



**GCDS FOUNDATION  
FUNDING APPLICATION**

**Greater Cleveland Dental Society Foundation**

**Mission Statement**

To establish new and aid existing charitable programs that educates and promotes oral health care in northeast Ohio

**Organization Name:** \_\_\_\_\_

**Program Title:** \_\_\_\_\_

**Organization Mission:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Executive Director/President Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Date Incorporated:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Tax ID Number:** \_\_\_\_\_ **IRS Status:** \_\_\_\_\_

**Organizational Budget \*:** \$ \_\_\_\_\_

**Funding Request:** \$ \_\_\_\_\_

**Executive Director/President Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**GCDS Foundation Chair Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\* Please attach current organizational budget.

\*\* Organization agrees to follow up with fund allocation report.

All GCDSF Funding Applications are due not later than 10 days prior to a GCDSF Board semi-annual meeting.  
Please call 440-717-1891 for meeting dates.



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**Funding Proposal Statement**

1. Describe the proposed program and its relevance to the GCDSF Mission Statement:

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2. Define the goals and objectives of the program:

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3. Total budget for this program: \$ \_\_\_\_\_

a. Explain How funds will be used\*\*:

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4. Are other sponsorships being solicited and from whom \_\_\_\_\_

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5. Program date (s) and/or timeline: \_\_\_\_\_

6. Length of time program has been in existence: \_\_\_\_\_

7. Describe programs previous years outcome:

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8. Define how results and goals attainment will be measured: \_\_\_\_\_

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