

**West Virginia Oral Health Coalition Support Project: Investing, Connecting, and Achieving – Grant Application**

**Cover Sheet** *–refer to grant application guidance for details*

**Part A:**

**Lead Organization/Agency Information** [  ] *check box if this is also the fiscal agent \**

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

Primary Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Secondary Contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

*\*If this is not the fiscal agent, explain in the narrative who will serve as the fiscal agent and the relationship between the organizations.*

**Part B:**

**Funding Request**

Amount request: \_\_\_\_\_

Community/Area Coalition will serve:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part C:**

**Partner Organizations**

**Budget Page for \_\_\_\_\_**

**Requested Amount**

<b>Line Item Description</b>		<b>Amount</b>
<b>Personnel Total</b>		
	breakdown below	
Salaries		
Fringe		
<b>Contractual Total</b>		
<b>Travel Total</b>		
<b>Meeting/Hospitality Total</b>		
Room Rental		
Food/Drinks		
Meeting Supplies		
<b>Small Equipment Total</b>		
<b>General Office Supplies Total</b>		
<b>Marketing/Promotion Total</b>		
<b>Other Total</b>		
<b>Total Amount Requested</b>		

**Matching Funds**

<b>Total Request from Above</b>			
List funding agencies below	List Cash Match below	List In-Kind Match below	Total from Agency
<b>Subtotals</b>			
<b>Total Matching Funds</b>			

## **Budget Narrative:**

Budget narrative must have a detailed description of the budget form. A complete description of requested funding is required. Be sure to include narrative for matching funds.

## **Project Narrative:**

Provide a narrative explanation to each of the following requests or questions as they pertain to your proposed project.

1. **Organization History:** Provide a brief summary of your organization, history, programs & leadership. Provide a listing of paid and volunteer staff which will be directly involved in this project, along with their experience and credentials. If fiscal agent is other than the agency applying for grant, please explain the relationship, history and provide documentation that they have agreed to serve as such.
2. **Target Population:** How many people are in your county/service area? Are certain groups more affected than others? What populations or special groups does your project plan to target? What are some impactful demographics?
3. **Existing Infrastructure:** Describe existing oral health projects with which your organization is currently involved. List and describe other coalitions with which your organization is affiliated. Provide detail on how this project will complement the existing efforts and programs within your organization.
4. **Community Assessment:** Is there currently any type of Oral Health Coalition in existence in your target area? If yes, describe it in detail i.e. is it highly functioning, weak, etc. Include what role your organization plays if any, within the current coalition. Describe how this will support those efforts.
5. **Oral Health Problem Statement:** Describe why your organization is interested in addressing the problem of poor oral health/dental disease in your community. What are some of the problems that you see in your service area? What impact do you hope to make?
6. **Local Coalition Building:** What steps do you think you need to take to organize an oral health coalition in your county/service area?
7. **Other:** Are there any other critical issues or information that are pertinent for which the grant reviewers need to be aware?

**Attachments:** include any supporting documents (these document count in the 10 page maximum)

**Letters of Support:** Letters of support to not count towards the 10 page maximum.

*Please reference the application guidance while developing the proposal. Any pages over the 10 page limit will not be included in the grant reviewers' packet.*