

Grant Application Preview

For your convenience, this is a preview of the information requested in the grant application. All grants applications must be submitted through our online form on our website.

Organization Information

Organization Contact Information

*Organization Name

*Tax ID

*Address

*City

*State

*Zip Code

*Phone

*Please provide a brief history and mission of your organization

Max 300 words

*Organization's annual budget

Contact Information

Primary Organization Contact (President, Executive Director, CEO, etc.)

Prefix

*First Name

*Last Name

*Title

*Phone

*Email

Primary Request Contact (Director of Development, Program Director, Grant Writer, etc.)

Same as Organization Primary Contact

Prefix

*First Name

*Last Name

*Title

*Phone

*Email

Request Information

Project Details

*Project Title

*Please provide in one or two sentences a brief overview of your project.

Max 150 words

*Requested Amount

*Project Start Date

*Project End Date

*Type of Support

- Program Support
- General Operating Support
- Capital Campaign
- Other

*Program Area

- Oral Health Education
- Dental Treatment
- Dental Workforce Education
- Dental Prevention: School Sealant Programs
- Dental Prevention: Community Water Fluoridation
- Dental Prevention: Other Dental Prevention
- Other

*Please provide a statement describing a clear objective and timeline

Max 500 words

***Please provide a statement describing the need or opportunity that this project will address**

Max 500 words

***Project Budget**

Please provide a detailed budget and description for the project.

Max 500 words

***Please describe the plan to measure the program's effectiveness**

Max 500 words

***Please provide the plan for acknowledging the Foundation**

Max 500 words

Project Demographics

*Gender

- Females
- Males
- Both females and males

*Estimated Affected Children

*Estimated Affected Adults

*Ethnicity

- African American
- Asian American
- Caucasian
- Hispanic/Latino
- Native American
- Native Hawaiian
- Pacific Islander
- Other

*Population Served

- Developmentally Disabled
- Economically Challenged
- General Population
- Homeless
- LGBTQIA+
- Physically Challenged
- Pregnant Women
- Veterans
- Other

*Age Group

Total must add up to 100%

- Infants (0-5) %
- Children (6-13) %
- Young Adults (14-19) %
- Adults (20-64) %
- Seniors (65+) %

Geographical Area Served

- Honolulu County
- Kauai County
- Maui County
- Hawaii County
- Other

Attachments

Attachments

*Attach: Current and Past Operating budget

Upload File

Max 25 MB

*Attach: 501(c)3 Determination Letter

Upload File

Max 25 MB

*Attach: List of current Board of Directors

Upload File

Max 25 MB

Attach: Optional Attachments

Upload File

Max 25 MB