Population\*

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

Geographical Area Served  
(select all that apply)\*

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

## Program Area(s)

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

## Attachments

Attach: IRS 501(c)(3) tax-exempt determination letter\*

Upload File

Max 25 MB

Attach: Optional Attachments

Upload File(s)

Max 25 MB