

November 1, 2011

The Board of Directors of the Delta Dental of Arkansas Foundation has launched an initiative to provide funding to deserving organizations for the advancement of dental health initiatives throughout the state. Applicants proposing projects that clearly increase the quantity and quality of oral health care for low-income clients will have top priority.

Government agencies, educational facilities, faith-based organizations, for-profit and non-profit organizations are eligible to apply for grant funding.

Delta Dental of Arkansas Foundation funding support may come in the form of challenge grants, matching grants or grants for the requested amount. For challenge grants and matching fund grants, stipulations applicable to those additional fund sources will be provided to the applicant prior to your project start date. In either case, the applicant must provide clear evidence that the stipulations have been met prior to Foundation disbursement of grant funds.

For entities that have received Delta Dental or Delta Dental of Arkansas Foundation funding for the last three consecutive years, grant funding for the 2012 cycle may be contingent upon the applicant's ability to match a percentage of the amount being requested. This match must be monetary and not in-kind but need not be in-hand at the time of grant decision.

2011 Recipients are required to track and report the following information.

- Number of patients treated as a result of our donation (Child and Adult numbers)
- Specific treatment delivered, by procedure. (Denture, Sealant, Extraction, etc.)

This information must be included with your 2012 grant application to be considered for the current grant cycle.

**For purposes of this grant cycle, grant awards will be capped at \$30,000.\***

To be eligible for financial support, your organization must:

- Serve low-income clients
- Have an established, written non-discrimination policy
- Provide all information requested in this Request for Proposal prior to the established deadline
- Propose a project that clearly advances oral health initiatives in Arkansas

\* The Foundation retains the authority to award larger grants at its discretion.



**2012 Organizational Data**

Please provide a phone number where the contact person can be reached.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Website Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Fax \_\_\_\_\_

**Delta Dental of Arkansas Foundation Funding Requested in this Proposal \$ \_\_\_\_\_**

**Signature** \_\_\_\_\_

**Title** \_\_\_\_\_

**Section 1: Executive Summary** (No more than 1 page)

This section should provide reviewers with a brief overview of your organization, the program for which you are seeking funds and the benefit of the program to others.

See exhibit A for an example.

**Section 2: Project Budget** (No more than 2 pages)

Provide a spreadsheet clearly itemizing project costs by line item and funding source. At a minimum, the spreadsheet must include:

Wages/Salary  
Fringe Benefits  
Travel  
Equipment  
Project Supplies  
Incentives/Gifts  
Other (Be specific and itemize)

Please note that Delta Dental of Arkansas Foundation grants cannot be used for indirect costs or excess administrative costs. Administrative costs exceeding 10% of the project total must be justified in the budget narrative and may be disallowed. Delta Dental of Arkansas Foundation does not typically award funds for wages/salary, fringe benefits, travel, incentives/gifts or utilities.

Provide a budget narrative that describes how individual line item amounts were calculated and how these expenses contribute to your project's success.

See exhibits B and B1 for examples.

**Section 3: How will your program improve oral health in your service area?** (No more than 1 page)

See exhibit C for example.

Exhibits A, B-B1, and C represent a fictitious application but one that would stand a very good chance of receiving full funding.

## Section 4: Details

### Description of Your Organization (No more than 2 pages)

Please provide the following narrative information: (Large organizations may limit their description to the segment of the organization related to this application and prospective funding.)

1. Provide a brief historical perspective of your organization.
2. Describe previously successful oral health programs your organization has completed.
3. Describe your organizational structure and governance.
4. Provide a numerical breakdown of full-time, part-time and volunteer workers in your organization.
5. Provide a numerical breakdown of full-time, part-time and volunteer workers that will support this project.
6. Provide evidence of community support for your intended project.

### Project Description (No more than 3 pages)

In narrative and/or tabular format, please provide the following information:

1. Is this a new project or a continuation of an ongoing project?
2. What is the start date and ending date of this project?
3. Who will be served by your intended project? Provide demographic information to include race, ethnicity, financial status, etc.
4. What are the desired outcome objectives of this project?
5. List the specific activities associated with this project.
6. Provide a simple work plan listing key activities, timeframe and responsible party.
7. Identify coalition or collaborative partners involved with this particular project.

