



**GRANT APPLICATION FORM  
2019**

**VISION**

**Accessible oral health care and wellbeing for all.**

**MISSION**

**The ADF aims to improve the oral health of underserved Albertans through raising funds and mobilizing others in support of community outreach, education, and awareness initiatives.**

**Please submit your completed application form to:  
info@albertadentalfoundation.ca  
Subject: 2019 Grant Application**

Alberta Dental Foundation (ADF) grants program can support a wide range of organizational needs as they pertain to its mission and charitable purposes. The ADF invites you to get in touch via email to open discussion of your needs, ideas, and eligibility requirements prior to completing and submitting the application.

For efficiency and effectiveness, there is a 2-stage process to an ADF grant application which includes a preliminary online application followed by a full proposal if requested by ADF. This process allows for the opportunity to raise questions, encouraging open dialogue between the applicant and the ADF staff during the online application stage. This process will inevitably strengthen the final proposal which will be reviewed by a granting committee.

Submission openings and deadlines will be clearly stated on the ADF's website; but of course, you can always call or email directly for information. Contact details are found at the bottom of each page.

The granting guidelines are listed here for you to review prior to contacting ADF or submitting an application form.

- 1) Grants will only be made to Alberta-based not-for-profit organizations with Revenue Canada Charitable Registration Numbers or other Alberta-based qualified donees under the Income Tax Act.
- 2) Organizations must demonstrate a strong and committed board of directors or governing body, fiscal responsibility, and management qualifications.
- 3) Grants are awarded for definite purposes.
- 4) Preference is given to projects which:
  - a) Ensure that Albertans receive safe and appropriate quality dental care as part of their overall health care;
  - b) Deliver evidence-based dental care in a community setting which provides dental services to vulnerable populations;
  - c) Promote volunteer participation and citizen involvement in the dental community.
- 5) Capital projects will be considered if there is a demonstrated need.

Project proposals not eligible for funding are those that:

- 1) Support only operating expenses of established organizations or programs;
- 2) Go towards wages or salaries;
- 3) Go towards operating or capital deficits;
- 4) Go towards annual fund drives for sustaining support;
- 5) Establish or add to endowment funds;
- 6) Promote politically partisan activities;
- 7) Provide general conference support.

There will be an ongoing evaluation reporting process. The expectation is that the successful applicant will provide ongoing evidence of achieving certain milestones. These milestones would be discussed and agreed upon prior to funding. Projects that don't meet the agreed criteria may lose their funding.

# Application Form

## Organization Contact Information

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

Email: \_\_\_\_\_

Year Established: \_\_\_\_\_ No. of Employees: \_\_\_\_\_ No. of Members: \_\_\_\_\_

## CRA Information

Charitable Registration Number: \_\_\_\_\_

## Project Information

Project: \_\_\_\_\_

Total Project Cost: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Project Start Date (if applicable): \_\_\_\_\_ Project Completion Date: \_\_\_\_\_

Project Type:

One-Time Capital Project    Program    Renovation or Upgrade    Seed Money

Computers or Technology    Other: \_\_\_\_\_

If the applicant is receiving funding for the same project from another source, please indicate the following information:

Name of additional funding source: \_\_\_\_\_

Amount of other funds received or applied for: \_\_\_\_\_



## Project Budget

Please outline in brief your project budget. Do not include the overall operational expenses of your organization - only the particulars related to the proposed project.

Note: project expenses and sources of revenue should balance. Two quotes are needed for capital projects, equipment or appliances.

Item	Cost
<b>Total</b>	<input type="text"/>

Sources of Revenue	Confirmed	Unconfirmed
<b>Sub Total</b>	<input type="text"/>	<input type="text"/>
<b>Total</b>	<input type="text"/>	

Authorization: We, the undersigned, declare we are officers of this organization and are authorized to make this application on behalf of the organization.

### Signing Officer

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

### Signing Officer

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_