



# Manitoba Dental Foundation

## Grant Application Form

### ***Vision***

Healthy smiles through inspired generosity

### ***Mission***

To provide the under-served of all ages, with support for improved oral health

### ***Objectives***

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

**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 below for agencies to review prior to completing an application form.**

- Grants are made only to non-profit organizations with Revenue Canada Charitable Registration Numbers or other qualified donees under the Income Tax Act.
- Organizations seeking funds must demonstrate a strong and committed board of directors or governing body of the organization, fiscal responsibility, and management qualifications.
- Grants are awarded for definite purposes and for projects covering a specific period of time.
- Applicants receiving a grant will be required to complete and submit a Grant Evaluation Report (measurement of outcomes and deliverables), with supporting photos, by the end of calendar year in which the project is completed.

**Project proposals that may be eligible for funding, listed in priority preference:**

1. Provide oral health services to the underserved, poor or populations and communities with limited access to dental care;
2. Are developed in consultation with other agencies and planning groups and those which promote coordination, cooperation and sharing among organization and the elimination of duplicate services;
3. Demonstrate evidence of community support and organization initiative;
4. Promote volunteer participation and citizen involvement in the community;
5. Address the underlying causes of problems in our society, rather than dealing only with symptoms;
6. Provide education and awareness for the underserved.

**Project proposals NOT eligible for funding are those that:**

1. Support only operating expenses of established organizations or programs;
2. Subsidize operating or capital deficits;
3. Sponsor 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. Fund 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 may be required.**

**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 in the Checklist below:**

**Checklist:**

- ONE (1) Emailed, electronically typed, and completed Grant Application.
- ONE (1) Mailed copy of the completed Grant Application and supporting documents.
- ONE (1) Copy of your most recent Annual Report or other documents describing your Organization.
- ONE (1) Copy of you 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).

If refused:

- TWO (2) quotations for all capital projects.



Manitoba Dental Foundation  
202 – 1735 Corydon Ave.  
Winnipeg MB R3N 0K4

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ 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:

- Program  
 Other (Please explain); \_\_\_\_\_

1. Provide a brief statement of the purpose of the project. What is the relationship of the project to their 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 consultation 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 projects?



Other Sources of Revenue (Including on hand)	<i>Confirmed</i>	<i>Unconfirmed</i>
<b>Sub-Total:</b>		
<b>Total:</b>		

**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**

**Signing Officer**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

