

WDA FOUNDATION, INC.
6737 W. Washington St., Ste. 2360, West Allis, WI 53214

GRANT REQUEST FORM
Deadline August 29, 2008

Organization Name: _____

Address: _____

Submitted By: _____

Date: _____ Phone Number: _____

All individuals, groups and organizations **MUST** complete the Grant Request Form for Foundation funding **and seek a letter of endorsement from their local component dental society**. Please answer all questions that apply. Grantees are required to submit an annual status report and copies of papers presented or published to the WDA Foundation.

(1) Problem/Program/Research: _____

(2) Objectives/Goals: _____

(3) Procedures/How Funds Are To Be Used: _____

If your program involves the provision of dental services, please complete section #4. If not, please skip to # 5.

(4) A dentist needs to make a diagnosis prior to the provision of dental services in order to qualify for a foundation grant. Please list participating dentists or describe how dentists are involved in the provision of dental services through your program:_____

(5) Evaluation Methods:_____

(6) Line Item Budget Including In-Kind Support:_____

Total Funding Requested: \$_____

(7) Participants, Including Their Qualifications:_____

Attach additional pages if necessary.

**Return this form no later than August 29, 2008 to:
WDA Foundation
Attn: Ms. Victoria Bohman
6737 W. Washington St., Ste. 2360
West Allis, WI 53214**