

March 1, 2008

The Board of Directors of the Delta Dental of Arkansas Foundation, Inc., has launched an initiative to provide limited 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 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.

**Organizational Data** (Please provide a phone number where the contact person can be reached.)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

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

Email \_\_\_\_\_

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

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

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

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.

## **Description of Your Organization** (1-2 pages recommended)

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.
7. Has your organization received financial support from Delta Dental in the last three years?
8. If you answered “YES” to item 7 above, 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 Delta Dental grant funds instrumental in helping you achieve those results?

## **Project Description** (2-3 pages recommended)

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.

## **Evaluation** (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 increased the quality and quantity of services provided to your intended target population.

**\*\* If your organization received a Delta Dental of Arkansas grant in the previous year, please provide a detailed report of how those funds were used and include an evaluation showing any accomplishments or results attributable to the funding.**

**Budget Information** (2 pages recommended)

Total Project Cost	_____
Requested from Delta Dental	_____
Outside Funding Support	_____
Matching Funds Available	_____
In-Kind Support	_____

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.

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

A sample budget spreadsheet and a budget narrative are included as addenda to this Request for Proposals.

**Additional Information**

Please provide the following items as attachments to your narrative and budget.

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

## **Proposal Guidelines**

**Proposals must be received at the following address no later than May 5, 2008.**

Dr. James T. Johnston, Chairman  
Charitable Contributions Task Force  
Delta Dental of Arkansas  
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.
- Do not staple or bind your proposal.
- Do not include electronic media in any format.

Provide the signed original and four copies of your proposal.

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

### **Contractual Agreement**

Organizations that are selected for funding will be required to submit an end-of-project report that provide 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
<b>Total</b>	<b>100 points</b>

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.



**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%



**2008 BUDGET PROPOSAL (SAMPLE)**

<b>Category</b>	<b>Foundation Request</b>	<b>Matching Funds</b>	<b>In-Kind Support</b>	<b>Total</b>
Wages/Salary				
Fringe Benefits				
Travel				
Equipment				
Project Supplies				
Incentives/Gifts				
Other				
<b>TOTAL</b>				

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**2008 BUDGET NARRATIVE (SAMPLE)**

## 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) Statim 2000 Cassette Autoclave	\$2,195.00
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## Project Supplies

Dental Sealant Material (250 patients @ \$6.00 each)	1,500.00
Consumables (250 patients @ \$3.60 each)	900.00
Subtotal	\$2,400.00

## Incentives/Gifts

Meals for Volunteers (20 @ \$7.50 each)	150.00
Toothbrush and Toothpaste (250 @ 1.80 each)	450.00
Subtotal	\$600.00

## Other

Newspaper ads (Once weekly for six weeks @ \$12.00)	\$72.00
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**TOTAL** **\$9,215.00**