Community Grant Opportunity

Delta Dental of Arkansas

Organization Information

Organization Type*

Choices

Non-Profit/Community Organization (Active 501c3 Tax-Exempt Status)
Governmental Agency
Church/Religious Organization
Educational Facility

IRS Letter of Exemption

File Size Limit: 2 MB

Organization Mission Statement*

The mission of the Delta Dental of Arkansas Foundation is to improve the oral health of all Arkansans.

Share your organization's mission statement and explain how this mission fits with our mission.

Character Limit: 1000

Organization Service Area/Demographic*

The Delta Dental of Arkansas Foundation serves the underserved and underinsured individuals in Arkansas.

Identify where and who your organization serves.

Character Limit: 5000

Organization Vision Statement

The vision of the Delta Dental of Arkansas Foundation is to catalyze positive systemic change resulting in improved oral health.

Share your organization's vision statement.

Character Limit: 5000

Organization Background*

Provide a brief history of your organization.

Character Limit: 1000

Organizational Structure & Diversity*

Use the text area to describe your organizational structure and governance, or upload your organizational chart. Include a racial and gender breakdown of board and staff, if available.

Character Limit: 5000 | File Size Limit: 2 MB

Non-Discrimination Policy*
Share your organization's non-discrimination policy.

Character Limit: 10000

Application History*
Have you applied for funding from Delta Dental of Arkansas or Delta Dental of Arkansas Foundation in the past?

Choices
Yes
No

How did you hear about this grant opportunity?
Choices
Press Release
Social Media
DDAR Website
DDAR Employee
Community Organization
Other

If applicable, please provide name of reference source.
Character Limit: 250

Past Funding

Previous Funding*
If your organization has received funding from Delta Dental of Arkansas or the Delta Dental of Arkansas Foundation, use this section to summarize **ALL** previous funding. ***This information is crucial for all returning grant applicants.***

Example:

Type of Grant: *Charitable Giving, Mini-Grant, Community Grant, COVID-19 Grant*

Project Name:

Project Summary (one sentence):

Timeline/Dates:

Amount :

Character Limit: 10000

Reporting*

Foundation has received a complete report for the most recent grant demonstrating satisfactory use of grant funds and program development.

Choices

Yes
No
Not Applicable

Reporting Comments*

Note any outstanding reporting comments for evaluator review.

Character Limit: 5000

Project Overview

Project Name*

Identify the project/program name using the following format:

Example: Alma Senior Center - Preventative Oral Health Education Campaign - 2021 *Character Limit: 250*

Project Type*

The Delta Dental of Arkansas Foundation awards Community Grants to support existing projects as well as new projects.

This funding request is to (select one):

Choices

Strengthen a current project
Launch a new project

Dental Clinic Project*

Are you seeking funding for a dental clinic?

Choices

Yes
No

Oral Health Focus Area*

Choices

Education
Prevention
Treatment

Project Summary*

Give a one-sentence description of your project.

NOTE: Do **NOT** exceed the 250 character limit.

Character Limit: 250

Project Description*

The Delta Dental of Arkansas Foundation believes our mission and vision are achieved through impact funding.

Provide a detailed description of your project and how its impact will create social and behavioral change. Explain why you chose the oral health focus area(s) from above and tell us how you will engage your participants.

Character Limit: 10000

Foundation Strategy*

In stewardship of Delta Dental of Arkansas' philanthropic funding, the Delta Dental of Arkansas Foundation is intently focused on our commitment to:

- **Empowerment & Knowledge** - Strengthen the connection of oral health to overall health and wellness for individual, families, and communities

- **Equitable Access** - Support oral health initiatives that meet individuals where they live, work, and play; prioritizing health equity and social determinants of health

- **Change & Advancement** - Seek opportunities to test innovative ideas that challenge existing oral health processes and can be successfully replicated

Choices

Empowerment & Knowledge
Equitable Access
Change & Advancement

Empowerment & Knowledge*

Describe how your project will address Empowerment & Knowledge.

