

**The Mars Wrigley Foundation's Healthier Smiles Grant Program Application Tasks**  
**Sample of Online Application**

**Tasks to be Completed by ADHA member applicant**

**1) Select Grant Scholarship**

- a) Select the grant/scholarship for your application
- b) Briefly describe why you have selected this grant.

*Please do not include information that may create reviewer bias or conflict of interest (examples: specific names, institutions, organizations, geographic locations, etc.)*

**2) Eligibility & Grant Requirements**

Please review the Eligibility & Grant Requirements stated on the IOH website grant page.  
<https://www.adha.org/ioh-community-service-grants-main> - Community Service Grants

**3) Review the [COVID-19 guidance](#) provided by the Centers for Disease Control (CDC.)**

Agreement Statement: I have read the COVID-19 guidance provided by the Centers for Disease Control (CDC.) If awarded a community service grant, I will adhere to the guidelines throughout the project.

**4) Agreement Statement**

I agree to give the American Dental Hygienists' Association and The ADHA Institute for Oral Health the absolute right and permission to publish in *Access* magazine and through other marketing channels my name, the organizational name, program title, and contact information for my submission of a Community Service Grant.

Additionally, I confirm that I have reviewed the requirements of the specific grant for which I am applying and that I am a current and active ADHA member, and the information in my application is accurate and true.

**5) Upload Photo**

*Please upload a digital photo of yourself*

**6) Complete Applicant Profile**

Please answer the following questions to complete your applicant profile

- a) ADHA member number
- b) Applicant First Name, Last Name
- c) Email Address
- d) Address
- e) ADHA District #
- f) Biography

*Please complete a short bio as it relates to your dental hygiene background.*

**7) Complete Project Applicant Details**

- a) Applicant First Name, Last Name
- b) Email Address
- c) Address
- d) ADHA member #

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**8) Complete Community Service Project Details**

Community Service Project Title

*Please provide the title of the project*

Community Service Project Location Type

*Please provide the type location of the project (school, mobile unit, community center, etc.)*

Project Location Street Address, City, State, Zip

*Please provide the street address, city, state, zip for the project*

Is this a new or existing project?

Amount of Grant Request (\$2,500 or \$5,000)

Starting Date of the Project

Ending Date of the Project

**9) Community Service Project Description**

*Please briefly describe the community service project. It is important that applicants not include information that may create reviewer bias or conflict of interest. For example, specific names, institutions, organizations, geographic locations, etc.*

Organizational Partner 1 & Role

*Please name the organizational partner and their role within the project*

Organizational Partner 2 & Role

*Please name the organizational partner and their role within the project*

Organizational Partner 3 & Role

*Please name the organizational partner and their role within the project*

Organizational Partner 4 & Role

*Please name the organizational partner and their role within the project*

Organizational Partner 5 & Role

*Please name the organizational partner and their role within the project*

Total # of Volunteers

*Please provide the number of volunteers you project will work on the project. If none, indicate 0.*

Volunteer Group #1 & Role

*Please name the volunteer group and their role within the project*

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Volunteer Group #2 & Role

*Please name the volunteer group and their role within the project*

Volunteer Group #3 & Role

*Please name the volunteer group and their role within the project*

Volunteer Group #4 & Role

*Please name the volunteer group and their role within the project*

Volunteer Group #5 & Role

*Please name the volunteer group and their role within the project*

Total # of Individual Patients

*Please provide the anticipated total number of patients for the grant period*

Percentage or # of Patients - Government Insurance

*Please provide the percentage or # of patients receiving government insurance (Medicare, Medicaid, etc.)*

Percentage or # of Patients Using Other Pay Insurance

*Please provide the Percentage or # of Patients using other insurance (foundation grant, school funds, etc.)*

Demographic/Geographic Characteristics

*Please describe the demographic/geographic characteristics of the patients being served. Be careful not to use proper names or information that may create reviewer bias.*

**10) Complete the Community Service Project Description**

Please describe the project using the POAER (Problem, Objectives, Action, Evaluation, Resources) Model  
Please do not include information that may create reviewer bias or conflict of interest (examples: specific names, institutions, organizations, geographic locations, etc.)

Identify the problem by clearly describing and documenting the need for the project. Identify why the project is creative and contemporary. Identify the interprofessional collaborative partnerships employed in this project. Please do not include information that may create reviewer bias or conflict of interest (examples: specific names, institutions, organizations, geographic locations, etc.)

Project Description – Problem

Clearly and logically describe the planning process. Please do not include information that may create reviewer bias or conflict of interest (examples: specific names, institutions, organizations, geographic locations, etc.)

Project Description – Objectives

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Clearly and logically describe the implementation process. Please do not include information that may create reviewer bias or conflict of interest (examples: specific names, institutions, organizations, geographic locations, etc.)

Project Description – Actions

Clearly and logically describe the evaluation process. Please do not include information that may create reviewer bias or conflict of interest (examples: specific names, institutions, organizations, geographic locations, etc.)

Project Description – Evaluation

Present a clear and sound budget identifying how the grant funds will be utilized in the Project Budget task. In this section, discuss the sustainability of the project after the grant period ends. Please do not include information that may create reviewer bias or conflict of interest (examples: specific names, institutions, organizations, geographic locations, etc.)

Project Description – Resources

**11) Complete the Project Budget**

Present a clear and sound budget identifying how the grant funds will be utilized. If all fields are not needed, please indicate "n/a."

*Please note: The ADHA Institute for Oral Health does not fund overhead or indirect costs, except in exceptional circumstances where funding may be to a maximum of 15%. Indirect costs are defined as costs that are not directly accountable to the project.*

Total Projected Budget

Budget Item #1 - Cost and Name of Item

Budget Item #2 - Cost and Name of Item

Budget Item #3 - Cost and Name of Item

Budget Item #4 - Cost and Name of Item

Budget Item #5 - Cost and Name of Item

**Verification**

I attest that all the information presented in this application is accurate and correct and I am fully responsible for its content.

I have reviewed the requirements of the specific grant for which I am applying. I confirm that I am a current and active ADHA member, and the information in my application is true.