



Improving the oral health of South Dakotans

GRANT APPLICATION

Date:

Organization Name:

Contact Person:

Address/City/Zip:

Phone:

Email:

Website:

Project Title:

Project Description:

Target Population:

Number of People Expected to be Served:

Project's Description of Need (document the need for the project, who will benefit, etc.)

Project's Expected Outcomes:

Budget Information:

Amount requested:

Total project budget:

Budget narrative (describe how the funds will be used:

Additional income (list both requested [matching and in-kind] and committed sources):

Date funds are needed:

NOTE: Grantees are asked to provide a report to the SDDF on the outcome of the funded activities.

Email this completed form to: paul.knecht@sddental.org