Character Limit: 10000

Equitable Access

Character Limit: 10000

Systemic Change & Advancement

Character Limit: 10000

Amount Requested*

Character Limit: 20

Budget Narrative*
Provide a brief summary of how the funds will be used by completing the following sentence:

The funds requested will be used to...
Character Limit: 10000

Project Budget*
Complete this [project budget form](#) and upload it below.
File Size Limit: 1 MB

Organization Budget*
Please upload the organizational budget for the current year.
File Size Limit: 1 MB

Other Funding Sources
Please list other funders for this project and the amounts.
Character Limit: 10000

Project Start Date*
Character Limit: 10

Project End Date*
Character Limit: 10

Project Implementation Plan*
The project implementation plan is a detailed timeline of your project and the project management team.

Complete the [project implementation](#) plan template and upload it
below. *File Size Limit: 5 MB*

Project Collaborative Partners*
Identify other community organizations or groups that your organization will work with and provide specific details on how those organizations will contribute to the project.

Example
Organization Name: *Arkansas Department of Oral Health*
Collaborative Activity: *The Department of Oral Health has agreed to provide our organization with 200 Oral Health Coloring books. These coloring books will be included as part of a welcome bag given to all participants.*
Character Limit: 10000

Project Service Area*
Which best describes the project service area?

Choices
Entire State
Specific Counties
Specific Cities

County Information*
Identify what specific counties your project will serve.

Cities
Identify specific cities served by this project.

Expected Number of Individuals Served by Project*
Character Limit: 250

Project Demographics*
Provide a detailed breakdown of the demographic served by this project. Identify age groups, races, and genders.

Character Limit: 10000

Demographic Information

Estimated Children Served*
Provide an estimate of the number of children served by this project.

Character Limit: 250

Estimated Adults Served*
Provide an estimate of the number of adults served by this project.

Character Limit: 250

Ethnic Categories*
Select the ethnic categories that best describe the population to be served by this project.

Choices
American Indian or Alaska Native
Asian
Black or African American
Hispanic, Latino or Spanish Origin
Middle Eastern or North African
Native Hawaiian or Other Pacific Islander
White
Some other race, ethnicity, or origin

Provide percentages of the populations that the organization serves.
If your organization does not serve a population, please enter [11]0.[11] The total of all categories should equal 100%.

American Indian or Alaska Native*
Character Limit: 250

Asian*
Character Limit: 250

Black or African-American*
Character Limit: 250

Hispanic or Latino*
Character Limit: 250

Native Hawaiian or Other Pacific Islander*
Character Limit: 250

White*
Character Limit: 250

Other*
Please describe the population served and identify the percentage of this group to served by this project.
Character Limit: 250

Insurance Status*
Identify the insurance status of individuals served by your project.
Choices
Uninsured Individuals
Underinsured Individuals
Insured Individuals

LMI*
What percentage of the population that you serve are low to moderate-income?
Character Limit: 250

LMI Measurement*
How does your organization measure LMI?
Character Limit: 10000

Impact & Metrics

Describe the quantifiable impact you aim to achieve with this request. Identify a project goal and at least two measurable objectives that will indicate a positive change in behavior. You should include a measurement method for each objective.

Project Goal: Provide oral health education to new mothers in Newton County.

Objective 1: Recruit a minimum of 25 new mothers to participate in project.
Measurement: Establish a recruitment plan and track number of new mothers registered with each recruitment activity.

Objective 2: Conduct 4 virtual oral health-trainings with 50% participation during grant cycle.
Measurement: Use social media and email to remind participants of upcoming training. Use the participant list to track participants for each training.

Objective 3: 100% of participants will retain the knowledge of oral health regimens for their newborn and receive supplies to support behaviors.
Measurement: Measure the retention of knowledge and skills via assessments at the end of each training.

