

South Dakota Dental Foundation

improving the oral health of all South Dakotans

Grant Application

Date: _____

Organization Name: _____

Contact Person: _____

Address/City/Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

1. Project Title:

2. Project Description (include target population and number expected to be served):

3. Project's description of need (document the need for the project, who and how many will benefit, etc.):

4. Project's expected outcomes:

5. 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
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Pierre, SD 57501
Phone: 602-224-9133
paul@sddental.org