

# Mini Grant Policies & Guidelines

The mission of the Delta Dental of Arkansas Foundation (Foundation) is to improve the oral health of Arkansans through dental education, prevention and treatment. Each year, the Foundation provides financial support to organizations to help further our mission, and we encourage community-based oral health programs in Arkansas to apply for grants for programs designed to improve oral health.

Mini Grants seek to support innovative, solution-based projects that make an impact in the field of oral health. Our intent is to directly impact communities through providing access to funding for organizations that may not meet the requirements of our Community Grants program. Mini Grants will be awarded up to \$2,500 and qualifying applicants will be notified quickly.

**In carrying out the mission, the Foundation established the following guidelines:**

## **GRANT CYCLE TIMELINE**

- Applications are accepted year round.

## **ELIGIBILITY REQUIREMENTS**

- Provide all information requested in the application.
- Serve underserved Arkansans.
- Propose a project that clearly advances oral health care in Arkansas.
- Nonprofit or community organizations holding a current tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.
- Recognized governmental entities including state, county, or city agencies such as health departments.
- Educational facilities, such as K-12 public, private, or charter schools or school districts and higher education institutions.

## **GRANT RECIPIENT REQUIREMENTS**

- Submit a report no later than 60 days upon completion of project or prior to being considered for future funding, whichever comes first (Foundation will supply reporting form).
- Work with the Foundation to promote grant partnership through media opportunities, organization materials, social media, etc.

## **GRANT REQUEST REQUIREMENTS**

- Organizations are encouraged to submit only one proposal per grant cycle, but may submit multiple proposals for different projects or program.
- Must include a signed copy of the provided grant application cover sheet.

## GRANTS TYPICALLY NOT FUNDED INCLUDE REQUESTS FOR

- Individuals
- Indirect costs, excessive administrative and salary costs, utilities, wages/salary, fringe benefits, travel, or incentives/gifts.
- Marketing/promotional items should be within reason and may be restricted if it is excessive in relation to the project or program.
- Fundraising events
- Endowments
- Deficit financing and debt retirement
- Projects that will not be implemented within one year.
- Programs that discriminate on the basis of race, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status.

Grant applications will be judged based on the innovativeness of the proposed project, its potential impact on the oral health of Arkansans and the subjective analysis of the Delta Dental of Arkansas Foundation's staff, grant review committee, and board of directors. The Foundation's funding decisions are final and shall not be subject to appeal.

Certain grants include specific reporting requirements, schedules, and systems that may vary based on the funding level. Please review the grant terms and conditions carefully before applying.

Thank you for your interest in the Delta Dental of Arkansas Foundation Mini Grant Program. We commend you for your efforts to improve oral health care throughout the state of Arkansas.

For more oral health news and information, visit [DeltaDentalAR.com](http://DeltaDentalAR.com) and follow us on Twitter and Facebook at [@DeltaDentalAR](https://www.facebook.com/DeltaDentalAR).



ArkansasFoundation

### For questions contact:

Kara Wilkins, Foundation Coordinator  
(501) 992-1682  
[kwilkins@deltadentalar.com](mailto:kwilkins@deltadentalar.com)

[DeltaDentalAR.com/Foundation](http://DeltaDentalAR.com/Foundation)



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# Mini Grant Application

(PLEASE TYPE OR PRINT CLEARLY)

<b>ORGANIZATION</b>			
Name:			
Address:			
City:		State:	ZIP:
Telephone:		Website:	
<b>GRANT CONTACT</b>			
Name:		Title:	
Email:		Telephone:	Mobile:
<b>PROGRAM INFORMATION</b>			
Program title:			
Item(s) grant is requested to fund:			
Grant amount request:		Total budget for program:	
Service area (city, county, statewide):			
Approximate number of children (0-18 years old) to be served:			
Approximate number of adults to be served:	21-65:	Homebound/Aging Adults:	
<b>PROGRAM FOCUS</b>	<input type="checkbox"/> Oral Health Education <input type="checkbox"/> Oral Health Preventive Care (fluoride treatments, sealants, screenings, etc.) <input type="checkbox"/> Oral Health Treatment (treating cavities, gum disease, etc.) <input type="checkbox"/> Other (please explain): _____ _____		
Are you a Minority or Women Owned Business or Organization? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**PLEASE INCLUDE THE FOLLOWING SUPPORTING DOCUMENTS:**

- IRS 501(c)3 tax exemption letter (not required for public or government entities such as schools).
- If requesting funding for equipment and/or supplies, please include a quote from the dental supply company and identify any discounts given.

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**PROGRAM OBJECTIVES:** Describe the objectives of the program, including the expected outcome, estimate of number "of adults and children it will serve, etc., and how your program will improve oral health in your service area. Include the items the grant will fund (equipment, supplies, salary, etc.).

**BACKGROUND:** Provide a brief historical perspective of your organization and any previously successful oral health programs your organization has completed. **Please do not provide information about non-dental aspects of your program.**

**PROGRAM PLAN AND SUPPORT:** Provide a simple work plan listing key activities, anticipated time frame and responsible party(ies). Identify any key collaborative partners and community support for this particular program.

**OUTCOMES & EVALUATION:** The Delta Dental of Arkansas Foundation will provide a grant evaluation reporting form for all grantees. Describe how and when your organization will evaluate the overall success of this program. At a minimum, your evaluation plan should demonstrate how your organization will quantify the number of adult patients and children (age 0-20) served due to the Foundation's funding.

I certify to the best of my knowledge that all information in this grant application is correct and I have read and agree to the terms and conditions as outlined.

\_\_\_\_\_

Authorized signature and title

\_\_\_\_\_

Date

To apply for a Mini Grant, please submit an electronic copy of the grant application and other required materials in a PDF to [Foundation@deltadentalar.com](mailto:Foundation@deltadentalar.com).

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