



Dr. Michael Cuthbert Endowment Fund

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 in the Interlake and Northern Manitoba;
2. Improve the dental health of long-term care institutionalized populations in Manitoba in the Interlake and Northern Manitoba

Healthy smiles through inspired generosity

In order to accomplish these objectives effectively and efficiently, the Dr. Michael Cuthbert Endowment Fund 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 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:

Primary Funding Criteria

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;

Secondary Funding Criteria

1. Promote volunteer participation and citizen involvement in the community;
2. Address the underlying causes of problems in our society, rather than dealing only with symptoms;
3. 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.

Healthy smiles through inspired generosity

All applicants will be required to complete a grant application form. A meeting to discuss your application with the administrators of the Dr. Michael Cuthbert Endowment Fund 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 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).

If refused:

- TWO (2) quotations for all capital projects.

Healthy smiles through inspired generosity



Dr. Michael Cuthbert Endowment Fund
MANITOBA DENTAL FOUNDATION
202-1735 Corydon Ave. Winnipeg, MB R3N 0K4
www.manitobadentalfoundation.ca

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): _____

Healthy smiles through inspired generosity

- 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?

Healthy smiles through inspired generosity

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)?

Healthy smiles through inspired generosity

