



THE CHARITABLE ARM OF THE  
MASSACHUSETTS  
DENTAL SOCIETY

**MDS Foundation Grant Application**  
**Expanding Access to Dental Care**

**Organization Name** \_\_\_\_\_

**Contact Name & Title** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Email** \_\_\_\_\_

**Name & Title of Person responsible for project implementation**

\_\_\_\_\_

1. What is the overall purpose or mission of your organization or program? Please include in the description the geographic area to be served and the relevant characteristics of the population.
2. Describe the oral health needs this project will address.
3. Describe the purpose and duration of your project. (Include an explanation of the scope of the project, involvement of local dental professionals and other community volunteers.)

4. Describe the project objectives and planned activities.
5. Describe how the project will be publicized to gain community involvement and how volunteers will be recruited.
6. What are the expected outcomes for this project?
7. How will progress and success of the project be measured?
8. What are potential roadblocks to the success of this project and how will they be overcome?
9. Describe an innovative, creative, or unique characteristic of your program.

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Signature and Title

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Application Date

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Printed Name