

# Alberta Dental Foundation



## GRANT APPLICATION FORM

### VISION

Accessible oral health care and wellbeing for all Albertans.

### MISSION

The Alberta Dental Foundation aims to improve the oral health of underserved and disadvantaged 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](mailto:info@albertadentalfoundation.ca)  
Subject: 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.

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 (if applicable): \_\_\_\_\_

## 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: \_\_\_\_\_

Questions – please fill in as much detail as you feel is necessary.

- 1) Provide a brief statement of the purpose of the project. What is the relationship of the project to the overall goals and services of the organization?
  
  
  
  
  
  
  
  
  
  
- 2) Cite evidence of the community need for the project, specifically stating its benefits to the community. If applicable, describe consultations held with other organizations that relate to this project.
  
  
  
  
  
  
  
  
  
  
- 3) Provide more details about the constituents you will serve and how you will serve them. How many people will be served by the project?
  
  
  
  
  
  
  
  
  
  
- 4) How will the project be monitored and the results evaluated?
  
  
  
  
  
  
  
  
  
  
- 5) What financial resources will be available for this project's continuation (if applicable)?

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
Total	\$ 0.00

Sources of Revenue	Confirmed	Unconfirmed
Sub Total	\$ 0.00	\$ 0.00
Total	\$ 0.00	

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: \_\_\_\_\_