Workforce Development Grant Program

*Delta Dental of South Carolina*

# Organization Information and Financials

## Provide a brief organization description, history and mission statement..\*

*Character Limit: 3000*

## Organization Type\*

### Choices

501c3 Non-profit Academic Institution Government Agency

## Is your organization a Federally Qualified Health Center?\*

This also includes if your organization is affiliated with a Federally Qualified Health Center.

### Choices

No Yes

## Current year's annual operating budget\*

Upload the current annual operating budget for the organization including projected and actual revenue and expenses.

*File Size Limit: 10 MB*

## Audited Financial Statements\*

### Financial Documentation Guidelines

* Organizations in existence for more than five years and with operating income of

$500,000 or more are required to submit audited financial statements for the most recently completed fiscal year.

* Organizations with annual income under $500,000 or founded within the last five years must submit an independent review of their financial statements, completed by a Certified Public Accountant.
* If an organization does not have an audit or independent financial review, they may only apply for a maximum grant amount of $25,000.

*File Size Limit: 5 MB*

## Government Funding\*

Provide the percentage of organizational revenue that comes from government funding(include all levels: City, State, and Federal sources). Use the current year's budget.

*Character Limit: 3*

## Financial Reserves\*

Please select the statement that best describes your organization's unrestricted reserve funding.

### Choices

No reserve funding

Reserve funds cover 3-6 months of operating expenses Reserve funds cover 1 year of operating expenses

Reserve funds cover more than 1 year of operating expenses Reserve funds cover more than 2 years of operating expenses

## Board Members\*

Please upload a list of board members, professional affiliations (name of organization of employment and title) and their roles and functions.

*File Size Limit: 3 MB*

# Program/Project Information

## Program/Project Name\*

*Character Limit: 100*

## Program/Project Description and Goals\*

*Character Limit: 5000*

## Timeline for Implementation\*

What is your proposed timeline and key milestones for implementation. Approved grant funds will be disbursed in August.

*Character Limit: 2000*

## Amount Requested\*

*Character Limit: 20*

## Area of Focus\*

What workforce development grant program objective does your program/project support?

### Choices

Development and Implementation of oral health career pipelines and mentorship programs Expanding dental hygiene and dental assisting programs

Financial assistance tools for students Recruitment and outreach to high school students

## Primary Geographic Area Served\*

## Secondary Geographic Area Served\*

## Tertiary Geographic Area Served\*

## Other Counties Served

Please check all other counties that your organization serves.

## Expected Number of Participants\*

Include the number and unit of participants, for example 50 high school seniors, 30 classrooms, etc.

*Character Limit: 200*

## Population Served\*

Identify the target age group/groups for the project/program.

### Choices

0-12 years

13-18 years

19-64 years

65+ years

## Does your program reach one of the following focus populations?\*

Please check the populations that apply.

### Choices

Individuals living in a rural, dental health professional shortage areas Underrepresented racial and ethnic groups

## Project/Program Budget\*

Upload a complete project budget. Click [here](https://www.grantinterface.com/Documents/Download/7ab89fbf-f7ad-4257-acb4-f5db035de972) to download the budget template. Please note there are two tabs in the spreadsheet.

*File Size Limit: 2 MB*

## List any additional partners of the project (to date).

In the area below, list your organization's partners for this project. Include the organization name, type of support (funding or administrative/other) amount of support (dollar amount or in-kind) and/or describe any other involvement in the project. If there are not other partners on this program, please leave the field blank.

*Character Limit: 2000*

## Outcomes\*

What are the expected short and long-term outcomes of your proposed program/project?

*Character Limit: 5000*

## Evaluation strategy and measurement\*

What is your evaluation strategy to determine program outcomes and inform program development? What kinds of tools or data will you use to measure short- and long-term impact (surveys, pre-post tests, mentorship follow-up)?

*Character Limit: 3000*

## Are there recognition opportunities available with this program/project?\*

Please describe opportunities.

*Character Limit: 2000*

## Is there important information you would like to share that was not covered in the application?

This is not required, but available for any information you feel is important to include with the application.

*Character Limit: 1000*