

# Give Kids A Smile Community Leadership Development Institute Application

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*ADA Foundation*

## *Guidelines*

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Since 2011, the GKAS Community Leadership Development Institute has offered a unique opportunity for GKAS program coordinators across the U.S. to share best practices, explore outreach enhancements, and learn new approaches to providing care to America's underserved children.

Each year approximately ten travel stipends are awarded to a select group of applicants to enable them to attend a three-day training session in St. Louis, where Give Kids A Smile began. The mixture of group discussions and guided dialogue is complemented by the chance to see a well-developed program in action, and the ability to interact with volunteers, organizers, parents, and kids. These GKAS coordinators then go on to serve as regional resources for other GKAS programs in their communities.

**Application period:** The 2019 application deadline is at 11:59 pm CDT on Friday, May 31.

**Eligibility Requirements:** The ADA Foundation accepts applications from individuals representing organizations that provide oral health care for underserved children through a Give Kids A Smile event, including state (constituent) and local (component) dental societies of the ADA and/or community based organizations. Applicants must reside within the 50 U.S. states; including the District of Columbia.

- Candidates must demonstrate their commitment and ability to begin a new GKAS program or enhance an existing one.
- Candidates should have experience managing/chairing an access to care event.
- Candidates should hold a position in their organization that will allow them to effectively implement lessons learned during the GKAS Institute.
- Applicants are not required to be a licensed dentist or hygienist.

**Award Stipend:** The amount of each stipend will cover the cost of travel, housing, and meals.

## Applicant Information

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### 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

### GKAS Program Overview\*

Provide an overview of your 2018 or 2019 GKAS program.

Character Limit: 7500

### GKAS Program Role\*

What is your specific role in the GKAS program? Provide details on your GKAS program responsibilities and activities you are responsible for in the program.

Character Limit: 5000

### GKAS Program Activities\*

Describe the activities and characteristics of your GKAS event that make it successful.

Character Limit: 7500

### Continuity of Care\*

Does your GKAS program provide continuity of care to the children served during the initial GKAS day?

If yes, how?

The ADA Foundation defines **continuity of dental 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.

*Character Limit: 5000*

### **GKAS Post-event Data\***

Following your 2018 and/or 2019 GKAS event, did you return to the GKAS system to input your post-event data?

If no, explain why data was not provided.

*Character Limit: 1000*

### **GKAS Program Limitations\***

Describe the limitations of your GKAS program that limit its success and how you plan to overcome these barriers in the future.

*Character Limit: 7500*

### **GKAS Program Vision\***

Describe your future vision for your GKAS program over the next two years.

*Character Limit: 7500*

### **Why Should You Attend the Institute\***

Describe why you would be a good candidate to attend the GKAS Institute and detail how your attendance will enhance your 2020 GKAS program.

*Character Limit: 7500*

### **Institute Expectations\***

What do you need from the GKAS Institute to help you grow and advance your program?

*Character Limit: 2500*

### **State and Local Dental Society Collaboration\***

Do you collaborate with your state and/or local dental society to organize a GKAS program? If yes, describe your role and relationship with the dental society. If no, explain why you have not collaborated with the local dental societies.

*Character Limit: 5000*

### **Other Collaboration\***

Beyond the state and local dental societies, describe the organizations that you collaborate with to organize your GKAS program.

*Character Limit: 5000*

**Program Position\***

Are you in a position in your organization/group that allows you to make program decisions for your GKAS program? Provide details as to why or why not.

*Character Limit: 3000*