

DELTA DENTAL FOUNDATION

An Affiliate of Delta Dental of Michigan, Ohio, and Indiana



Contribution Request

Background

The Delta Dental Foundation is a nonprofit, charitable organization established in 1980 by Delta Dental of Michigan, one of the largest administrators of group dental benefits plans in the United States. The Delta Dental Foundation's goals are to support education and research for the advancement of dental science and to promote the oral health of the public through education and service activities, particularly for those with special needs.

Each year the Delta Dental Foundation provides financial support, in the form of grants, to various organizations.

Contribution Guidelines

In considering contributions, the Delta Dental Foundation evaluates each application on its own merits. It considers the programs in which the organization is engaged, the constituencies it serves, the services it offers, its accountability and its fundraising practices, and the level of local community support it attracts.

To make it possible to regularly consider new requests, the Delta Dental Foundation's policy is to avoid making multi-year commitments for contributions to specific organizations. Exceptions may be made when a request states that a contribution will be used over a period of years. However, in no case will a multi-year commitment be made for more than three years.

Although exceptions may be made, in general, the Delta Dental Foundation does not provide grants for building construction or to cover an organization's normal overhead expenses.

The Delta Dental Foundation gives primary consideration to supporting meritorious programs or activities for which other sources of funding are unavailable.

Contributions are also made to specific projects and programs in elementary, middle, and high schools and at individual colleges and universities.

Programs/Projects Considered

The Delta Dental Foundation provides support to programs or projects that help develop and heighten dental awareness among the public and that offer continuing dental education. Careful consideration is given to each request. Each request is reviewed in terms of its general eligibility and conformity with Foundation guidelines, the available funds, the amount needed to achieve the desired results, and program priority. Contributions are generally awarded for:

- Charitable programs designed to extend the benefits of dentistry to indigents and groups found to be dentally deprived
- Educational programs and research for the advancement of the science of dentistry
- Programs designed to promote the dental health of the public

Limitations

Grants will not be awarded for the following:

- Individuals (except for individual recipients of the Delta Dental Foundation's leadership award, scholarship, and research grant programs)
- Organizations that discriminate by race, religion, color, creed, gender, age, or national origin
- Political organizations or campaigns
- Loans
- Projects developed for commercial and proprietary purposes

DELTA DENTAL FOUNDATION

An Affiliate of Delta Dental of Michigan, Ohio, and Indiana

Contribution Request Application

Name of organization _____
Mailing address _____ City _____ State _____ ZIP+4 _____
Street address _____ City _____ State _____ ZIP+4 _____
Telephone _____ E-mail _____
Applicant name _____ Applicant title _____
Program title _____

Provide your Federal Employer Identification Number _____

Provide a brief description of the program for which funds are requested. _____

What is unique about your program, and why should the Delta Dental Foundation fund it? _____

Total cost of program \$ _____ Amount requested \$

Are you seeking other sponsors? Yes No Please list: _____

Is your organization providing any of the funding for this program? Yes No

If yes, indicate amount \$ _____

Is this program for:

- a. Dentistry for indigents? Yes No
- b. Groups dentally deprived? Yes No
- c. Advancement of the science of dentistry? Yes No
- d. Promotion of the dental health of the public? Yes No
- e. Improving dental care with potential for reducing treatment costs? Yes No
- f. Community activity? Yes No
- g. Other? Yes No

Is this an ongoing program? Yes No

Please indicate period of time this program will cover: _____

Date funds are needed _____

Please attach additional information regarding your organization, the purpose of the proposed program, and the specific use of funds within the program.

On a separate sheet, provide IRS documentation (IRS public charity classification, a.k.a., reason for non-private foundation status).

Initiating a Request

To initiate a request for a contribution from the Delta Dental Foundation, please complete the Delta Dental Foundation Contribution Request Form and send it with any additional information to:

Delta Dental Foundation
P.O. Box 293
Okemos, MI 48805-0293
Fax: (517) 347-5320
DeltaDentalFund@deltadentalmi.com