**DENTISTS FOR A BETTER HUNTINGTON
GRANT APPLICATION 2025
Deadline: November 1, 2024
Grant Year: January 1, 2025 - December 31, 2025**

**TERMS:**

**Applications will be considered for programs and services that serve underserved residents of Huntington and their families. To apply for a 2025 grant please complete this form and email it as an attachment, along with a copy of your organization’s IRS 501(c)(3) determination letter.**

**You will allow members of the DFBH members to come for a site visit (when applicable) during the grant term.**

**Any publicity associated with the program must acknowledge the DFBH as a supporter as much as is reasonably possible. Other actions taken by the organization to promote the DFBH (i.e. DFBH logo on printed material) is highly encouraged.**

**If an organization comes under federal investigation, DFBH has the right to suspend grant funding until the investigation is cleared.**

**Your email and all attachments should be directed to** **igellerman@gmail.com** **by November 1, 2024 w/ Subject DFBH Grants Committee in order to be considered.**

**PART I YOUR AGENCY INFO:**

**What is the name and address of your organization (as reported to the IRS)?**

Fill in your answer here.

**What is the name, title, email address and contact information for the person filling out this application and applying for this grant.**

Fill in your answer here.

**What is the name, title, email address and contact information for the person responsible for the program and any grant awarded?**

Fill in your answer here.

**To whom or where should the grant check(s) be made payable?**

Fill in your answer here.

**To whom and where should the check(s) be sent.**

Fill in your answer here.

**What is your organization’s mission/purpose?**

Fill in your answer here.

**PART II YOUR PROGRAM INFO**

**Please describe the program for which you are seeking a grant, including:**

**Its name and purpose(s);**

Fill in your answer here.

**Its intended beneficiaries and the number of people you expect to reach;**

Fill in your answer here.

**How you determine whether someone is “underserved”;**

Fill in your answer here.

**The geographic area to be served;**

Fill in your answer here.

**The resources, facilities and personnel to be devoted to the program;**

Fill in your answer here.

**How the program will be implemented and the period of time in which it will be implemented;**

Fill in your answer here.

**Please be specific when answering the following:**

**a. What is the amount requested for your program? Please provide a detailed , itemized budget of how you propose to use the funds and include your current operating budget. (If more space is needed, please attach your detailed budget)**

Fill in your answer here.

**b. If additional funds will be necessary to implement this program, please state the amount needed and also state the actual and prospective sources of these funds**

Fill in your answer here.

**c. Please indicate the percentage your request represents to the overall budget for this program.**

Fill in your answer here.

**d. If you have received funding for this program in the past, please state the amount(s) and source(s) of these funds.**

Fill in your answer here.

**e. Describe the manner in which your agency utilized your 2019 grant (If applicable). Feel free to include photographs and testimonials to aid in our assessment**

Fill in your answer here.

**Please tell us anything else that you would like for us to know about your organization and/or your program. ONLY use this space only if there is something relating to your grant and/or beneficiaries that you believe is relevant to our decision and has not otherwise been covered in this application.**

Fill in your answer here.

**By execution of this Grant Application, I hereby certify that any grant received will be used solely for the benefit of underserved Huntington residents.**

 **By:** Your Name **Title:**  Your Title