

SASKATCHEWAN DENTAL FUND

GRANT APPLICATION FORM

Please submit your completed
application form to:

Jerod Orb
jerod@saskdentists.com

Subject: SDF Grant Application

Saskatchewan Dental Fund (SDF) grant program can support a wide range of organizational needs as they pertain to its mission and charitable purposes. The SDF invites you to get in touch via email to open discussion of your needs, ideas, and eligibility requirements prior to completing and submitting the application.

The granting guidelines are listed here for you to review prior to contacting SDF or submitting an application form.

- 1) Grants will only be made to Saskatchewan-based not-for-profit organizations with Revenue Canada Charitable Registration Numbers or other Saskatchewan-based qualified recipients under the Income Tax Act.
- 2) Organizations must demonstrate a strong and committed board of directors or governing body, fiscal responsibility, and management qualifications.
- 3) Grants are awarded for definite purposes.
- 4) Preference is given to projects which:
 - a) Ensure that Saskatchewan residents receive safe and appropriate quality dental care as part of their overall health care;
 - b) Deliver evidence-based dental care in a community setting which provides dental services to vulnerable populations;
 - c) Promote volunteer participation and citizen involvement in the dental community.
- 5) Capital projects will be considered if there is a demonstrated need.

Project proposals not eligible for funding are those that:

- 1) Support only operating expenses of established organizations or programs;
- 2) Go towards wages or salaries;
- 3) Go towards operating or capital deficits;
- 4) Go towards annual fund drives for sustaining support;
- 5) Establish or add to endowment funds;
- 6) Promote politically partisan activities;
- 7) Provide general conference support.

There will be an ongoing evaluation reporting process. The expectation is that the successful applicant will provide ongoing evidence of achieving certain milestones. These milestones would be discussed and agreed upon prior to funding. Projects that don't meet the agreed criteria may lose their funding.

APPLICATION FORM

Organization Contact Information

Name of Organization: _____

Contact Person: _____ Title/Position: _____

Address: _____

City/Town: _____ Postal Code: _____

Telephone: _____ Website: _____

Email: _____

Year Established: _____ No. of Employees: _____ No. of Members: _____

CRA Information

Charitable Registration Number (if applicable): _____

Project Information

Project: _____

Total Project Cost: _____ Amount Requested: _____

Project Start Date (if applicable): _____ Project Completion Date: _____

Project Type:

One-Time Capital Project Program Renovation or Upgrade Seed Money

Computers or Technology Other: _____

If the applicant is receiving funding for the same project from another source, please indicate the following information:

Name of additional funding source: _____

Amount of other funds received or applied for: _____

Project Budget

Please outline in brief your project budget. Do not include the overall operational expenses of your organization - only the particulars related to the proposed project. Note: project expenses and sources of revenue should balance. Two quotes are needed for capital projects, equipment, or appliances.

Item	Cost
Total	\$

Sources of Revenue	Confirmed	Unconfirmed
Sub Total	\$	\$
Total	\$	

Authorization: We, the undersigned, declare we are officers of this organization and are authorized to make this application on behalf of the organization.

Signing Officer

Name: _____

Position: _____

Signature: _____

Date Signed: _____

Signing Officer

Name: _____

Position: _____

Signature: _____

Date Signed: _____