



**2025 Grant Request Form Cover Page**  
**Application Deadline: 11:59 p.m. on September 15, 2024**  
**Award Range - \$1,000 to \$7,500**

**Grant Request**

**Date Submitted:** \_\_\_\_\_ **Total Amount Requested:** \_\_\_\_\_

**Name of Program/Project:** \_\_\_\_\_

**Duration of Program/Project (if applicable):** \_\_\_\_\_  
\_\_\_\_\_

**Organization Information**

**Organization Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Is organization a 501(c)(3)?** Yes \_\_\_\_\_ No \_\_\_\_\_ **If no, please explain:** \_\_\_\_\_  
\_\_\_\_\_

**Federal ID #:** \_\_\_\_\_ **Date of Incorporation:** \_\_\_\_\_

**Is organization a Federally Qualified Health Center (FQHC)?** Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, the organization is ineligible for consideration)

**Dates of organization's fiscal year:** \_\_\_\_\_ to \_\_\_\_\_

**Chief Staff Officer (Name & Title):** \_\_\_\_\_

**Contact Person (Name & Title):** \_\_\_\_\_

**Contact's Phone number and email address:** \_\_\_\_\_

**Signature of Chief Staff Officer:** \_\_\_\_\_

## **Application Requirements:**

Submitted proposals **must** include the following information – placed in the stated order. **Please combine all materials into one PDF document.** Applications missing any of the following components will not be considered:

1. Completed and hand-signed signed **Grant Request Form Cover Page**
2. An **Executive Summary of your request** length should be no more than 500 words. The Executive Summary must be on a separate page.
3. **Narrative to include the following (four page maximum):**
  1. A brief summary of your organization including history, mission and services provided
  2. A brief overview of your program/project
  3. Detail the need and significance of your program
  4. Detail the goals and objectives of your program
  5. Should your request be approved, how will funds be used?
  6. To qualify for a Foundation grant, a dentist needs to make a diagnosis prior to the provision of dental services. Please list participating dentists or describe how dentists are involved in the provision of dental services through your program  
***(Please address question #6 ONLY if your program directly provides dental services. If it does not, please skip to #7.)***
  7. Briefly describe the staff/volunteer qualifications
  8. Briefly describe the program evaluation process
  9. Should your request be approved, how will the Wisconsin Dental Association Foundation, Inc. be recognized?
4. **Additional Required Documents** (Please include in the order shown below):
  1. A current line item budget for the program. Include In-Kind Support
  2. A current year one-page summary budget for the organization
  3. Your organization's IRS Letter of Determination
  4. A Letter of Endorsement from an officer (president or vice president preferred) of the local component dental society in your region is required. **Applications without this document will not be considered.**

**Letters of endorsement provided by any other organization and/or individual in lieu of endorsement by the local component dental society leadership will not be accepted.**

**Names of local component dental society leadership can be found at <https://www.wda.org/member-center/local-dental-societies>**

**Please combine all materials in the order listed into one PDF document for submission. Submit a scan of the hand-signed application via e-mail.**

**Electronic signatures and/or paper applications will not be accepted.**

*By signing and submitting this Grant Request Form, you are authorizing, that should your program be awarded a grant, the WDA Foundation may include the name of your program and a brief description of that program in printed materials as deemed relevant by the WDA Foundation. This includes, but is not limited to, press releases, articles in WDA and WDA Foundation publications including brochures, inserts and/or newsletters. It also allows the WDA Foundation to use any and all photographs submitted that relate to the funded program(s).*

Your application must be received via email no later than 11:59 p.m. on September 15, 2024.

E-mail to: [pyerke@wda.org](mailto:pyerke@wda.org)

Include the Subject line: 2025 WDA Foundation Grant – *Your Organization Name*

*Decisions of the WDA Foundation are final. Submission of a grant application does not guarantee full or partial funding.*