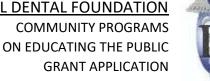
NORTH CENTRAL DENTAL FOUNDATION



The purpose of this grant is to promote community dental awareness projects aimed at educating and informing the community.

<u>OVER</u> \	/IEW OF THE ORGANIZATION
1.	Name of Organization/Person applying
2.	Principal service and purpose
3.	Collaboration, partnership and joint ventures as it relates to the project
DESCR	IBE YOUR PROJECT IN MORE DETAIL
1.	The needs identified, quantity if possible:
2.	Proposed timeline:
<u>EXPLA</u>	IN THE EXPECTED BENEFITS FROM THIS INVESTMENT
1.	Who will be served, benefited or impacted; and how will identity needs be addressed?

the application is for a new service or demonstration project explain the source of funds to carry on the oject (if any will be needed) after the requested funds are spent. Are there commitments or guarantees for ese funds?
hat other organizations in the area are now furnishing the type of services to be performed with the funds quested? To what extent would proposed project services be a duplication of any other services now ailable? How have you collaborated with them in providing these services?
escribe any past and current efforts within the community to address the identified needs:
hat marketing or public relations methods will be used to communicate to your processing the communicate to your process and the your proc

PLEASE ATTACH THE FOLLOWING SUPPORTING DOCUMENTATION TO YOUR APPLICATION:

- 1. A budget for this proposal.
- 2. Names of your officers, staff, board of directors, including terms, if applicable.
- 3. Certificate of good standing by the Indiana Secretary of State (if incorporated)
- 4. Copy of IRS letter stating that your organization is tax-exempt.

SUBMIT COMPLETED APPLICATION TO: NCDF

303 S Main Street, Suite 103 Mishawaka, IN 46544

or via email: NCDS@MedDentSociety.com