



*Improving the oral health of South Dakotans*

## GRANT APPLICATION

**Date:**

**Organization Name:**

**Contact Person:**

**Address/City/Zip:**

**Phone:**

**Email:**

**Website:**

**Project Title:**

**Project Description:**

**Target Population:**

**Number of People Expected to be Served:**

**Project's Description of Need** (document the need for the project, who will benefit, etc.)

**Project's Expected Outcomes:**

**Budget Information:**

Amount requested:

Total project budget:

Budget narrative (describe how the funds will be used:

Additional income (list both requested [matching and in-kind] and committed sources):

Date funds are needed:

**NOTE:** Grantees are asked to provide a report to the SDDF on the outcome of the funded activities.

Email this completed form to: [paul.knecht@sddental.org](mailto:paul.knecht@sddental.org)