



7833 Office Park Blvd., Baton Rouge, LA 70809

GRANT REQUEST FORM

Organization Name: _____

Address: _____

EIN (Federal Tax ID Number): _____

Is organization a 501(c)? Yes _____ No _____ If yes, what type (e.g., 501(c)(3)) _____

If no, please explain: _____

Submitted By: _____

Title: _____ Signature: _____

Date: _____ Phone: _____ E-mail: _____

NOTE: The *Submitted By* individual should be qualified to answer interview questions by an LDAF Grant committee representative.

Briefly describe your organization's mission, history and activities: _____

Have you received funding from LDAF in the past? (please circle one) YES NO

If "Yes," enter the date last funded: _____

Have you received funding from other organizations in the last 24 months? (please circle one) YES NO

If "Yes," Indicate the following:

Name of funding institution: _____

Address: _____ Amount Funded \$ _____

(Add additional page for more funding institutions)

PROJECT DESCRIPTION:

Attach to this application a typed, single-spaced, description (maximum of 3 pages) explaining the purpose and duration of the proposed project or program for which you are seeking funds.

Include in your description the specific objectives the program will accomplish and how these objectives relate to the Grant Guidelines.

Include in the description any involvement of local dental professionals and community volunteers.

Indicate the number of volunteers anticipated.

Enumerate project activities and action plans with a timeline that includes the starting and completion dates.

Describe how the project will be publicized to gain community involvement (if applicable).

Define how large a demographic area this program will affect – how many people will benefit from the program.

Explain specifically how progress in the project will be measured and evaluated.

Describe how the funds provided by the LDAF grant will be used. Indicate the potential for the program to be sustained after Foundation funds have been expended.

Lastly, describe how the LDAF grant will be acknowledged.

PARTICIPANTS

On a separate page, please list the names, addresses, daytime phone numbers, and roles of all participants involved with this project. Indicate which individuals will be most responsible for the project's operations and provide a brief description of their backgrounds. If your project involves the provision of dental services, please note which participants are dentists and which of those will be, as required by Louisiana law, diagnosing patients' condition prior to treatment and supervising the work of dental auxiliaries.

APPLICATION MATERIALS

For your application to be considered, you MUST submit nine copies of all materials which MUST include all the following:

1. Completed application, including budget worksheet and additional pages as necessary.
2. Current copy of the applicant's U.S. Treasury (IRS) tax determination letter.
3. Current detailed operating budget for the organization and most recent Form 990 (with attachments).
4. Most current audited financial statement. If not available, a recent balance sheet (assets and liabilities) and a statement of income and expenses.
5. List of board members, their affiliations and contact information.
6. Letters of support from partners, including an LDA local component dental society.
7. Any other information you consider pertinent to your application.

Do NOT send videotapes, audio recordings or PowerPoint presentations.

TERMS AND CONDITIONS

If your project/program is awarded an LDAF grant, by signing below, you/your organization agrees:

- To use the funds only for the purpose(s) for which they were intended.
- To immediately return to the LDAF all funds not used for their intended purpose within the time stipulated on the Budget of the Application.
- To allow the Foundation to share information from any submitted application with outside reviewers or other external sources of information about the applicant, the affected community, or the proposed work.
- To abide by and be bound by each of the terms and conditions described in the Application and the final LDAF Grant Agreement, and further that the applying individual/organization warrants that all the above information is true and correct, and the governing board of this organization or individual has authorized submission of this grant application (including attachments) to the LDAF.

Signed by: _____ Position: _____

Print Name: _____ Date: _____

Grantees who receive funding will be required to submit periodic (typically quarterly) status reports and copies of papers presented or published to the LDA Foundation as specified in the grant agreement.

Your application should be sent to:

LDA Foundation
Attn: Tisha White
7833 Office Park Blvd.
Baton Rouge, LA 70809
info@ladental.org
tisha@ladental.org
(225) 926-1986

PROJECT BUDGET WORKSHEET

Total Proposed Budget: \$ _____ Amount requested from LDAF \$ _____

Check ONE:

- Special Program/Project
- One time capital expenditure (remember to submit 2 bids)
- Operating Support
- Other (describe) _____

Estimated number of people served by the projected funded by LDAF

Directly: _____ Indirectly: _____

Staffing sources for the project:

of people PAID _____ # of people volunteering _____

Project Expense Budget:

Personnel \$ _____

Rent, phone, utilities \$ _____

Equip/Supplies \$ _____

Meetings/Travel \$ _____

Other (describe)

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Total \$ _____

Estimated Start Date: _____ Estimated Completion Date: _____

Submitted by: _____ Date: _____