

2024 Missouri Oral Health Grant Program

Delta Dental

Organization Information and Financials

Provide a brief organization description and history.*

What is your organization's mission statement?*

In what year was your organization established as a 501(c)(3)?*

Is your organization a Federally Qualified Health Center?*

This also includes if your organization is affiliated with a Federally Qualified Health Center.

Choices

No
Yes

Have you previously received funding from Delta Dental?*

Choices

Yes
No

If you have previously received funding from Delta Dental, please explain.*

Please include the year, amount and location.

Current year's annual operating budget*

Upload the current annual operating budget for the organization including projected and actual revenue and expenses.

Audited Financial Statements*

Financial Documentation Guidelines

- Organizations in existence for more than five years and with operating income of \$500,000 or more are required to submit audited financial statements for the most recently completed fiscal year.

- Organizations with annual income under \$500,000 or founded within the last five years must submit an independent review of their financial statements, completed by a Certified Public Accountant.
- If an organization does not have an audit or independent financial review, they may only apply for a maximum grant amount of \$25,000.

Government Funding*

Provide the percentage of organizational revenue that comes from government funding(include all levels: City, State, and Federal sources). Use the current year's budget.

Financial Reserves*

Please select the statement that best describes your organization's unrestricted reserve funding.

Choices

No reserve funding

Reserve funds cover 3-6 months of operating expenses

Reserve funds cover 1 year of operating expenses

Reserve funds cover more than 1 year of operating expenses

Reserve funds cover more than 2 years of operating expenses

Board Members*

Please upload a list of board members, professional affiliations (name of organization of employment and title) and their roles and functions.

Diversity, Equity, & Inclusion (DEI)

Your answers will provide a valuable perspective on our potential grantees' capacity to address the issues of diversity, equity, and inclusion (DEI). Please note: We understand many organizations are just starting to explore DEI and may not have DEI practices in place at this time. Answers to these questions will not have a negative impact on your application.

DEI Policies and Practices

List any internal or external efforts your organization is currently undertaking or plans to implement to incorporate diversity, equity, and/or inclusion (DEI) into its policies and practices.

Composition of Staff, Board, and/or Volunteers

How are the demographics of the community/clients your organization serves reflected in the composition of your staff, board, and/or volunteers? Are there ways that your organization strives to incorporate the perspective of the community/clients your organization serves?

Program/Project Information

Project Name*

Program/Project Description*

Timeline for Implementation*

What is your proposed timeline for implementing this grant. Approved grant funds will be disbursed in May (first grant cycle) and November (second grant cycle).

Amount Requested*

Is there a matching component to your grant proposal?

Preference will be given to proposals showing a dollar-for-dollar level of matching from other sources.

Choices

Yes

No

Matched funds

If there is a matching component, please list the source of the matched funds and the amount. Matched funds are defined as a dollar-for-dollar level of matching from new sources that have not supported the organization in previous years or an increase in funding from a past supporter.

Area of Program Focus*

Choices

Access to Oral Health Care for Underserved Populations

Oral Health Education and Awareness

Student Loan Repayment

Oral Health Research

Other

Funding Information*

How will the requested funds be used?

Choices

Seed/Pilot - innovations/start-up funding

Project/Program Support - a specific program/project within your organization

Capacity Building - improvement in your organization's facility or capability

Capital - small capital (equipment, buildings, vehicles) or capital campaigns

General Operating Support - day-to-day costs to run the organization

Combination of above options (if selected, please provide more detail in next question)

If you selected a combination of funding in the question above, please provide the % breakdown here

For example, if you are making a \$10,000 request to be split by operational and program needs, your response will be:

Operating Support (50%) - \$5,000

Program Support (50%) - \$5,000

Primary Geographic Area Served*

Choices

Adair

Andrew

Atchison

Audrain

Barry

Barton

Bates

Benton

Bollinger

Boone

Buchanan

Butler

Caldwell

Callaway

Camden

Cape Girardeau

Carroll

Carter

Cass

Cedar

Chariton

Christian

Clark

Clay

Clinton
Cole
Cooper
Crawford
Dade
Dallas
Daviess
DeKalb
Dent
Douglas
Dunklin
Franklin
Gasconade
Gentry
Greene
Grundy
Harrison
Henry
Hickory
Holt
Howard
Howell
Iron
Jackson
Jasper
Jefferson
Johnson
Knox
Laclede
Lafayette
Lawrence
Lewis
Lincoln
Linn
Livingston
Macon
Madison
Maries
Marion
McDonald
Mercer
Miller
Mississippi
Moniteau
Monroe
Montgomery
Morgan
New Madrid
Newton