Project Goal*
Character Limit: 5000

Project Objective 1*
Character Limit: 5000

Project Objective 1 Measurement*
Character Limit: 5000

Project Objective 2*
Character Limit: 10000

Project Objective 2 Measurement*
Character Limit: 10000

Project Objective 3
Character Limit: 10000

Project Objective 3 Measurement
Character Limit: 10000

Participant Impact Assessment

How will you ask your participants and measure any social and behavioral changes as a result of your project? Upload tools you will use, if applicable.

Example: _Pre/post-project surveys, in-take forms, patient progress tracking records, etc. Character Limit: 10000_

Participant Impact Assessment Upload

Upload Participant Impact Assessment example, if applicable.

File Size Limit: 1 MB

Recognition

Section Instructions:
The Delta Dental of Arkansas Foundation seeks to understand how grant recipients intend to recognize the foundation if funding is approved. Provide a brief summary of what your organization does to recognize donors.

Recognition*

Describe how and when the Delta Dental of Arkansas Foundation's grant will be recognized.

Examples of recognition types: Press release, social media, newsletter, annual report, etc. _Character Limit: 500_

Confirmation & Signature

Full Name*
Character Limit: 250

Title*
Character Limit: 250

Submission Date*
Character Limit: 10

Confirmation*

By entering your signature information above and clicking "I Agree" below, you certify that the information contained in this application is true and correct to the best of your knowledge and belief and that you agree to be bound by the options selected herein. Further, you agree that the electronic signature appearing on this application and all related documents is the same as a handwritten signature for the purposes of validity, enforceability and admissibility.

Choices
I Agree
I Do Not Agree

Dental Clinic Information (if applicable)

Type of Patients Served*

Identify the type of patients served in your clinic.

Choices

Adults
Children

Age of Patients Served*

Choices

0 - 3
4 - 12
13 - 19
20 - 35
36 - 64
65+

Primary Location Name*

Character Limit: 250

Primary Location Phone Number*

Character Limit: 250

Primary Location Email Address*

Character Limit: 254

Primary Location Website

Character Limit: 2000

Primary Location Physical Address*

Character Limit: 250

Primary Location Days & Hours of Operation*

Character Limit: 10000

Primary Location Services Offered*

Identify what services are offered in your clinic by selecting the corresponding CDT
code ranges.

Choices

D0100 - D0999 - Diagnostic
D1000 - D1999 - Preventative
D2000 - D2999 - Restorative
D3000 - D3999 - Endodontics
D4000 - D4999 - Periodontics
D5000 - D5899 - Prosthodontics, removable
D5900 - D5999 - Maxillofacial Prosthetics

D6000 - D6199 - Implant Services
D6200 - D6999 - Prosthodontics, fixed
D7000 - D7999 - Oral & Maxillofacial Surgery
D8000 - D8999 - Orthodontics
D9000 - D9999 - Adjunctive General Services

Location Information*

Outside of your primary location, does your organization provide oral health services at another location?

Choices

Yes

No

Other Location(s) Information

Provide the following for each additional location:

- Location Name

- Physical address

- Days & Hours of Operation

- Services Offered (If you offer limited services within specific code ranges, please identify those. Example: Simple Extractions (D7111 and 7140))

- Site Phone Number

- Site Web address (If applicable)

- Site email address (If applicable)

Character Limit: 10000

Patient Scheduling*

How does your organization schedule patient appointments? How has COVID-19 affected this process?

Character Limit: 10000

Insurance Billing*

Does your organization bill private and/or public insurance companies for services, including: private insurance, Medicaid, Medicare, other government programs?

Choices

Yes

No

Non-Insurance Billing

If your organization does not bill, please explain why?

Character Limit: 10000

Patient Billing*

Does your organization bill patients for services (flat rate, sliding scale, etc.)?

Choices

Yes

No

Fee Schedule

Upload a fee schedule used for billing or a document detailing the services offered and corresponding fees.

File Size Limit: 2 MB

Insurance Eligibility Verification*

Does your organization check for insurance eligibility and verify active insurance coverage for patients including: private insurance, Medicaid, Medicare, other government programs?

