



THE CHARITABLE ARM OF THE
MASSACHUSETTS
DENTAL SOCIETY

MDS Foundation Grant Application
Expanding Access to Dental Care

Organization Name _____

Contact Name & Title _____

Address _____

City, State, Zip _____

Telephone _____

Fax _____

Email _____

Name & Title of Person responsible for project implementation

Grant Amount Requested

1. What is the overall purpose or mission of your organization or program? Please include in the description the geographic area to be served and the relevant characteristics of the population.
2. Describe the oral health needs this project will address.
3. Describe the purpose and duration of your project. (Include an explanation of the scope of the project, involvement of local dental professionals and other community volunteers.)

4. Describe the project objectives and planned activities.
5. Describe how the project will be publicized to gain community involvement and how volunteers will be recruited.
6. What are the expected outcomes for this project?
7. How will progress and success of the project be measured?
8. What are potential roadblocks to the success of this project and how will they be overcome?
9. Describe an innovative, creative, or unique characteristic of your program.

Signature

Printed Name & Title

Application Date