

South Dakota Dental Foundation (SDDF)

Improving the oral health of South Dakotans

Grant Application

Date:

Organization Name:

Contact Person:

Address/City/Zip:

Phone:

Fax:

E-mail:

Website:

Project Title:

1. Project Description:

2. Target Population:

3. Number of People Expected to be Served:

4. Project's description of need (document the need for the project, who will benefit, etc.):

5. Project's expected outcomes:

6. 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:

Mail application to:
South Dakota Dental Foundation
PO Box 7018
Pierre, SD 57501
Phone: 605-609-1154
brenda.goeden@sddental.org

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