

West Coast District Dental Association Fund
A donor advised fund administered through the Florida Dental Health Foundation

Grant Application Form

Name of Organization _____

Address _____

City, State, Zip _____

Phone # _____ Fax # _____

Contact Name _____ Email _____

Type of Organization: _____ For Profit _____ Non-Profit _____ Tax Exempt
 _____ Other: _____

Please complete the following questions (attach additional sheets if necessary):

1. Please describe how your organization's proposed project meets the WCDDA Fund's *Guidelines for Funding Projects*. Projects with objectives that are inconsistent with WCDDA Fund guidelines for funding will not be considered.

2. Please describe the problem that your project is designed to alleviate or correct.

3. Please describe clearly and precisely, in measurable terms, the specific objectives of your project, including target population.

4. Please describe the methods you will use to reach your objectives.

5. By what date do you need this funding? _____

Return this completed application to:

West Coast District Dental Association
9720 North Armenia Avenue #F
Tampa, Florida 33612
Or fax (813) 931-1851