Give Kids A Smile® Continuity of Care Grants

ADA Foundation

Grant Guidelines

The purpose of the ADA Foundation Give Kids A Smile (GKAS) Continuity of Care Grant program is to offer financial assistance to GKAS programs, who have signed up through the ADA Foundation GKAS Sign-up System (http://adafoundation.org/gkas), to conduct a GKAS event in 2019 and to provide continuity of oral health care to the children served. Grant funds will assist these programs to offer continuity of oral health care to GKAS children after the initial event. Grant awards may be up to, but not exceeding, fifteen thousand dollars ($15,000).

The ADA Foundation defines continuity of oral health care as the ongoing relationship between the dentist who is the primary dental care provider and the patient, which includes comprehensive oral health care, beginning before age one, and continuing throughout the patient’s lifetime, with appropriate referral as necessary.

Give Kids A Smile is the ADAF’s signature access to care program for children, with events taking place throughout the year. Through GKAS, thousands of dentists, dental team members, and community volunteers give their time to provide free oral health education, screenings, and treatment to underserved children. The ultimate goal of any Give Kids A Smile program should be to provide continuity of care for each child.

Eligibility:

- GKAS programs MUST sign up to participate in GKAS 2019 through the ADA Foundation’s GKAS sign up system at http://adafoundation.org/gkas. Your 2019 GKAS event must be entered between the dates of October 1 - November 1, 2018.
- Community services MUST target underserved children who did not have their treatment needs completed during the initial GKAS event.
- Applying organizations must be U.S.-based nonprofit organizations exempt from taxation under Section 501 (c) (3) of the Internal Revenue Code whose charitable activities are within the U.S.

Organizations may submit only one Give Kids A Smile Continuity of Care Grant application annually.

Use of Funds: This grant program supports the Give Kids A Smile initiative by providing grants of up to $15,000 to U.S. nonprofit organizations. GKAS Continuity of Care Grant funds must be applied to cover costs directed at providing continuity of oral health care to GKAS event...
participants after the initial GKAS event. Expenses can include but are not limited to the following:

- Direct patient oral health care;
- Transportation expenses to ensure that providers and/or underserved children with their caregivers make it to and from the appropriate location for continued oral healthcare;
- Dental supplies to provide continued oral healthcare to underserved children following an initial GKAS event;
- Salary for positions directly linked to providing continuity of oral health care (i.e. pediatric dentists, general dentists, community dental health coordinator, case manager, patient navigator etc);
- Dental equipment.

The ADA Foundation does not fund indirect costs.

Requirements: To be considered for support, organizations must:

- Complete an application by the stated deadline of 11:59 p.m. CDT, November 5, 2018.
- Grantees will be required to sign a grant agreement and to submit a report at the end of the grant period describing what was accomplished and how the funds were used.

***A confirmation receipt is emailed at the time of submission to the applicant. It is the applicant's responsibility to ensure that materials have been submitted and confirmed through the online system by the published deadline.

Limitations: The ADA Foundation awards a defined number of Give Kids A Smile Continuity of Care Grants each year, based on available funds. Grant requests made by qualified applicants can be denied due to funding limitations and other considerations. All award decisions are final. Non-funded applicants are encouraged to resubmit in the future. The ADA Foundation will communicate grant decisions via email in December 2018.

If you have any questions regarding the above information please contact Tracey Schilligo, Manager, Grants, ADA Foundation at schilligot@ada.org or 312.440.2763.
Applicant Information

Program Title*
*Character Limit: 100

ADA District*
Using the drop down box, identify your ADA district by finding your state.