### Past Funding (No more than 1 page)

1. Has your organization received financial support from Delta Dental or the Delta Dental of Arkansas Foundation in the last three years?
2. If you answered “yes,” how were the grant funds used (be specific), what quantitative results (i.e., increased number of patients, procedures, and/or volunteers) were achieved, and how were the grant funds instrumental in helping you achieve those results?

Please note below, additional criteria that we are requiring for 2011 grant recipients and for all applicants in the future. This information will be required as a follow-up to your 2011 grant, as well as a prerequisite to applying in 2012 and all grant cycles going forward.

- Number of patients treated as a result of our donation (Child and Adult numbers)
- Specific treatment delivered, by procedure. (Denture, Sealant, Extraction, etc.)

**Evaluation** (No more than 1 page)

**How will you evaluate the overall success of this project?**

Your evaluation plan should demonstrate how your organization plans to quantify the increased services that will be provided with Delta Dental of Arkansas Foundation funding. If your organization plans on using funding to purchase equipment, your evaluation plan must clearly show how the equipment will increase the quality and quantity of services provided to your intended target population.

**Section 5: Supporting Documents**

Please include the following as attachments:

1. Copy of your current year organizational budget.
2. A list of your organization's officers and board members. If a board member serves as an officer or employee, please indicate that clearly.
3. Current resume and contact data for your executive director.
4. Current resume and contact data for your project officer.
5. Completed Organization Operating Revenue Form. (Attached)

Delta Dental Foundation may request to see a copy of your most recent financial audit report.

**Proposal Guidelines**

**Proposals must be received at the following address no later than May 1, 2012.**

Dr. James T. Johnston, Chairman  
Delta Dental of Arkansas Foundation  
P.O. Box 15965  
North Little Rock, AR 72231

**Proposals received after the deadline will not be reviewed or funded.**

**Guidelines for Proposal Preparation:**

- The narrative and budget sections of your proposal must not exceed 10 pages.
- Please use 12-point font or larger and use 1" margins.
- Use **bold** page, section and subject headings
- Do not staple or bind your proposal.
- Include your proposal in electronic form (CDROM disk or jump/flash drive).
- Provide the signed original of your proposal.

Submitted proposals become the property of the Delta Dental of Arkansas Foundation and will not be returned.

Delta Dental of Arkansas Foundation, Inc. prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status.

## **Contractual Agreement**

Organizations that are selected for funding will be required to submit an end-of-project report that provides the evaluation results of the project, a summary of how grant funds were expended and materials suitable for publicity and public relations programs. This report will be due within 90 days following the end of the project.

## **Evaluation Criteria**

All proposals received prior to the established deadline will be reviewed using the following criteria weighting:

• Overall Quality	30 points
• Description of Your Organization	15 points
• Project Description	20 points
• Budget Spreadsheet and Narrative	25 points
• Evaluation Plan	10 points
Total	100 points

Overall quality will be judged on completeness of the required attachments, innovativeness of the proposed project and the subjective analysis of the grant review committees.

The grant review committee's funding decisions are final and shall not be subject to appeal.

Thank you for your interest in the Delta Dental of Arkansas Foundation Grant Program. We wish you the best of luck throughout this process, and we commend you for your efforts to improve oral health care throughout the state of Arkansas.

If you have any questions about the grant program or this application, please contact Edie Arey at 501-992-1602 or [earey@ddpar.com](mailto:earey@ddpar.com).

### **EXHIBIT A: Executive Summary**

**Request:** This application seeks to acquire funding to purchase sealant materials and matching funds to purchase equipment for an additional operatory room.

#### **Background**

ACME Charitable Clinic of Atkins was established in 2002 for the purpose of providing medical and dental services to uninsured and low-income residents of Pope County. Our population consists of large numbers of uninsured people who support the poultry and farming industries. The clinic requests a flat \$10 donation for services and operates two nights a month on an appointment basis. On an average clinic night, the medical clinic treats 43 patients and the dental clinic treats 15 patients. There are currently 102 people on the dental appointment waiting list.

