DENTAL PUBLIC HEALTH AWARD
and
ENDOWMENT GRANT APPLICATION

Criteria and Nomination Form

*Deadline for submitting applications: **Friday, August 16th, 2024***

In keeping with its work and mission, the **N.C. Dental Society Foundation** is pleased to announce its:
1) **2024 Dental Public Health Award**, which is a gift of $1,500 to a deserving organization and presented at the N.C. Public Health Association's Fall 2024 Education Conference.
2) **Endowment Grants,** which will award up to **four** organizations with a gift of $5,000/each to be used to further the oral health needs in NC.

For both categories, nominees must have met one or more of the following objectives:
- Improved the oral health outcomes of children and/or adults (direct services)
- Improved access to dental services
- Collaborated with community partners to meet the community's oral health needs
- Educated the public on the importance of preventative oral health practices

Nominees must be tax-exempt nonprofit organizations or clinics (public and private sector) under Section 501(c)(3) of the Internal Revenue Code or a government agency.

Self-nominations are permitted and encouraged.

If your organization was a past recipient in 2023 in either category, you will need to wait one full year (until 2025) to apply in either category.

Please complete the entirety of the form to be considered for both the Dental Public Health Award and the Endowment Grant Program. Nominees cannot apply for a specific award; this is a general application for both awards. If chosen for either the Dental Public Health Award or the Endowment Grant Program, the nominee will be notified.

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Application Form

Project description

Project title:_____

Project summary (limit to space provided):_____

_____

_____

_____

_____

Project classification (check only <u>one</u> category)

☐ Access to care   ☐ Prevention education/intervention   ☐ Treatment

Statewide: ☐ Yes   ☐ No

OR

County(ies) where project will be implemented (list all that apply):

_____

Target population

Primary ethnicity(ies) of target population:
☐ All races

OR

☐ African American
☐ Latino
☐ Native American
☐ Asian (specify):_____
☐ Other (specify):_____

Population (e.g., children, elderly, migrant workers, etc.):_____

Age groups_____   Region: ☐ Urban   ☐ Rural

Project and organization budget

Type of support requested: ☐ Financial grant

Financial grant: $_____ $_____   _____to_____
                              Amount requested   Total project budget   Project timetable