



DELTA DENTAL OF MINNESOTA



*Making a Healthy Difference Through Service*

# Checklist and Grant Application



*Making a Healthy Difference Through Service*



DELTA DENTAL OF MINNESOTA



**Engagement. Voice. Success.**



## APPLICATION CHECKLIST

*Before submitting your proposal, check off each item below to make sure that you have completed the full application process. Incomplete applications or projects that do not deal with health or oral health will not be considered.*

- Complete Grant Application & Budget saved electronically.
- Electronic copy of your Youth Service America, Global Youth Service Day registration. <http://gysd.org>  
  
(Note: Applicants must register their service/service-learning project with Youth Service America)
- Email the completed electronic copies of the Serve a Smile grant application and the Youth Service America, Global Youth Service Day registration as attachments to [serveasmile@mnyouth.net](mailto:serveasmile@mnyouth.net) **by 4 p.m. on Friday February 17, 2012.** Please include the name of your program in the subject line.
- If you are applying from FCCLA, please send an additional completed application to Wendy Ambrose [wendy.ambrose@state.mn.us](mailto:wendy.ambrose@state.mn.us).

**Questions can be directed to Sarah Ullmer at the Minnesota Alliance With Youth at 612-554-6019 or [serveasmile@mnyouth.net](mailto:serveasmile@mnyouth.net).**



DELTA DENTAL OF MINNESOTA



Making a Healthy Difference Through Service

## GRANT APPLICATION

### ORGANIZATION INFORMATION

Please complete and save the grant application and submit via email to [serveasmile@mnyouth.net](mailto:serveasmile@mnyouth.net) as an attachment.

Name of organization:  Website:

Address:

City:  State:  Zip:

Organization's Tax Identification Number:\*

(\*This must be provided in order to be considered for grant funding. For school districts, check with the school administration for this number.)

Name of primary **youth** contact:

Email:  Phone:

Name of primary **adult** contact:

Email:  Phone:

Organization that you are affiliated with:

Minnesota Alliance With Youth

FCCLA

Other (please list):

School level:

Elementary

Jr. High

Sr. High

### PROJECT INFORMATION

Project Title:

Primary activity of your service project:

Total amount requested (part 1 of budget, not including additional or in-kind):

Total in-kind request (part 2 of budget):

Oral Health/Health Related Topic(s):

Population(s) served:

Location of project and MN geographic area served:

U.S. Congressional District:

Local media contacts (school/community newspaper etc.):

Number of youth volunteers you hope to mobilize:

Number of adult volunteers you hope to mobilize:

Date your project starts:

Date your project ends:



**PROJECT DETAILS**

Answer each of the following questions completely. Important: Be concise, specific, and clear in your explanations.

**1. Project Description.** What is the primary mission, purpose or goal of your project?

Click here to enter text.

**2. Oral Health/ Health Related Issue.** What specific oral/health related issue are you addressing in the community? Is anyone else in your community/school already providing a similar service, project or product to the issue you identified?

Click here to enter text.

**3. Service/Service-Learning Project.** Explain exactly what the service/service-learning project is and how it will benefit your school, community, or peers. List major activities, significant project dates, and locations of service.

Click here to enter text.



DELTA DENTAL OF MINNESOTA



Making a Healthy Difference Through Service

4. **Global Youth Service Day (GYSD).** How will your project be highlighted during Global Youth Service Day? There will be a GYSD celebration at the Mall of America on April 14<sup>th</sup> to a kick off service efforts through April. All Serve a Smile applicants much register with Youth Service America (<http://gysd.org> ) and submit an electronic copy of your registration with this grant application.

Click here to enter text.

5. **Youth Leaders/Project Team.** Identify the youth leaders or the project team members and the roles and responsibilities of each. How will you recruit additional youth volunteers?

Click here to enter text.

6. **Partners.** What community/school/business partners/funders are involved in your project? Describe their roles and contributions (in kind and/or cash).

Click here to enter text.



DELTA DENTAL OF MINNESOTA



*Making a Healthy Difference Through Service*

**7. Barriers.** Describe any potential barriers or challenges that might be encountered in the course of this project and how you expect to address them.

Click here to enter text.

**8. Media and Elected Officials.** Raising public awareness of your project's mission and accomplishments is important. How will you involve the media and elected officials in your project?

Click here to enter text.

**9. Evaluation.** What impact do you hope to have? How will you evaluate and reflect on the success of your project (e.g. surveys, observation, interviews, videos, scrapbooks etc.)?

Click here to enter text.



**PROJECT BUDGET (PART 1)**

To access the electronic budget template below, place your mouse over the template and double click.

**Project Budget**

Include your project's budget and document anticipated expenses. Please be as specific as possible.

Budget Category	Description	Total
Marketing (posters, flyers)		
Supplies		
Professional Development (speakers, honorarium etc.)		
Transportation		
Food (no more than 25%)		
Other/Miscellaneous		
<b>Total Amount Requested</b>		<b>\$0.00</b>

**Additional Project Income (if applicable)**

If your budget exceeds the grant amount, please explain any other expected income from other fundraising efforts to complete the service activity.

<b>Total Additional Funding</b>	
<b>\$0.00</b>	

**PROJECT BUDGET (PART 2)**

To access the electronic budget template below, place your mouse over the template and double click.

**In-kind Oral Health Donations:**

Delta Dental of Minnesota will make available oral health products in order to facilitate a service/service-learning project that focuses on oral health. These in-kind items can be requested in addition to your grant request they are not included in the grant check and are not counted toward your total grant request. Carefully look at how quantities are listed and decide accordingly what you will need for your project. Delta Dental reserves the right to limit quantities. Oral health brochures are also available through the Delta Dental of Minnesota Web site at [www.deltadentalmn.org](http://www.deltadentalmn.org) which can be downloaded to enhance your project.

Dental Health Item	Requested Quantity (in quantities of 12)	Cost per Item	In Kind Donation Total
White plastic bags for dental supplies (9"x 12")	0	\$0.36	\$0.00
Children's toothbrushes (ages 1-7)	0	\$0.33	\$0.00
Adult toothbrushes (ages 8 +)	0	\$0.59	\$0.00
Toothpaste - child	0	\$0.17	\$0.00
Toothpaste - adult	0	\$0.17	\$0.00
Dental floss (ages 8+)	0	\$1.20	\$0.00
<b>Total value of in-kind donation</b>			<b>\$0.00</b>

***Thank you for applying for the Delta Dental Serve a Smile mini-grant in support of Youth Service America's Global Youth Service Day and Semester of Service!***

*Before submitting your proposal, check off each item below to make sure that you have completed the full application process. Incomplete applications or projects that do not deal with health or oral health will not be considered.*

- Complete Grant Application & Budget saved electronically.
- Electronic copy of your Youth Service America, Global Youth Service Day registration. <http://gysd.org>  
  
(Note: Applicants must register their service/service-learning project with Youth Service America)
- Email the completed electronic copies of the Serve a Smile grant application and the Youth Service America, Global Youth Service Day registration as attachments to [serveasmile@mnyouth.net](mailto:serveasmile@mnyouth.net) **by 4 p.m. on Friday February 17, 2012.** Please include the name of your program in the subject line.
- If you are applying from FCCLA, please send an additional completed application to Wendy Ambrose [wendy.ambrose@state.mn.us](mailto:wendy.ambrose@state.mn.us).

**Questions can be directed to Sarah Ullmer at the Minnesota Alliance With Youth at 612-554-6019 or [serveasmile@mnyouth.net](mailto:serveasmile@mnyouth.net).**