



ArkansasFoundation

# 2019 Grant Report Guidelines

Through our grant program, the Delta Dental of Arkansas Foundation enters into partnerships with organizations that we hope will help improve dental health in Arkansas. This report is the primary tool we use to measure the achievements of the programs we support and the impact our philanthropic dollars have in the communities we serve. Thank you in advance for taking the time to provide us with a thorough and thoughtful report.

			<b>REPORT DATE:</b>		
<b>ORGANIZATION</b>					
Name:				Federal Tax-exempt Number:	
Address:					
City:		State:		ZIP:	
Telephone:		Website:			

<b>CONTACT PERSON FOR THIS REPORT</b>		
Name:		Title:
Email:	Telephone:	Mobile:

<b>PROGRAM INFORMATION</b>	
Program title:	
Amount of funding received:	Total budget for program:
Counties primarily served:	
Funding period of this grant or period that this report covers, if different:	
Approximate number of adults to be served:	
<b>AREA OF PROGRAM FOCUS:</b>	<input type="checkbox"/> Oral health education <input type="checkbox"/> Oral Health Preventive Care (fluoride treatments, sealants, screenings, etc.) <input type="checkbox"/> Oral Health Treatment (treating cavities, gum disease, etc.) <input type="checkbox"/> Other (please explain): _____ _____

I hereby certify that the above and attached statements are true and accurate.

\_\_\_\_\_  
Signature of Executive Director or Authorized Board Officer

\_\_\_\_\_  
Date

Please complete electronically and return form to [Foundation@deltadentalar.com](mailto:Foundation@deltadentalar.com).

Delta Dental of Arkansas Foundation  
2019 GRANT REPORT GUIDELINES

## QUALITATIVE RESULTS

- **Objectives (should be concrete, specific, measurable and achievable)**

1. What were the objectives for this project, as described in your application proposal?

- **Resources (personnel, consultants, materials/supplies, etc. dedicated to or consumed by the project)**

1. What were the key activities involved in the implementation of your grant project and how did these activities help you achieve your project objectives?
2. What activities were most effective? Least effective? What, if anything, would you have done differently?
3. Did you encounter any problems or obstacles during the term of the grant?
4. What constituencies did your project target? (Please complete the enclosed demographic form)

- **Outcomes (measurable changes in the condition, knowledge, attitudes, behaviors and/or skills of project participants or beneficiaries)**

1. Describe the results of your project/program/activity outcomes.
2. What long-term outcomes are expected? Were there any unanticipated outcomes that have already become evident?
3. What were the strengths of the project? The challenges?
4. If you told us your project would serve as a pilot, or would be replicable to other locations, what steps are you taking at this point to plan for replication?

- **Impact (on the organization, community and/or system)**

1. To what extent did the project meet the needs of the target population served by the organization? Will there be significant changes within your organization based on learning from work completed during the grant period, or from other/new information or circumstances?
2. How did you publicly recognize the Delta Dental of Arkansas Foundation for the funding of your project?

We recognize that the grant making experience is a continual learning opportunity for both our grantees and the foundation. We invite/encourage you to share anything about your grant project and/or the grant process that would inform our work and effectiveness.

---

**Please complete electronically and return form to [Foundation@deltadentalar.com](mailto:Foundation@deltadentalar.com).**

If you have any questions or need technical assistance, contact Sedella White, Foundation Coordinator, at 501-350-7650 or [SWhite1@deltadentalar.com](mailto:SWhite1@deltadentalar.com).

Delta Dental of Arkansas Foundation  
**2019 GRANT REPORT GUIDELINES**

## DEMOGRAPHICS

AGE	
Ages 0-20	
Ages 21-65	
Ages 65+	
including homebound and nursing home patients	

GENDER	
Male	
Female	

RACE AND ETHNICITY	
White	
Black	
Hispanic	
Asian	
Marshallese	
American Indian/Alaska Native	
Multi-racial	
Other	
Unknown	

RESIDENCE	
Rural	
Urban	

CURRENTLY INSURED?	
Yes	
No	
Not Sure	

IF INSURED, WHAT TYPE OF INSURANCE	
Medicaid	
Medicare	
Private	
Other	

LAST VISIT TO THE DENTIST	
Every 6 months	
Annually	
When in pain	
Never	

If your program provides dental care or access to clinical services, please note that a dental director may review your report and assign value to certain dental procedures (extractions, etc.). This is designed to help us establish a uniform system for determining the value of the reduced cost of free care provided.

---

**Please complete electronically and return form to [Foundation@deltadental.com](mailto:Foundation@deltadental.com).**

If you have any questions or need technical assistance, contact Sedella White, Foundation Coordinator, at 501-350-7650 or [SWhite1@deltadental.com](mailto:SWhite1@deltadental.com).

Delta Dental of Arkansas Foundation  
**2019 GRANT REPORT GUIDELINES**

**EXPENDITURES**

Please provide income and expenditure information compared to the approved budget for that project or program. If there are any major variances, please explain. Also, please submit your organization's general financial statements (Balance Sheet and Income & Expense Statement) for the year(s) in which the grant was used.

	DDAR FOUNDATION REQUEST	OUTSIDE FUNDING	TOTAL
<b>WAGES/SALARY</b>			
<b>FRINGE BENEFITS</b>			
FICA/ Social Security (15.3% of Wages/Salary)			
State Unemployment Tax Assessment (3.3%)			
Workmen's Compensation Insurance (1.4%)			
<b>TRAVEL</b>			
Local Mileage (450 miles @ \$0.35 per mile)			
<b>EQUIPMENT</b>			
<b>PROJECT SUPPLIES</b>			
<b>MARKETING/PROMOTIONAL ITEMS</b>			
<b>OTHER (BE SPECIFIC)</b>			
<b>TOTAL</b>			

**Please complete electronically and return form to [Foundation@deltadentalar.com](mailto:Foundation@deltadentalar.com).**

If you have any questions or need technical assistance, contact Sedella White, Foundation Coordinator, at 501-350-7650 or [SWhite1@deltadentalar.com](mailto:SWhite1@deltadentalar.com).