Choices

Yes

No

Insurance Eligibility Verification Method

How does your organization verify active insurance? Please upload any forms used to verify insurance.

If you do not check eligibility or verify coverage, use this space to explain. *Character Limit: 2000 | File Size Limit: 2 MB*

Insurance Access Assistance*

Will dental clinic staff assist someone to seek coverage under Medicaid or Medicare or insurance coverage if potentially eligible? Or be willing to refer to an organization that will help?*

Choices

Yes

No

Income Verification*

Does your organization verify income?

Choices

Yes

No

Income Verification Method

How does your organization verify income?

Please upload any forms or documentation on income verification.

Character Limit: 2000 | File Size Limit: 2 MB

Regional Clinic Collaboration

Identify other charitable clinics that you collaborate with within your region. Include the following:

1. Name
2. Location
3. Details on collaboration

Character Limit: 10000

Regional Non-Clinic Collaborations

Identify other non-clinic charitable organizations that you collaborate with within your region. Include the following:

1. Name

2. Location

Details on collaboration

Community Grant Opportunity – Interim Report

Delta Dental of Arkansas

Project Overview

Project Name*
Identify the project/program name using the following format:

Example: Alma Senior Center - Preventative Oral Health Education Campaign - 2021
Character Limit: 250

Section Instructions: Your application response regarding Foundation Strategy is listed for your reference. Use the scale to rate how well your project is addressing applicable Foundation strategies thus far.

Foundation Strategy
In stewardship of Delta Dental of Arkansas' philanthropic funding, the Delta Dental of Arkansas Foundation is intently focused on our commitment to:

Empowerment & Knowledge - Strengthen the connection of oral health to overall health and wellness for individual, families, and communities

Equitable Access - Support oral health initiatives that meet individuals where they live, work, and play; prioritizing health equity and social determinants of health

Change & Advancement - Seek opportunities to test innovative ideas that challenge existing oral health processes and can be successfully replicated

Choices
Empowerment & Knowledge
Equitable Access
Systemic Change & Advancement

Empowerment & Knowledge
Describe how your project will address Empowerment & Knowledge.

Character Limit: 10000

Empowerment & Knowledge Rating*
Provide a rating for how your project has addressed Empowerment and Knowledge thus far.

Scoring Options: 1 - 10

Empowerment & Knowledge Rating Explanation

Explain your score from the previous question.

Character Limit: 5000

Equitable Access

Character Limit: 10000

Equitable Access Rating

If applicable, provide a rating for how your project has addressed Equitable Access thus far.

Scoring Options: 1 - 10 or N/A

Equitable Access Rating Explanation

Explain your score from the previous question.

Character Limit: 5000

Systemic Change & Advancement

Character Limit: 10000

Systemic Change & Advancement Rating*

If applicable, provide a rating for how your project has addressed Systemic Change & Advancement thus far.

Scoring Options: 1 - 10 or N/A

Systemic Change Rating Explanation

Explain your score from the previous question.

Character Limit: 5000

Remaining Grant Amount*

Character Limit: 20

Project Budget

Provide an updated project budget, if your budget has changed.

File Size Limit: 5 MB

Budget Narrative*

Provide a summary of expensed funds thus far.

Character Limit: 10000

Project Service Area*

Identify the counties served to date by this project. Check *ENTIRE STATE*, if applicable.

NOTE: *The Final Report will require specific numbers of individuals served per county.*

Individuals Served*

Identify the number of individuals served by this grant to date.

Character Limit: 250

Project Implementation Plan*

If there are any changes to your original Project Implementation Plan, upload a final copy here. Use the text area to explain any changes.

Character Limit: 10000 | File Size Limit: 5 MB

Project Impact & Metrics

Project Goal

Character Limit: 5000

Project Goal Rating*

Score your organization's performance regarding reaching the Project Goal thus far.

Scoring Options: 1 - 10

Project Goal Rating Explanation*

Explain your score from the previous question.

