

# West Michigan Dental Foundation

## Community Grant Request Form

**PLEASE RETURN TWELVE (12) COPIES OF THE COMPLETED GRANT APPLICATION FORM**

1. Select a category that best describes the project/program for which support is being requested.

**DENTAL EDUCATION**

**DENTAL SERVICE**

**SUPPLIES AND EQUIPMENT**

2. Start and completion dates:
3. Who and how many will benefit from this program/project?
4. How will you evaluate the success of the program/project?
5. Describe other grants you have received from the WMDF.
6. Are monies being received or requested from other sources to fund this project/request? Please explain.
7. If the WMDF does not provide funding, how will you proceed?
8. Write a descriptive narrative of the proposed program/project. Include your goals or objectives and the expected accomplishments. Explain how the program/project is in keeping with the mission statement of the West Michigan Dental Foundation. Provide any other information that may be helpful in guiding the board's decision.