



**GCDS FOUNDATION
FUNDING APPLICATION**

Greater Cleveland Dental Society Foundation

Mission Statement

To establish new and aid existing charitable programs that educates and promotes oral health care in northeast Ohio

Organization Name: _____

Program Title: _____

Organization Mission: _____

Executive Director/President Name: _____

Contact Name: _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-Mail: _____ **Website:** _____

Date Incorporated: _____ **County:** _____

Tax ID Number: _____ **IRS Status:** _____

Organizational Budget *: \$ _____

Funding Request: \$ _____

Executive Director/President Signature: _____

Date: _____

GCDS Foundation Chair Signature: _____

Date: _____

* Please attach current organizational budget.

** Organization agrees to follow up with fund allocation report.

All GCDSF Funding Applications are due not later than 10 days prior to a GCDSF Board semi-annual meeting.
Please call 440-717-1891 for meeting dates.



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Funding Proposal Statement

1. Describe the proposed program and its relevance to the GCDSF Mission Statement:

2. Define the goals and objectives of the program:

3. Total budget for this program: \$ _____

a. Explain How funds will be used**:

4. Are other sponsorships being solicited and from whom _____

5. Program date (s) and/or timeline: _____

6. Length of time program has been in existence: _____

7. Describe programs previous years outcome:

8. Define how results and goals attainment will be measured: _____