Character Limit: 5000

Project Objective 1

Character Limit: 5000

Project Objective 1 Measurement

Character Limit: 5000

Objective 1 Performance Rating*

Score your organization's performance regarding achieving Objective 1.

Scoring Options: 1 - 10

Objective 1 Performance Rating Explanation*

Explain your score from the previous question.

Character Limit: 10000

Project Objective 2
Character Limit: 10000

Project Objective 2 Measurement
Character Limit: 10000

Objective 2 Performance Rating
Score your organization's performance regarding achieving Objective 2.

Scoring Options: 1 - 10 or N/A

Objective 2 Performance Rating Explanation*
Explain your score from the previous question.

Character Limit: 10000

Project Objective 3
Character Limit: 10000

Project Objective 3 Measurement
Character Limit: 10000

Objective 3 Performance Rating
Score your organization's performance regarding achieving Objective 3.

Scoring Options: 1 - 10 or N/A

Objective 3 Performance Rating Explanation
Explain your score from the previous question.

Character Limit: 10000

Project Goal Projection*
Based on project progress thus far how likely are you to reach your project goals by the end of the grant period?

Choices
Highly likely
Somewhat likely
Unlikely

Challenges
What challenges, if any, would prevent you from reaching your project goals? Select all that apply.

Choices

Lack of financial resources	Not enough volunteers
Need more time	Staffing issues
Not enough participation	Other challenges (Explain below)

Project Collateral & Media

Project Collateral

Please upload any curriculum or materials created as a result of this grant.

File Size Limit: 5 MB

Project in Action

Please submit:

- Photos (Signed photo consent forms must be included from the individuals pictured.)
- Videos
- Press Releases
- Social Media Posts
- Quotes and/or narratives from people regarding the impact of the project.

File Size Limit: 5 MB

Photo Release Consent*

Does Delta Dental of Arkansas have your consent to use audio/video/photographic material provided by your organization in Delta Dental's internal and external communications?

Choices

Yes, I do consent.
No, I do not consent.

Community Grant Opportunity – Final Report

Delta Dental of Arkansas

Project Overview

Project Name*
Identify the project/program name using the following format:

Example: Alma Senior Center - Preventative Oral Health Education Campaign -
2021 *Character Limit: 250*

Section Instructions: Your application response regarding Foundation Strategy
is listed for your reference. Use the scale to rate how well your project is
addressing applicable Foundation strategies thus far.

Foundation Strategy
In stewardship of Delta Dental of Arkansas' philanthropic funding, the Delta Dental of Arkansas
Foundation is intently focused on our commitment to:

Empowerment & Knowledge - Strengthen the connection of oral health to overall health and
wellness for individual, families, and communities

Equitable Access - Support oral health initiatives that meet individuals where they live,
work, and play; prioritizing health equity and social determinants of health

Change & Advancement - Seek opportunities to test innovative ideas that challenge
existing oral health processes and can be successfully replicated

Choices
Empowerment & Knowledge
Equitable Access
Systemic Change & Advancement

Empowerment & Knowledge
Describe how your project will address Empowerment & Knowledge.

Character Limit: 10000

Empowerment & Knowledge Rating*
Provide a rating for how your project has addressed Empowerment and Knowledge thus far.

Scoring Options: 1 - 10

Empowerment & Knowledge Rating Explanation

Explain your score from the previous question.

Character Limit: 5000

Equitable Access

Character Limit: 10000

Equitable Access Rating

If applicable, provide a rating for how your project has addressed Equitable Access thus far.

Scoring Options: 1 - 10 or N/A

Equitable Access Rating Explanation

Explain your score from the previous question.

Character Limit: 5000

Systemic Change & Advancement

Character Limit: 10000

Systemic Change & Advancement Rating*

If applicable, provide a rating for how your project has addressed Systemic Change & Advancement thus far.

Scoring Options: 1 - 10 or N/A

Systemic Change Rating Explanation

Explain your score from the previous question.

Character Limit: 5000

Remaining Grant Amount:

Character Limit: 20

Expensed Program Budget

Upload the finalized budget specific to this program.

