



2027 Grant Request Form Cover Page

Application Deadline: 11:59 p.m. on September 15, 2026

Award Range - \$1,000 to \$10,000

Grant Request

Date Submitted: _____ **Total Amount Requested:** _____
(applicants are encouraged to ask for the full amount, if needed)

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):
 - A summary of your organization including history, mission and services provided
 - A brief overview of your program/project
 - Detail the need and significance of your program
 - Detail the goals and objectives of your program
 - Should your request be approved, how will funds be used?
 - Please list participating dentists or describe how dentists are involved in the provision of dental services through your program (***Answer this question ONLY if your program directly provides dental services***)
 - Briefly describe the staff/volunteer qualifications
 - Briefly describe the program evaluation process
 - 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):
 - A current line-item budget for the program. Include in-kind support
 - A current year one-page summary budget for the organization
 - Your organization's IRS Letter of Determination
 - 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 photographs submitted that relate to the funded program(s). Decisions of the WDA Foundation are final. Submission of a grant application does not guarantee full or partial funding.

Your application must be received via email no later than **11:59 p.m. on September 15, 2026.**

E-mail to: pyerke@wda.org

Include the Subject line: **2027 WDA Foundation Grant – *Your Organization Name***