The clinic is located in an abandoned pickle plant which was completely remodeled in 2002 by a volunteer contractor. The clinic is staffed by two volunteer medical doctors, two volunteer dentists, four volunteer assistants, a paid project coordinator and a paid administrative assistant. The clinic enjoys significant community support and receives monthly financial and in-kind donations from area churches, civic groups and the medical and dental communities. This network of support allows us to cover most of the annual costs of expendable supplies, which average \$9,250.

Thanks to a 2006 grant from Delta Dental, we were able to acquire a used panoramic x-ray machine and a new operating room delivery unit.

#### **Project Objective**

The desired outcome of this project is to add an additional operatory room in order to increase the number of sealants we provide and to increase the overall number of patients served. A vigorous recruitment effort resulted in two additional dentists who have committed to volunteering on a regular basis. This additional help will allow us to open the clinic one additional night per month. With the staffing requirements met, we are now focusing on furnishing the new operatory room with the proper equipment.

We are providing attachments which show that we have collected two bids on the equipment. We have also secured pledges from two churches to match 30 percent of the cost of the new operatory equipment costs. (Pledge letters attached.) Consequently, we are requesting a grant to cover the purchase of sealant materials and 70 percent of the cost of equipping an additional operatory room.

Our objective is to double the number of patients seen on clinic nights and to provide sealants to 250 patients. This will be simple to track and measure and we look forward to reporting on our progress.

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## EXHIBIT B: Project Budget

### Summary

Total Project Cost	<u>\$17,690</u>
Requested from Delta Dental	<u>\$8,150</u>
Outside Funding Support	<u>\$4,170</u>
Matching Funds Available	<u>\$2,850</u>

### 2012 Budget Proposal

Category	Foundation Request	Matching Funds	Outside Funding Support	Total
Wages/Salary			3,160	3,160
Fringe Benefits			632	632
Travel			156	156
Equipment	6,650	2,850		9,500
Project Supplies	1,500		2,520	4,020
Incentives/Gifts			150	150
Other			72	72
<b>TOTAL</b>	<b>8,150</b>	<b>2,850</b>	<b>6,690</b>	<b>\$17,690</b>

## **EXHIBIT B1: Budget Narrative**

### Wages/Salary

Project Director (200 hours @ \$15.00/hour)	3,000.00
Administrative Assistant (20 hours @ \$8.00/hour)	160.00
Subtotal	\$3,160.00

### Fringe Benefits

FICA/ Social Security (15.3% of Wages/Salary)	484.00
State Unemployment Tax Assessment (3.3%)	104.00
Workmen's Compensation Insurance (1.4%)	44.00
Subtotal	\$632.00

### Travel

Local Mileage (450 miles @ \$0.35 per mile)	\$156.00
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### Equipment

One (1) Chair	5,000
One (1) Delivery Unit	3,000
One (1) Operating Room Light	1,500
Subtotal	\$9,500.00

### Project Supplies

Dental Sealant Material (250 patients @ \$6.00 each)	1,500.00
Consumables (700 patients @ \$3.60 each)	2,520.00
Subtotal	\$4,020.00

### Incentives/Gifts

Meals for Volunteers (20 @ \$7.50 each)	\$150.00
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### Other

Newspaper ads (Once weekly for six weeks @ \$12.00)	\$72.00
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**TOTAL** **\$17,690.00**

**EXHIBIT C: How will this improve oral health in our area?**

By adding an additional operatory room, we will be able to double the number of dental patients seen on clinic nights, and by the end of the year we should be able to treat every patient currently on the appointment waiting list.

Additionally, by providing 250 sealants we will be able to prevent painful and costly tooth decay.



**Organization Operating Revenue Form**

List percentage of your organization’s operating revenue derived from:

Government Funding \_\_\_\_\_

State Grants/Contracts \_\_\_\_\_

Local Government \_\_\_\_\_

Foundation/Corporate Grants \_\_\_\_\_

Organization Fund Raising  
(events, bequests, donations) \_\_\_\_\_

United Way \_\_\_\_\_

Investment Income \_\_\_\_\_

Other  
(describe) \_\_\_\_\_

Total Must Equal 100%