

Delta Dental of Wisconsin

ADVANCING SCIENCE/ORAL HEALTH RESEARCH

Type of Funding One-Time Multi-Year

Name of Organization _____

Federal Tax Identification Number (EIN) _____

501 (c) 3 Organization Government Agency or Public School Native American Tribal Organization

Contact Person _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Program Title _____

Total Cost of Program \$ _____ Delta Dental Request \$ _____

Are you seeking other sponsors? No Yes

If yes, please list sponsor names *and* requested amount(s):

_____ \$ _____
_____ \$ _____

In addition, please attach the following information:

1. A brief summary of your organization, including your history, mission, and services provided (max. 200 words)
2. Explain the need and significance of your project (300 words)
3. Outline how the following will be used in the development and implementation of the project (600 words)
 - a. Preliminary data or results – Provide any data/preliminary results from similar or prior studies
 - b. Methods – Describe the methodology used for the research project including the sources and types of data
 - c. Results and outcomes analysis – Describe the anticipated results and how they will be analyzed. Describe how the results will be disseminated
 - d. Facilities and key personnel – Describe the relevant facility resources and qualifications of the key personnel
 - e. Timeline – Provide a timeline with key milestones for completing the research
4. Include a budget page for the project, as well as the organization – be specific as to how the Delta Dental grant will be used
5. How will Delta Dental be recognized?

