DELTA DENTAL FOUNDATION

An Affiliate of Delta Dental of Michigan, Ohio, and Indiana

Brighter Futures Community Grants program

Reporting Form

When the Delta Dental Foundation awards a grant, we enter into a partnership with you that we hope will help us to learn more about effective ways to improve oral health. This report is the primary tool we use in measuring the achievements of the programs/projects we support and the impact that our philanthropic dollars have in the communities we serve.

Please complete and return this form to ddf@deltadentalmi.com within one year of receiving funds or prior to receiving additional funds, whichever comes first.

Thank you in advance for taking the time to provide us with a thorough and thoughtful report.

Name of organization: _____

Program title: _____

Name of person preparing this report: _____ Title: _____

Email: _____ Phone: _____

Year grant was awarded: _____

Amount of funding received: $_____ Total budget for project/program: $_____

Number of people served or lives touched as a result of this grant: _____

Total cost of program: $_____ Amount requested: $_____

Average cost per person served: $_____

Provide a brief summary of the project for which you received funding:

List the goals for this project:

Describe how the grant funds were spent (attach budget/financial report):

Describe the results of this project and include any success stories you may have:

What road blocks did you run into, and how were they handled?

Show us your program/project in action:
Please submit photos (including waiver forms for individuals pictured), press clippings, videos, quotes and/or narratives from people regarding the impact of the program/project, etc. You can send them as email attachments (high-resolution photos may need to be emailed separately) or by USPS mail.

QUESTIONS?

Contact us at:

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