

West Michigan Grant Request Form

Please answer the questions by typing the answer in the space beneath the question. Use as much space as you choose. The format will allow for unlimited space.

PLEASE RETURN EIGHT (8) COPIES OF THE COMPLETED GRANT APPLICATION FORM

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

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 program/project? 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.