



## *2012 Keystone Grant Program Contribution Request*

### **Background**

The Foundation for Dental Laboratory Technology was created to advance the profession of dental laboratory technology by developing a national curriculum and educational programs that will be relevant and accessible to dental technicians and other members of the dental team. The Foundation is committed to advocating for and raising awareness of the necessity of dental laboratory technology education for dental technicians and other members of the dental team.

Each year the Foundation provides financial support, in the form of grants, to various organizations.

### **Contribution Guidelines**

In considering contributions, the Foundation evaluates each application on its own merits. It considers the programs in which the organization is engaged, the constituencies it serves, the services it offers, its accountability and its fundraising practices, and the level of local community support it attracts.

- Keystone Grants are limited to a maximum of \$5,000.00 per grant.
- Grants must be dedicated to accredited educational institutions with a dental laboratory technology program or those accredited educational institutions who wish to add a dental laboratory technology program.
- Only one proposal per organization per year will be considered.

Although exceptions may be made, in general, the Foundation does not provide grants for building construction or to cover an organization's normal overhead expenses.

Grant recipients may re-apply in future years, as long as a report detailing use/impact of the grant monies is provided with the application.

## **Programs/Projects Considered**

The Foundation provides support to programs or projects that help develop and heighten dental laboratory technology awareness among the dental community and that offer dental laboratory technology education. Careful consideration is given to each request. Each request is reviewed in terms of its general eligibility and conformity with Foundation guidelines, the available funds, the amount needed to achieve the desired results, and program priority.

## **Limitations**

Grants will not be awarded for the following:

- Capital campaigns, overhead/administrative expenses, endowments, advertising, or fundraising activities
- Individuals
- Organizations that discriminate by race, religion, color, creed, gender, age, or national origin
- Political organizations or campaigns
- Loans
- Projects developed for commercial and proprietary purposes

# The Foundation for Dental Laboratory Technology

## *2012 Keystone Grant Program • Contribution Request Application*

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Applicant Title: \_\_\_\_\_

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

Provide Your Federal Employer Identification Number: \_\_\_\_\_

Provide a brief description of the program for which funds are requested.

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What is unique about your program and why should the Foundation fund it?

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Total Cost of Program: \$ \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Are you seeking other sponsors?  Yes  No Please list:

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Is your organization providing any of the funding for this program?  Yes  No

If yes, indicate amount: \$ \_\_\_\_\_

Is this program for:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Existing Dental Laboratory Programs?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Accredited Dental Schools?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Improving communication between the dental team? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Online Education?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. English as a second language students?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Other?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Is this an on-going program?  Yes  No

Please indicate period of time this program will cover: \_\_\_\_\_

Date funds are needed: \_\_\_\_\_

**Please attach additional information regarding your organization, the purpose of the proposed program, and the specific use of funds within the program. On a separate sheet, provide IRS documentation (IRS public charity classification, a.k.a., reason for non-private foundation status).**

**Initiating a request:** To initiate a request for a contribution from the Foundation, please complete the Foundation for Dental Laboratory Technology, Keystone Grant Program Contribution Request Application and send it with any additional information to: **The Foundation for Dental Laboratory Technology, 325 John Knox Rd #L103 • Tallahassee, FL 32303 • Fax: (850) 222-0053 • Bennett@executiveoffice.org**

**Grant Application Deadline: Revolving, Grants can be applied for once a calendar year per school.**