



Healthy Smiles, Healthy Children 2014-2015 Access to Care Letter of Intent

Here are the Letter of Intent questions for your review, before completing your online application. This document is informational only. All Letters of Intent must be submitted via the online application system at the following website:

<https://www.grantinterface.com/aapd/Common/LogOn.aspx>

Grant Requestor name:

(Note: this is the person that will be contacted regarding grant updates)

Organization Name:

Address:

Phone:

Email:

Website:

Provide the overall purpose and mission of your organization:

Project title:

Project manager:

Estimated number of children impacted by the grant over a 12 month period:

Estimated percentage of families benefitting from this request who have income at / or below the federal poverty level:

Total amount requested:

(not to exceed \$20,000)

Do you have matching funds?

The applying organization must have matching funds equal to the requested grant amount at the time the application is submitted. Matching funds can either be cash or in-kind.

Provide detail on the matching fund source(s):

Previous HSHC funding:

Annual Agency Operating Budget:

Organization's Financial Standing

Current Year	Prior Year Actual	Prior Prior Year
Revenue		
Expenses		
Surplus (Deficit)		
Net Assets		

Participating Dentists' Names, Affiliations, and Define their Direct Involvement:

*Priority is given to projects with pediatric dentist involvement. If a pediatric dentist is not participating, a general dentist **must be** involved for funding consideration. (list up to three)*

State the need you are hoping to address:

(30 words or less)

Summarize and highlight the goals of your project:

(75 words or less)

What outcomes data will you collect and present to reflect achievement of your project goals?

(75 words or less)

Describe and characterize the community in which this project will target:

(100 words or less)

*It is imperative to discuss **your community** child oral health care issues and needs. Application reviewers are well versed in the oral health care needs, issues, and statistics of children in general.*

Describe how you are providing a Dental Home to the children you are serving:

(100 words or less)

The AAPD defines the Dental Home as the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care, delivered in a comprehensive, continuously accessible, coordinated, and family-centered way.

Project Description:

Describe your project, its activities, impact on children's oral health, population you are serving, and expected outcomes (200 words or less)

Income and Expense Statement:

Applicants are required to upload their organizations most recent completed year income and expense statement (**this is a one page document that states your organization's income, expenses and net assets.**)