



**Healthy Smiles, Healthy Children
Oral Health Research Grant Application Cover Sheet**

Grant Requestor Name: _____
Address: _____
Phone: _____
Email: _____

Project Name/Title: _____

Project Dates: _____

AAPD Research Agenda Category Addressed (check appropriate boxes):

- Transmission, etiology, risk assessment, early detection, prevention, and management of caries
- Caries management using antimicrobials, fluorides, and remineralizing agents
- Disparities and barriers to accessing dental care
- Development of a national databank on pediatric dental issues
- Efficacy of infant oral health (i.e., first dental visit by age 12 months)

Total Amount/Time Period Requested:

\$_____ a year for _____ years

Other Sources of Financial Support & Amount (list top five):

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Requesting Institution:

Name:

Principal Business Address:

Web address:

Lead Investigator Name/Title:

Address:

Phone:

Email:

Lead Investigator CV Appended: Yes ____ NO ____

Other Investigator(s) (no more than three):

Name:

Affiliations:

Address:

Email:

Phone:

Fax:

Professional Specialties:

Years in Practice:

Name:

Affiliations:

Address:

Email:

Phone:

Fax:

Professional Specialties:

Years in Practice:

Name:

Affiliations:

Address:

Email:

Phone:

Fax:

Professional Specialties:

Years in Practice:

Affiliated Collaborators (list no more than three):

Institution Name: _____

Address: _____

Main Contact: _____

Email: _____

Phone: _____

Institution Name: _____

Address: _____

Main Contact: _____

Email: _____

Phone: _____

Institution Name: _____

Address: _____

Main Contact: _____

Email: _____

Phone: _____

Responsible Officials of Requesting Institution:

Name: _____

Address: _____

Email: _____

Phone: _____

Fax: _____

Signature: _____

Responsible Financial Officer of Requesting Institution:

Name: _____

Address: _____

Email: _____

Phone: _____

Fax: _____

Signature: _____

Signature of Lead Investigator: _____