

# 2019 Senior American Access to Care Grant

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*ADA Foundation*

## *Grant Guidelines*

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**SENIOR AMERICAN (age 62 plus) ACCESS TO CARE GRANT GUIDELINES:** The ADA Foundation (ADAF) is committed to supporting U.S. based organizations exempt from taxation under Section 501(c) of the Internal Revenue Code whose charitable activities within the United States provide dental homes and/or continuity of care to senior Americans (age 62 plus) who are underserved. For the purposes of this grant program **the ADAF defines dental home / continuity of care as the ongoing relationship between the dentist who is the primary dental care provider and the patient, which includes comprehensive oral health care, throughout the patient's lifetime, with appropriate referral as necessary.**

Senior American Access to Care Grants are one-year grants up to \$18,500.

**To be considered for funding, applications must be submitted by 11:59 p.m. CDT on August 2, 2019.**

**USE OF FUNDS:** Grant funds may be applied to cover costs such as, ***but not limited to:***

- Direct oral health treatment costs;
- Dental clinic supplies, instruments, and equipment;
- Patient and/or provider transportation;
- Salary specific to work on this grant project (including oral health staff, case managers, etc.); and/or
- Outreach to recruit dentist participation in program activities.

All expense items must have a clear, direct impact on oral health care and a direct link to the dental home and/or continuity of care for underserved senior Americans age 62 plus.

**The ADA Foundation does not fund indirect costs.**

**QUALIFICATIONS:** Must be a United States/U.S. Territory based organization exempt from taxation under Section 501(c) of the Internal Revenue Code providing care to underserved senior Americans (age 62 plus). *Private practices are ineligible to apply.*

**PRIORITY:** A priority of the ADAF is to provide a dental home and/or continuity of care through this grant program. For the purposes of this grant program, **the ADAF defines dental home / continuity of care as the ongoing relationship between the dentist who is the primary dental care provider and the patient, which includes comprehensive oral health care, throughout the patient's lifetime, with appropriate referral as necessary.**

**REQUIREMENTS:** To be considered for support, applicants must:

- A U.S. licensed dentist must oversee the grant project.
- Provide licensed oral health services with a goal of providing a dental home to senior Americans (age 62 plus).
- Have the ability to track specific indicators while achieving long-term success.
- Complete an application by the stated deadline of August 2, 2019. Organizations are limited to one application per grant cycle.
- Grantees will be required to sign a grant agreement upon approval.
- Grantee will be required to submit a report at the end of the grant period describing outcomes, impact, and how the funds were used.

**\*\*\*A confirmation receipt is emailed at the time of submission. It is the applicant's responsibility to ensure that materials have been submitted and confirmed through the online system by the deadline. By submitting this application the applicant gives the ADA Foundation consent to reproduce or reuse application materials for promotional and publicity purposes.**

**LIMITATIONS:** The ADA Foundation awards a defined number of Senior American Access to 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.** Decisions on grant awards will be communicated via email by the end of November 2019.

*If you have any questions regarding the above information please contact Tracey Schilligo, Manager, Professional Programs, ADA Foundation at [schilligot@ada.org](mailto:schilligot@ada.org) or 312.440.2763.*

## Applicant Information

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### Project 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

## **Organization's Mission Statement\***

*Character Limit: 250*

## **Brief History of Organization\***

Summarize the history of your organization including those served through your organization's activities. Be sure to provide any relevant demographic information and any other details that can provide us a picture of people in your care.

*Character Limit: 1000*

## **Dollar Amount of Grant Request\***

Not to exceed \$18,500.

*Character Limit: 20*

## **Project Statement of Need\***

Summarize the proposed project and include the oral health care needs of senior Americans (age 62 plus) that you plan to serve and briefly discuss how you plan to provide continuity of dental care and/or a dental home to these individuals.

*Character Limit: 900*

## **Barriers\***

Describe and elaborate on the barriers to oral health care for underserved senior Americans (age 62 plus) in your community and how your project will address these issues.

*Character Limit: 800*

## **Project Description\***

Describe your project, its key activities, goals and objectives, impact on oral health, and expected measurable outcomes.

*Character Limit: 2500*

## Dental Home\*

Describe how this grant will help your organization increase access to care and provide a dental home / continuity of care to underserved senior Americans with this grant funding. For the purposes of this grant program, **the ADAF defines dental home / continuity of care as the ongoing relationship between the dentist who is the primary dental care provider and the patient, which includes comprehensive oral health care throughout the patient's lifetime, with appropriate referral as necessary.**

*Character Limit: 1250*

## Work Plan\*

Outline the work plan and timelines corresponding to each goal.

*Character Limit: 2000*

## Sustainability\*

Summarize the organization's capacity to sustain the initiative after the grant period.

*Character Limit: 1000*

## Number of People Served\*

Estimate the number of underserved senior Americans (*62 plus*) impacted by this grant over a 12-month period.

*Character Limit: 250*

## Project Goals and Data Collection\*

Describe the anticipated outcomes, project goals, how access to care will be increased / enhanced and how the expected goals will be tracked and measured. Data points to consider:

- The number of underserved senior Americans who received preventive and/or restorative care, (including the care received, costs, patient insurance, etc.);
- The number of underserved senior Americans who receive oral health services in a long term care facility and/or nursing home, etc.
- The number of underserved senior Americans referred for care and why;
- The number of underserved senior Americans who don't return or have sporadic follow-up visits and steps taken to get them back to the treatment facility;
- Patient satisfaction; and;
- Any data deemed valuable in advancing the understanding of dental home / continuity of care issues for senior Americans.

*Character Limit: 1800*

**Number of New Patients Annually\***

On an annual basis, how many new patients does your organization treat? New patients are considered those that do not currently have an existing record with your organization.

*Character Limit: 10*

**Number of Active Patients\***

What is the number of active patients? An active patient is one where there has been at least one visit in the last 12 months.

*Character Limit: 10*

**Percentage of Treatment Plans Completed\***

Annually, what is the percentage of treatment plans completed?

Please enter the whole-number value rather than "%value."

*Character Limit: 3*

**Recall Visits\***

Annually, what is the percentage of patients who return for a recall visit in 12 months?

Please enter the whole-number value rather than "%value."

*Character Limit: 3*

**Missed Appointment Rate\***

Annually, what is the percentage of patient missed appointments?

Please enter the whole-number value rather than "%value."

*Character Limit: 3*

**Project Budget\***

List all expenses covered by this grant request and detail how each expense supports the dental home. Expenses should total the amount of this grant request (not to exceed \$25,000).

*Character Limit: 3000*

**Top Five Sources of Funding\***

Identify the top five funding sources for your organization and amounts of support.

*Character Limit: 1250*

**Biosketches\***

In the space below, include biosketches for all key grant personnel. Limit biosketches to one paragraph for each individual.

*Character Limit: 9000*

**Upload the following items to your application.**

### **Letter of Support\***

Upload a one page letter of support from the applying organization's leadership.

*File Size Limit: 3 MB*

### **Organization's IRS determination letter indicating classification as a 501(c)(3).\***

*File Size Limit: 3 MB*

### **A patient story that highlights an example of your organization's recent successes\***

*File Size Limit: 3 MB*

**Up to three photos that depict the services and people your organization serves.**

#### **Photo #1\***

*File Size Limit: 3 MB*

#### **Photo #2**

*File Size Limit: 3 MB*

#### **Photo #3**

*File Size Limit: 3 MB*