

# ADA Foundation®

## Disaster Relief Fund Program

### Grant Application Form

*The ADA Foundation Disaster Relief Fund Program (“the Program”) is administered pursuant to the ADAF Disaster Relief Fund Guidelines (“Guidelines”), available at: [www.ADAFoundation.org](http://www.ADAFoundation.org)*

*The purpose of the Program is to provide grants to state dental associations and/or their affiliated foundations to assist dentists in the state impacted by a disaster. States can apply for funding (up to \$25,000) within 60 days following the declaration of the disaster, and, if approved, once funding is received, will distribute individual grants to eligible dentists consistent with IRS disaster relief guidelines to help address their most urgent personal needs in the immediate aftermath. States will also be expected to report back to the ADAF on their use of the funds. Please consult the Guidelines for additional details about the Program.*

*To apply for a grant, please complete this 2-page form and email it to: Briana Rowland, Senior Manager, Philanthropic Programs & International Engagement ([rowlandb@ada.org](mailto:rowlandb@ada.org)).*

*Receipt of an accurate and complete application will assist with facilitating ADAF’s prompt review of your request. Please reach out if you have questions about this form, the Guidelines, or any aspect of the Program.*

Full Legal Name of State Dental Association / Foundation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Name of Primary Contact for Grant Application: \_\_\_\_\_

Title/Role of Contact Person: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

Contact Person Phone: \_\_\_\_\_

Identify the disaster that prompted this grant request (name of disaster, date(s), geographic area(s) impacted, details regarding declaration of a disaster): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How has the disaster impacted dentists: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate number of dentists in your state impacted by the disaster: \_\_\_\_\_

Grant amount requested (up to \$25,000): \_\_\_\_\_

Please provide any other information relevant to your request that is not covered above: \_\_\_\_\_

---

---

---

By signing below, I acknowledge and agree that:

- I am authorized to submit this application on behalf of the state association/foundation noted above.
- The details in this application are accurate and complete to the best of my knowledge.
- I may be asked to provide clarification or additional information to supplement this application.
- I have read and understand the ADA Foundation Disaster Relief Fund Guidelines ("the Guidelines").
- My submission of this application in no way guarantees that the ADAF will award a grant. Grant awards are made depending on the severity of the disaster and available ADAF funds, and other factors in the ADAF's sole discretion.
- If awarded a grant, the state association/foundation identified above will adhere to IRS disaster relief guidelines as well as ADAF's Guidelines—including that, consistent with the ADAF's status as a 501(c)(3) public charity, a state cannot require a dentist to be an ADA member in order to receive assistance.

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_