Choices
- District 1: Maine, Vermont, New Hampshire, Massachusetts, Rhode Island, Connecticut
- District 2: New York
- District 3: Pennsylvania
- District 4: New Jersey, Delaware, District of Columbia, Maryland, Puerto Rico, Virgin Islands
- District 5: Mississippi, Alabama, Georgia
- District 6: Missouri, Kentucky, Tennessee, West Virginia
- District 7: Indiana, Ohio
- District 8: Illinois
- District 9: Wisconsin, Michigan
- District 10: North Dakota, South Dakota, Nebraska, Minnesota, Iowa
- District 11: Washington, Alaska, Oregon, Idaho, Montana
- District 12: Kansas, Oklahoma, Arkansas, Louisiana
- District 13: California
- District 14: Nevada, Utah, Wyoming, Colorado, Arizona, New Mexico, Hawaii
- District 15: Texas
- District 16: Virginia, North Carolina, South Carolina
- District 17: Florida

Dollar Amount of Grant Request*
Not to exceed $15,000
*Character Limit: 20

Statement of Need*
In 300 words or less, describe how your organization plans to provide continuity of care to the GKAS children that attend your initial GKAS event.
*Character Limit: 10000

Number of People Served*
Estimated number of GKAS children served during initial GKAS event.
*Character Limit: 50

Number of Children Expected to be Served Over a 12 Month Period*
Estimated number of GKAS children who will require follow-up services to complete treatment over a 12-month period.
*Character Limit: 50
**Population(s) Served**
Describe the demographics of the children served during your initial GKAS event. Be sure to provide family status, income levels, and any other details that can provide an overview of the GKAS population.

*Character Limit: 800*

**Barriers**
Describe and elaborate on the barriers to continuity of care to GKAS participants and how your organization addresses these issues.

*Character Limit: 800*

**Project Description**
Describe your project, its key activities, goals and objectives, impact on oral health, expected measurable outcomes, and how your organization will provide continuity of care to GKAS children during the grant period.

*Character Limit: 3500*

**Work Plan**
Outline the work plan and timelines corresponding to each goal.

*Character Limit: 2300*

**Sustainability**
Summarize the organization’s capacity to sustain the initiative after the grant period.

*Character Limit: 1350*

**Project Budget**
Detail how the grant funds will be spent and explain how each line item directly supports continuity of care for GKAS children. Applicant must provide specific dollar amount associated with each expense.

*Expenses should not exceed $15,000.*

*Character Limit: 5000*

**Project Goals and Data Collection**
Describe the anticipated outcomes, project goals, and how the expected goals will be tracked and measured. Data points to consider:

- The number of GKAS children seen for restorative, preventive, and other appointments (including the care received, costs, patient insurance, etc.);
- The number of GKAS children referred for care and why;
• The number of GKAS children who don't return or have sporadic follow-up visits and steps taken to get them back to the clinic;
• Patient (parent) satisfaction, and;
• Any data deemed valuable in advancing the understanding of GKAS continuity of care issues.

**Character Limit: 1800**

**Organization Data:** These data points will help the ADAF understand your organization, its structure, successes, and barriers in providing continuity of care to GKAS children.

**Number of New Patients**
In a 12 month period, on average, how many new patients does your organization treat? New patients are considered those that do not currently have an existing patient record in your organization.

**Character Limit: 10**

**Number of Ongoing Patients**
In a 12 month period, on average, what is the number of ongoing patients your organization treats? An ongoing patient is defined as a patient who has had at least one visit in the last 12 months.

**Character Limit: 10**

**Percentage of Treatment Plans Completed**
In a 12 month period, on average, what is the percentage of patient treatment plans completed at your organization?
Please enter the whole-number value rather than "%value."

**Character Limit: 3**

**Recall Visits**
In a 12 month period, on average, what is the percentage of patients who return for a recall visit to your organization?
Please enter the whole-number value rather than "%value."

**Character Limit: 3**

**Missed Appointment Rate**
In a 12 month period, on average, what is the percentage of missed patient appointments at your organization?
Please enter the whole-number value rather than "%value."

**Character Limit: 3**
Biosketches*
In the space below, include biosketches for all key grant personnel. Limit biosketches to one paragraph for each individual.

*Character Limit: 9000*