

## Smile Fund 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.

### Request Information

#### Organization Information

\*Organization Name

Also Known As (AKA)

\*Mailing Address

\*City

\*State

\*Postal Code

\*Tax ID

Website Address

Social Media Handle

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

\*First Name

\*Last Name

\*Title

\*Office Phone

\*Email

## Project Contact Person (Director, Administrator)

Same as Organization Primary Contact

\*First Name

\*Last Name

\*Title

\*Office Phone

\*Email

## Program Details

\*Project Start Date

\*Project End Date

\*Grant Amount Requested

Requests between \$100-\$5000

\*Project Name

\*Project Description - Describe the oral health -related project

Max 120 words

\*Project Goals - Describe how you will achieve your goals

Max 120 words

**\*Budget - Describe how the grant funds will be spent**

Max 120 words

**\*Project Budget Detail - Please provide a detailed line item budget**

Max 105 words

**\*Estimated Affected Adults**

**\*Estimated Affected Children**

**\*Ethnicity**

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

**\*Target Population**

- 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

## Program Area(s)

\*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

## Attachments

\*Attach: IRS 501(c)(3) tax-exempt determination letter

Upload File

Max 25 MB