



Manitoba Dental Foundation

Grant Application Form

Feb 28/2017

Vision

Healthy smiles through inspired generosity

Mission

To provide the under-served with support for improved oral health

Objectives

- 1 Providing dental services to the underserved, poor, or populations and communities with limited access to dental care;
- 2 Improving the dental health of long-term care institutionalized populations in Manitoba;
- 3 Providing dental outreach education programs for the underserved, and populations or communities with limited access to dental care;
- 4 Encouraging Manitobans to choose dentistry as a career option;
- 5 Supporting educational institutions or other agencies in research projects that would have a direct impact to the practice of dentistry;
- 6 Supporting education of dental students and dentists in Manitoba;
- 7 Promoting volunteerism as it relates to any of the above.

In order to accomplish these objectives effectively and efficiently, the Foundation has developed a thorough review process for grant applications. The granting guidelines are listed here for agencies to review prior to completing an application form.

- 1.Grants are made only to non-profit organizations with Revenue Canada Charitable RegistrationNumbers or other qualified donees under the Income Tax Act.
- 2.Organizations seeking funds must demonstrate a strong and committed board of directors or governing body of the organization, fiscal responsibility, and management qualifications.
- 3.Grants are awarded for definite purposes and for projects covering a specific period of time.
- 4.Preference is given to projects which:
 - a) Provide education and awareness for the underserved
 - b) Address the underlying causes of problems in our society rather than dealing only with symptoms;
 - c) Are developed in consultation with other agencies and planning groups and those which promote coordination , cooperation and sharing among organizations and the elimination of duplicate services;
 - d) Promote volunteer participation and citizen involvement in the community;
 - e) Demonstrate evidence of community support and organization initiative.
- 5.Capital projects will be considered if there is a demonstrated need.
- 6.Pilot or demonstration projects must include provision for an evaluation and a realistic plan for financial viability beyond the pilot stage.

Project proposals not eligible for funding are those that:

- 1.Support only operating expenses of established organizations or programs;
2. Go towards operating or capital deficits;
3. Go towards annual fund drives for sustaining support;
4. Establish or add to endowment funds;
5. Support religious organizations for direct religious activities;
6. Promote political activities or support advocacy initiatives;
7. Provide general conference support;
- 8.Go towards wages or salaries.

All applicants will be required to complete a grant application form. A meeting to discuss your application with the Foundation directors or staff will be required. Applicants receiving a grant will be required to complete and submit a Grant Evaluation Report (measurement of outcomes and deliverables) with supporting photos within 90 days of completion of the project.

IMPORTANT: This application must be typed. Hand written applications will be returned for re-submission. Please be sure to include the signed and completed application form PLUS the required supporting documents outlined in the “*checklist*” below:

Checklist:

- ONE (1) completed and signed application form.
- ONE (1) copy of your Organization’s most recent financial statement.
- ONE (1) list of the Board of Directors or members of the governing body for your Organization.
- ONE (1) Sponsor Agency Letter of Support (if applicable).
- TWO (2) quotations for all capital projects.
- ONE (1) copy of your most recent Annual Report or other documents describing your Organization.
- ONE (1) emailed electronic copy of the completed Grant Application and supporting documents.
- ONE (1) mailed set of the completed Grant Application and supporting documents

NOTE: The details of your application may be made available to our donors and to the public.

Name of Organization:

Contact Person: Title:

Address:

City/Town: Postal Code:

Telephone: Cell Phone:

Email: Website:

Years Established: No. of Employees: No. of Members:

Charitable Registration Number:
As per Canada Revenue Agency requirements, MDF shall verify all charitable registration numbers
-OR-
Sponsor Agency for Project:
A Sponsor Agency Letter of Support is required and must be included with this application.
Sponsor Agency Registration Number:

Project:

Total Project Cost: **Amount Requested:**

Project Start Date: **Project Completion Date:**

Project Type:

| | |
|---|--|
| <input type="checkbox"/> One-Time Capital Project | <input type="checkbox"/> Seed Money |
| <input type="checkbox"/> Program | <input type="checkbox"/> Computers or Technology |
| <input type="checkbox"/> Renovation or Upgrade | <input type="checkbox"/> Other: <input type="text"/> |

1. Provide a brief statement of the purpose of the project. What is the relationship of the project to the overall goals and services of the agency?

2. Cite evidence of the community need for the project specifically stating its benefits to the community. If applicable, describe consultations held with other organizations that relate to this project.



3. Provide more details about the constituents you will serve and how you will serve them. HOW MANY people will be served by the project?



4. How will the project be monitored and the results evaluated?

5. What financial resources will be available for this project's continuation (if applicable)?

Project Budget:

Please give a detailed outline of your project budget. Do not include the overall operational expenses of your organization – only the particulars related to the proposed project. Note: project expenses and sources of revenue should balance. Two quotes are needed for capital projects, equipment or appliances

| Project Expenses | |
|------------------|---------|
| Item | Amount |
| | |
| | |
| | |
| | |
| Total: | \$ 0.00 |

| Sources of Revenue | Confirmed | Unconfirmed |
|----------------------------------|-----------|-------------|
| <i>Requested from MDF</i> | | |
| <i>Funding on Hand</i> | | |
| <i>Other Sources of Revenue:</i> | | |
| | | |
| | | |
| Sub-Total: | \$ 0.00 | \$ 0.00 |
| Total: | \$ 0.00 | |

Authorization:

We, the undersigned, declare that we are Officers of this Organization and have been authorized to make this application on behalf of the Organization.

The amount requested

\$

Signing Officer

Name

Position

Signature

Dated Signed

Signing Officer

Name

Position

Signature

Date Signed



MANITOBA
DENTAL FOUNDATION

