

## IDHA Community Outreach Grant Application

**Only members of IDHA are eligible to apply and receive grants.**

Please complete the following information (Use additional page(s) if necessary.)

Applications must be post marked by August 15<sup>th</sup>. Recipients to be announced at Annual Session.

Organization: \_\_\_\_\_

Amount of request: \_\_\_\_\_

Your Name: \_\_\_\_\_

Membership number: \_\_\_\_\_

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

Phone: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Describe the activity, give a summary on the use of the requested funds, and tell when the activity will occur:

Specific target group, anticipated numbers served:

Describe the anticipated outcome. (Will the activity raise public awareness about preventive oral health care and/or the role of the dental hygiene profession?)

List other donations received:

Will there be media coverage?

Media will be contacted by the following: (news releases, telephone, personal visits, public service announcements, other)

Submitted by:

Date and

Signature \_\_\_\_\_