
**RHODE ISLAND DENTAL FOUNDATION
2024 GRANT APPLICATION**

Date: _____

Contact Person: _____ Phone: _____

Mailing Address: _____

Email Address: _____

1. Is this request for an organization? **Yes No**

If yes, please provide the organization name _____

2. Is your organization a nonprofit or for-profit entity? _____

3. Please describe your mission and background (use additional sheet if necessary).

4. Organization website URL: _____

5. What is the purpose of your request? You may attach additional description, brochure(s), etc.

6. When do you expect to expend the funds awarded? _____

7. Will the funds be used for construction, facility expansion, or remodeling? **Yes No**
If yes, please explain.

8. Will the funds be used for research? **Yes No** If so, please explain.

9. Does your pending project/activity have measurable goals? Please explain.

10. Is this for a pilot or start up program? **Yes No** If yes, please explain.

11. Will the funds be used for political donations or fundraising? **Yes No** If yes, please explain on separate sheet.

12. Will the funds be used for educational purposes? **Yes No** If yes, please explain.

13. What amount/range of funding are you seeking? \$ _____

14. Are you able to provide progress reports? **Yes No**

15. Do you have plans in place for future funding? **Yes No** Please explain.

16. Will the funds be used for research? **Yes No** Please explain.

17. Under what grant category of the Rhode Island Dental Foundation are you applying for?
See grant guidelines for categories and list corresponding number(s): _____

Signature

Title

**Completed forms can be mailed to the address below, faxed to 401-825-7722,
or scanned and emailed to: aguckian@ridental.org**

