



Dental Trade Alliance Foundation
Grant Proposal Summary Form
 2010 Program Year
 Please Type – Do Not Use Additional Pages

1. Name of Organization: _____

2. Name and Title of Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____ Email: _____

3. Please provide a brief project summary. _____

4. Target Population to be served: _____ Size: _____

5. Total Project Budget: \$ _____ DTAF Grant Request: \$ _____

Please check if the following information has been included with the proposal submission:

- | | |
|--|--|
| <input type="checkbox"/> Information about grantee organization(s) | <input type="checkbox"/> Vitae of Key Personnel |
| <input type="checkbox"/> Project description that includes: | <input type="checkbox"/> IRS documentation (tax-exempt status) |
| • Demonstration of need | <input type="checkbox"/> Letter(s) of support (where applicable) |
| • Program scope | <input type="checkbox"/> Details of how DTA Foundation logo/ |
| • Anticipated impact of project | acknowledgements will be featured |
| • Population(s) served | <input type="checkbox"/> Description of growth, larger scale funding |
| • Project budget | <input type="checkbox"/> Community or private sector collaboration |

I, _____, being _____ (Title) of _____ (the "Applicant"), do hereby certify that _____ has the authority to represent the Applicant and execute and deliver the Application and make the representations set forth therein.

IN WITNESS WHEREOF, I have executed this Certificate as of the ____ day of _____, 2010.

_____ Signature

Include this form with proposal. Submission must be RECEIVED no later than JUNE 30,2010.

(Please Complete Questions on the Back of this Form)

Please briefly summarize how this proposal addresses:

Access to care?

SV _____

Dental Productivity?

SV _____

Oralhealth System Collaboration?

SV _____

Ability of Project to Positively Impact Capacity (of Care Provided)?

SV _____