

“Oral Health”

Applications are being accepted for proposals to provide preventative oral health programs (education and wellness visits) as well as diagnostic and corrective dental services for adults and children without access to - or resources for - oral health. Proposals up to \$25,000 will be considered; deadline for submission is June 1, 2020. **Proposals should address the following:**

- scope of the program;
- number of patients it will serve;
- how the continuum of care will be improved;
- how access to oral health professionals will be achieved in a timely manner;
- how patient progress will be monitored and tracked, ie: how outcomes will be measured.
- If this proposal is not funded, how will the organization address this need?

Eligibility:

Applicants must be a 501©3 Rhode Island nonprofit in good financial standing; grants will be awarded to organizations, not individuals. Preference given to new programs or services addressing critical gaps in unmet need as described above or substantial increase in proven programs. Incomplete proposals will not be considered.

Requirements:

In addition to the proposal description, please include a 12-month proposal budget, a current fiscal year organizational budget comparing actual revenue to expenses budgeted, **a cover letter including an executive summary of your proposal answering the 6 key points above**, and the last two audits.

The 12-month proposal budget should include:

- detail of all income for the project that the organization currently has on hand as well as other anticipated funding sources; (include all other sources for which you have applied);
- break-down of all expenses including personnel and percentage of time spent on proposed program. *The Foundation discourages organizations from submitting proposals that focus directly/solely on staff hires or salary & benefit budget relief.*

Organization Name _____ Amt. Req. \$ _____
Address _____
City State Zip _____ Phone _____
Contact person name & Email _____
Proposed Project Name _____

Successful applicants will be required to complete an outcomes report at the end of the program.

**SEND APPLICATIONS ELECTRONICALLY TO grants@chartercarefoundation.org OR mail to:
CharterCARE Foundation Grants Committee, 7 Waterman Avenue, North Providence, RI 02911**