

## Delta Dental of South Dakota Foundation Grant Application and Guidelines

The Delta Dental of South Dakota Foundation (DDSD) is a 501(c)(3) charitable affiliate of Delta Dental of South Dakota, established with the vision that everyone deserves good oral health.

The Foundation's mission is to improve oral health for all South Dakotans, with a strong emphasis on disease prevention. We aspire to collaborate with community organizations, programs and other entities that share our vision of making a measurable difference in the oral health of South Dakotans, particularly those who are underserved.

Oral health is a part of a person's overall general health. A healthy mouth is important throughout life, and with the appropriate access to preventive care, most oral diseases are preventable.

### Grant Guidelines

DDSD contributions will focus on the following areas:

- Early intervention and the prevention of oral disease
- Oral health education
- An adequate dental workforce
- Access to dental care

Organizations may apply for 1-, 2- or 3-year grants ranging from \$1,000 - \$50,000. Applicants wishing to request funding totaling more than \$50,000 must contact us at the address below. (Non-oral health requests can be made through DDSD's sponsorship request form located on the DDSD website.)

### Eligibility

To qualify for a DDSD grant, your organization must be:

- 501(c)(3) nonprofit organization with public charity status
- Government agency or public school
- Native American Tribal Organization

Note: Applicant organizations that have a physical presence in South Dakota receive funding priority. Projects must primarily benefit the people of South Dakota.

Grants will not be made to the following:

- Projects not related to oral health
- Political organizations or campaigns
- Fundraising events
- Projects that exclusively serve religious purposes
- Organizations that discriminate by race, religion, color, creed, gender, or age
- Individuals

Final grant awards/amounts will be informed by multiple factors, including the request amount relative to the oral health activities being proposed, the alignment of the proposed program to the foundation's priorities, and the amount of funding available relative to the number of grants approved.

## Grant Application

Grant applications are due May 1 or November 1. Awardees will be notified within 60 days of the application deadline(s). All applicants must submit an application following the outline below, along with all required supporting documentation.

### Application Outline (please limit to ten pages or less)

- ❑ Name of organization
- ❑ Contact information: name, title, address, phone number, e-mail address, web address
- ❑ Program description and title and a brief statement of the grant/program purpose (include start and end dates)
- ❑ The expected impact of the program for which you are requesting funding
- ❑ Description of how the program aligns with the DDSDF's mission
- ❑ Demographic information (age, race, gender, socioeconomic status) and special characteristics (e.g. pregnant women) of those being served by the grant
- ❑ Number of users/patients/clients expected to be served. Indicate age breakdown by: children ages 0-19 and adults ages 20 and over
- ❑ Information on the reach or geographic location of the program (list counties/regions or statewide)
- ❑ List / description of all program partners
- ❑ Evaluation plan - explain the expected outcomes of your proposed program and how you will measure the impact of the work funded
- ❑ Acknowledgement (describe how the DDSDF's grant will be recognized/promoted in publicity materials, newsletters, social media, etc.)
- ❑ Brief organizational description (legal status, mission, services provided)

### Budget Information (DDSDF reserves the right to grant less than the amount requested)

\$ Amount requested

\$ Total program budget

\$ Budget narrative (describe how the funds will be used)

\$ Additional income (list both requested (matching & in-kind) and committed sources)

\$ Date funds are needed

### Supporting Documentation

- Cover letter with title of program, amount of grant funds requested, Federal I.D. (EIN) number, and authorizing signature
- Letters of support (up to three)
- Documentation of tax exempt status

### Reporting Requirements

Successful applicants will be required to submit a final report about their project. Multi-year grantees are required to submit an annual interim report prior to receiving additional funds.

#### Submit application to:

Delta Dental of South Dakota Foundation

Attn: VP, Public Benefit

804 N. Euclid Ave., Suite 101

Pierre, SD 57501

Phone: 605-224-7345

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