



DENTAL PUBLIC HEALTH AWARD and ENDOWMENT GRANT APPLICATION

Criteria and Nomination Form

Deadline for submitting applications: **Monday, July 12, 2021**

In keeping with its work and mission, the **N.C. Dental Society Foundation** is pleased to announce its:

- 1) **Dental Public Health Award**, which will be awarded with a gift of \$1,500 to a deserving organization and presented at the N.C. Public Health Association's Fall Education Conference in October 2021
- 2) **Endowment Grant Program**, which will award up to **four** organizations with a gift of up to \$5,000/each to be used to further oral health needs in NC

For both categories, nominees must have met one or more of the following objectives:

- Improved the oral health outcomes of children and/or adults (direct services)
- Improved access to dental services
- Collaborated with community partners to meet the community's oral health needs
- Educated public on importance of preventative oral health practices

Nominees must be tax-exempt nonprofit organizations or clinics (public and private sector) under Section 501(c)(3) of the Internal Revenue Code or a government agency.

If your organization was a past recipient in 2020 in either category, you will need to wait one full year (until 2022) to apply in either category.

Nomination Process for Dental Public Health Award

Please complete and submit the nominee form attached describing the qualifications. Self-nominations are permitted and encouraged.

Email nomination form before or by **Monday, July 12, 2021** with **DENTAL PUBLIC HEALTH AWARD APPLICATION** in the subject line to NC Dental Society Foundation c/o Lward@ncdental.org.

With questions, please contact Lisa Ward: Lward@ncdental.org

N.C. Dental Society Foundation, 1600 Evans Road, Cary NC 27513
The nomination form is also available online through the www.ncdentalfoundation.org.



**DENTAL PUBLIC HEALTH AWARD
Nomination Form**

Name of Nominee Organization Web Site

Key contact of Nominee

Address City State Zip

Telephone E-mail

Name and Title of Nominator (provide address/phone/e-mail information if different) and Organization

Address City State Zip

Telephone E-mail

Nominee organization tax status

- Tax exempt, 501(c)(3) charitable organization Fed. Tax ID# _____
(include copy of IRS determination letter)
- Governmental tax-exempt unit Other, please specify _____
(include verification) (include verification)

The Nominee has meet one or more of these objectives:

- Improved the oral health outcomes of children and/or adults (direct services)
- Improved access to dental services
- Collaborated with community partners to meet the community's oral health needs
- Educated public on importance of preventative oral health practices

Why should this organization be recognized with the N.C. Dental Society Foundation Dental Public Health Award?: **(based on the boxes checked above, please elaborate on a one-page single spaced nomination attached with this form).**

- Attachments (optional) Application may include photos, newspaper clippings, video links.

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ENDOWMENT GRANT PROGRAM Application Form

When submitting the application, please include the following:

1. **Application cover sheet**
2. **Proposal narrative** (no more than six pages, single-spaced, type font 12 pt.)
 - Executive summary (no more than one of the six pages)
 - Brief agency overview
 - The need for the project/program
 - Program description
 - a. Objectives (measurable and time-specific)
 - b. Planned activities
 - c. Expected outcomes
 - Relevance of the program to at least one of the NC Dental Society Foundation Endowment grant program objectives
 - Organization qualifications to conduct the program (include key program collaborators)
 - Evaluation (how the objectives and outcomes are measured)
 - Sustainability of the program - during and after - a NC Dental Society Foundation Endowment grant
 - Recognition of the NC Dental Society Foundation
3. **Program budget** (no more than one page, additional to Proposal narrative)
 - Line item budget for the total project that clearly identifies program-related costs, personnel/salary costs related to program, indirect costs, and revenue sources.

Proposals that *clearly and concisely* demonstrate the following characteristics will have a greater opportunity for funding:

- Relevance to the NC Dental Society Foundation's Endowment mission
- Address one or more of the program objectives
- Demonstrates a clear connection between oral health and general health and well-being
- Has established matching funds and/or long-term funding relationships
- Community-based and/or community driven
- Demonstrates established partnerships and collaborations
- Encourages creative solutions to identified challenges

Tax-exempt nonprofit organizations under Section 501(c)(3) of the Internal Revenue Code and government agencies are eligible for funding. If a proposal is from an unincorporated collaboration, tax-exempt verification and a letter of agreement signed by an eligible fiscal sponsor are required.

Proposals are reviewed once per year. Receipt of all applications is acknowledged via email. During the review of your application, the Awards Committee may contact you for additional information.

Funding restrictions:

- Overhead and/or administrative costs more than 15% of total project budget
- Conferences and special events (i.e. fundraising dinners)
- Lobbying and/or political campaigns or endorsements
- Capital campaigns
- Organization budget shortfalls



**Endowment Grant Application
COVER SHEET**

Name of Requesting Organization _____ Website _____

Key contact _____

Address _____ City _____ State _____ Zip _____

Telephone _____ E-mail _____

Grant applicant organization tax status

- Tax exempt, 501(c)(3) charitable organization Fed. Tax ID# _____
(include copy of IRS determination letter)
- Governmental tax-exempt unit (include verification) Other, please specify _____
(include verification)

Fiscal sponsor - if your organization is not a 501(c)3 or equivalent entity, please ID your fiscal sponsor below

Fiscal sponsor name _____ Contact name/title _____ Telephone _____

Fiscal sponsor address _____ Fed. Tax ID# _____

Project description

Project title: _____

Project summary (limit to space provided): _____

Project classification (check only one category)

- Access to care Prevention education/intervention Treatment

Statewide: Yes No

OR

County(ies) where project will be implemented (list all that apply):

IV. Target population

Primary ethnicity(ies) of target population:

- All races

OR

- African American
- Latino
- Native American
- Asian (specify): _____
- Other (specify): _____

Population (e.g., children, elderly, migrant workers, etc.): _____

Age groups _____ Region: Urban Rural

V. Project and organization budget

Type of support requested: Financial grant

Financial grant: \$ _____ \$ _____ to _____
Amount requested Total project budget Project timetable

Organization operating budget: (Total expenses): \$ _____ \$ _____
Current year Prior year

(Include most current IRS Form 990 or equivalent tax return)

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Endowment Grant Application SUBMISSION CHECKLIST

Did you include/complete the following in your proposal?

Submission criteria

- Completed application cover sheet

Proposal narrative (no more than six pages, single-spaced, type font 12 pt.)

- Executive summary (no more than one of six pages)
- Brief agency overview
- Need for the project/program
- Program description including:
 - Objectives (measurable and time-specific)
 - Planned activities
 - Expected outcomes
- Relevance of program to one NC Dental Society Foundation Endowment objective
- Organization qualifications to conduct the program (include key program collaborators)
- Evaluation (how the objectives and outcomes are measured)
- Sustainability of the program - during and after - a NC Dental Society Foundation Endowment grant
- Recognition of NC Dental Society Foundation

Attachments

- Program budget (additional one-page) including:
 - Program-related costs
 - Personnel/salary costs related to program
 - Indirect costs
 - Revenue sources related to the program
- IRS determination letter
- Most current tax return B form 990 or equivalent
- One supplemental attachment (i.e. newsletter, brochure) *optional*

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