

SNOHOMISH COUNTY DENTAL FOUNDATION GRANT APPLICATION

The Snohomish County Dental Foundation was established with the primary goal of improving the quality and access of dental care to Snohomish County residents. All grant applications to the Foundation must be dental related. The information specified below should be presented in the following order:

1. Cover Letter. Provide a short letter which includes the following:

- a. The name of your organization; the name, title, phone number and address of the person to whom correspondence should be directed.
- b. Briefly state the purpose of the organization, as well as the project and amount requested. State the date your organization started, area served, and number of people served last fiscal year.
- c. The letter should be signed by the highest ranking official in your organization and sent to:

Snohomish County Dental Foundation
1214 Alpine View Drive
Mt. Vernon, WA 98274-8722

2. Proposal. Enclose your formal proposal covering the following points.

- a. Purpose of the request.
- b. Total funding required for this project. Amount requested from Snohomish County Dental Foundation.
- c. Starting date and completion date of project. Date funds will be needed.
- d. Name, description, and objectives of the project and how these will be carried out. Significance in solving community needs. Estimated number of people to be affected by the project. How will you evaluate the success of this project?
- e. Income and expense budget for the project in broad detail.
- f. List any other sources of funding for this project, and method of funding beyond Foundation support (if project is ongoing).
- g. Board information: List of Board members indicating current officers, and frequency of Board meetings.
- h. Volunteer information: How many volunteers are involved with your organization? Briefly describe how they are involved.

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- j. Staff information: How many staff are paid full-time and/or part-time? Salaries of the two highest paid positions in your organization. Brief description of Executive Directors experience.
- k. Field of operation (i.e., educational, cultural, child welfare, community service, dental research, etc.)
- l. Income and expense statement and balance sheet for last fiscal year and current fiscal year.
- m. Current copy of applicants' U.S. Treasury (IRS) determination letter (Sec. 501(c)(3), Sec. 509(a).
- n. Any other information you consider pertinent to your application.

The Snohomish County Dental Foundation requires the organization to which a grant is made to send a receipt immediately upon receipt of funds. Reports are to be made at least semi-annually until the grant has been accounted for. Following completion of the grant, you will need to complete a follow-up evaluation.

If you have any questions please contact Judy Bangs at:

Phone: (360)419-7444 FAX: (800)365-8858 E-mail: scdentists@comcast.net

GRANT DEADLINES FOR 2018: May 1st & October 1st

IMPORTANT: Please send ten (10) sets of your proposal (one original and nine copies).