

**2024 FDI Smile Grant**

# Application form

**DEADLINE 01 February 2024**

**Eligibility**

**Any FDI Regular or Associate Member National Dental Association (NDA) is eligible to apply**. The FDI Smile Grant is not designed to support new projects. It only rewards active projects that have been rolled out for at least one year and that will continue for at least one year more.

Eligible applications can address all oral health issues and diseases, with a strong focus on:

* Expected educational and prevention outcomes on the project
* Project’s outreach and community benefits
* Involvement of key stakeholders
* Sustainable outcomes

All projects should be funded by a member NDA and/or another not-for-profit organization/institution, government and/or Colgate. Projects supported by other FDI corporate partners are not eligible.

Completed application forms should be returned to nnoestfowler@fdiworlddental.org

# Section A: About the Applicant

## Name of the National Dental Association affiliated with the project

**FDI Membership status**

Regular member Associate member

**Key contact person** (responsible for leading project)

|  |  |
| --- | --- |
| **NAME** |  |
| **POSITION IN ORGANIZATION** |  |
| **ADDRESS** |  |
| **TELEPHONE** |  |
| **FAX** |  |
| **E-MAIL** |  |

# Section B: About the Project

## Overview

|  |  |
| --- | --- |
| **TITLE OF PROJECT** |  |
| **LOCATION** |  |
| **PROJECT TIME FRAME**dd/mm/yyyy - dd/mm/yyyy |  |
| **BACKGROUND INFORMATION**Provide relevant history of the area/ problem and a review of any relevant literature, 500-word maximum |  |
| **POPULATION SERVED BY PROJECT**Quantitatively and qualitatively describe the target of your project, 500-word maximum |  |
| **PROJECT GOAL**50-word maximum |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Specific objectives** | **Project scope** | **Related activities and methodology employed** | **Implementation timeline** |  |
| **A** |  |
| **B** |  |
| **C** |  |
| **D** |  |
| **E** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Human resources engaged** | **Community participation (e.g. volunteer)** | **Infrastructure used (e.g. clinic, school, hospital)** | **Environmental concerns** | **Expected outcome(s)** | **Evaluation methodology** |
| **A** |
| **B** |
| **C** |
| **D** |
| **E** |
|  |  |

**Key Analysis**

**SPECIFIC OBJECTIVES**

List the specific objectives of your project in five bullet points and provide a narrative describing the project scope, related activities and methodology employed to achieve the project objectives

**METHODOLOGY PER OBJECTIVE**

Please describe the innovative and sustainable components of your project. Your application will be evaluated according to both components.

|  |  |
| --- | --- |
| **INNOVATIVE & SUSTAINABLE COMPONENTS**Emphasize the innovative & sustainable community outreach aspects of your project in terms of methodology, rationale or scope |  |

# Section C: Project Core Team

Identify all stakeholders involved in the project implementation, e.g. not-for-profit organizations, government/ministries, professional associations, Colgate.

## Member 1

|  |  |
| --- | --- |
| **NAME** |  |
| **ORGANIZATION** |  |
| **ROLE AND RESPONSIBILITIES** |  |
| **TELEPHONE** |  |
| **FAX** |  |
| **E-MAIL** |  |

**Member 2**

|  |  |
| --- | --- |
| **NAME** |  |
| **ORGANIZATION** |  |
| **ROLE AND RESPONSIBILITIES** |  |
| **TELEPHONE** |  |
| **FAX** |  |
| **E-MAIL** |  |

**Member 3**

|  |  |
| --- | --- |
| **NAME** |  |
| **ORGANIZATION** |  |
| **ROLE AND RESPONSIBILITIES** |  |
| **TELEPHONE** |  |
| **FAX** |  |
| **E-MAIL** |  |

**Member 4**

|  |  |
| --- | --- |
| **NAME** |  |
| **ORGANIZATION** |  |
| **ROLE AND RESPONSIBILITIES** |  |
| **TELEPHONE** |  |
| **FAX** |  |
| **E-MAIL** |  |

**Member 5**

|  |  |
| --- | --- |
| **NAME** |  |
| **ORGANIZATION** |  |
| **ROLE AND RESPONSIBILITIES** |  |
| **TELEPHONE** |  |
| **FAX** |  |
| **E-MAIL** |  |

**Member 6**

|  |  |
| --- | --- |
| **NAME** |  |
| **ORGANIZATION** |  |
| **ROLE AND RESPONSIBILITIES** |  |
| **TELEPHONE** |  |
| **FAX** |  |
| **E-MAIL** |  |

**Section D: Declaration of Intent**

I confirm that I am authorized to sign this declaration on behalf of , and that the answers to the questions on this form are accurate, to the best of my knowledge.

If the application is successful, the NDA will only use the grant for the purposes specified in the current project proposal and will provide FDI with progress reports and communication materials (pictures, videos, quotes, etc.) as requested. Successful NDAs are requested to be represented at the FDI World Dental Congress where the Smile Grant Ceremony will take place.

**TITLE FIRST NAME LAST NAME POSITION IN ORGANIZATION**

**DATE SIGNATURE**