Nodaway
Oregon
Osage
Ozark
Pemiscot
Perry
Pettis
Phelps
Pike
Platte
Polk
Pulaski
Putnam
Ralls
Randolph
Ray
Reynolds
Ripley
Saline
Schuyler
Scotland
Scott
Shannon
Shelby
St. Charles
St. Clair
St. Francois
St. Louis City
St. Louis County
Ste. Genevieve
Stoddard
Stone
Sullivan
Taney
Texas
Vernon
Warren
Washington
Wayne
Webster
Worth
Wright

Secondary Geographic Area Served*

Choices

Adair
Andrew
Atchison

Audrain
Barry
Barton
Bates
Benton
Bollinger
Boone
Buchanan
Butler
Caldwell
Callaway
Camden
Cape Girardeau
Carroll
Carter
Cass
Cedar
Chariton
Christian
Clark
Clay
Clinton
Cole
Cooper
Crawford
Dade
Dallas
Daviess
DeKalb
Dent
Douglas
Dunklin
Franklin
Gasconade
Gentry
Greene
Grundy
Harrison
Henry
Hickory
Holt
Howard
Howell
Iron
Jackson
Jasper
Jefferson
Johnson
Knox

Laclede
Lafayette
Lawrence
Lewis
Lincoln
Linn
Livingston
Macon
Madison
Maries
Marion
McDonald
Mercer
Miller
Mississippi
Moniteau
Monroe
Montgomery
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Oregon
Osage
Ozark
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Perry
Pettis
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Pike
Platte
Polk
Pulaski
Putnam
Ralls
Randolph
Ray
Reynolds
Ripley
Saline
Schuyler
Scotland
Scott
Shannon
Shelby
St. Charles
St. Clair
St. Francois
St. Louis City

St. Louis County
Ste. Genevieve
Stoddard
Stone
Sullivan
Taney
Texas
Vernon
Warren
Washington
Wayne
Webster
Worth
Wright

Tertiary Geographic Area Served*

Choices

Adair
Andrew
Atchison
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Barry
Barton
Bates
Benton
Bollinger
Boone
Buchanan
Butler
Caldwell
Callaway
Camden
Cape Girardeau
Carroll
Carter
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Cedar
Chariton
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Clay
Clinton
Cole
Cooper
Crawford
Dade
Dallas
Daviess

DeKalb
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Douglas
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St. Louis County
Ste. Genevieve
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Sullivan
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Vernon
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Webster
Worth
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Other Counties Served

Please check all other counties that your organization serves.

Choices

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Bollinger

Boone
Buchanan
Butler
Caldwell
Callaway
Camden
Cape Girardeau
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Wright

Individuals Served*

How many individuals do you anticipate to be directly served by this project?

Population Served*

Identify what age group/groups your project will serve.

Choices

0-12 years
13-18 years
19-64 years
65+ years

Target population

If your program targets a specific population based on race, gender, age, ethnicity, sexual orientation, religion, etc., please explain below. If not, please type NO.

What other organizations serve this population and the geographic area(s) through a similar program?*

Do you have measures in place to ensure the programs do not overlap?

Project/Program Budget*

Upload a complete project budget. Click here to download the budget template. Please note there are two tabs in the spreadsheet.

List any additional partners of the project (to date).

In the area below, list your organization's partners for this project. Include the organization name, amount of support (dollar amount or in-kind) and/or describe any other involvement in the project. If there are not other partners on this program, please leave the field blank.

Recent Program/Project Outcomes

Include outcomes from the most recently completed year if applicable including the number of individuals served.

Proposed Grant Outcomes*

Please provide the proposed outcomes for this grant including the number of individuals you anticipate serving. If this is an existing program, how will our funding help to improve outcomes from the previous year?

Sustainability*

Describe the organization's short and long term sustainability plans and/or challenges.

Are there recognition opportunities available with this program/project?*

Please describe available opportunities.

Is there important information you would like to share that was not covered in the application?

This is not required, but available for any information you feel is important to include with the application.