File Size Limit: 1 MB

Expensed Budget Narrative

Detail all project-related expenses by describing how items/services contributed to the achievement of project goals and objectives.

Character Limit: 10000

Project Implementation Plan

If there were any changes to your original Project Implementation Plan, upload a final copy here.

Use the text area to explain any changes.

Character Limit: 10000 | File Size Limit: 5 MB

Measures & Evaluation

Project Goal

Character Limit: 5000

Project Goal Rating*

Score your organization's performance regarding reaching the Project Goal.

Scoring Options: 1 - 10

Project Goal Rating Explanation*

Explain your score from the previous question.

Character Limit: 5000

Project Objective 1

Character Limit: 5000

Project Objective 1 Measurement

Character Limit: 5000

Objective 1 Performance Rating*

Score your organization's performance regarding achieving Objective 1.

Scoring Options: 1 - 10

Objective 1 Performance Rating Explanation*

Explain your score from the previous question.

Character Limit: 10000

Project Objective 2

Character Limit: 10000

Project Objective 2 Measurement

Character Limit: 10000

Objective 2 Performance Rating

Score your organization's performance regarding achieving Objective 2.

Objective 2 Performance Rating Explanation*
Explain your score from the previous question.

Character Limit: 10000

Project Objective 3
Character Limit: 10000

Project Objective 3 Measurement
Character Limit: 10000

Objective 3 Performance Rating
Score your organization's performance regarding achieving Objective 3.

Objective 3 Performance Rating Explanation
Explain your score from the previous question.

Character Limit: 10000

Participant Impact Assessment Data*
Please describe the results of the participant impact assessment(s) completed during this project and upload relevant data collected.

Character Limit: 10000 | File Size Limit: 5 MB

Challenges
What challenges, if any, did you experience while implementing this project? Select all that apply.

Choices

Lack of financial resources	Not enough volunteers
Need more time	Staffing issues
Not enough participation	Other challenges (Explain below)

Lessons Learned*
Looking back, was there anything that you learned while delivering this project (such as what those served by the project need or what could have made the project more effective)? *Character Limit: 10000*

Demographics

Section Instructions: Identify the number of individuals served within each ethnic category.

American Indian or Alaska Native*
Character Limit: 250

Asian*
Character Limit: 250

Black or African-American*
Character Limit: 250

Hispanic or Latino*
Character Limit: 250

Native Hawaiian or Other Pacific Islander*
Character Limit: 250

White*
Character Limit: 250

Other*
Character Limit: 250

Section Instructions: The *Expected Number of Individuals Served* is the number provided in the application. Please confirm the actual number served in the section below.

Expected Number of Individuals Served by Project
Character Limit: 250

Number of Individuals Served
Identify the number of individuals served through this grant program.

Character Limit: 250

Service Area

Section Instructions: DDARF seeks to understand and track the number of individuals served in each county. Select the counties served by this project and input the total number of individuals served within each county.

Counties Served*
Check the specific counties that your project served.

Project Collateral & Media

Project Collateral*

Please upload any curriculum or materials created as a result of this project. Use the text area to describe how this content was used during this project.

Character Limit: 10000 | File Size Limit: 5 MB

Project in Action

Please submit:

- Photos (Signed photo consent forms must be included from the individuals pictured.)
- Videos
- Press Releases
- Social Media Posts
- Quotes and/or narratives from people regarding the impact of the

project. *File Size Limit: 5 MB*

Photo Release Consent*

Does Delta Dental of Arkansas have your consent to use audio/video/photographic material provided by your organization in Delta Dental's internal and external communications?

Choices
Yes, I do consent.
No, I do not consent.

Recognition

Did your organization recognize the Delta Dental of Arkansas Foundation funding of your program? Please explain your answer. If yes, please upload examples of recognition. *Character Limit: 5000 | File Size Limit: 2 MB*

Request for Future Data

Request for Future Data*

Would your organization be willing to share future data with the DDARF after the funding period has ended?

Choices
Yes
No