

General Grant Request Reporting Form

When the Delta Dental Foundation awards a grant, we enter into a partnership with you that we hope will help us to learn more about effective ways to improve oral health. This report is the primary tool we use in measuring the achievements of the programs/projects we support and the impact that our philanthropic dollars have in the communities we serve.

Please complete and return this form to ddf@deltadentalmi.com within one year of receiving funds or prior to receiving additional funds, whichever comes first.

Thank you in advance for taking the time to provide us with a thorough and thoughtful report.

Data	
Date:	
Name of organization:	
	Title:
	Phone:
Date grant was awarded:	
Total cost of project/program: \$	Amount of funding received from DDF: \$
Was funding received from other sources? If	yes, please indicate source and amount:
Number of people served or lives touched a	s a result of this grant:
Average cost per person served: \$	
Provide a brief summary of the project for w	hich you received funding:
List the goals for this project:	

Describe how the grant funds were spent (attach budget/financial report):	
Describe the results of this project and include any success stories you may have:	
What road blocks did you run into, and how were they handled?	

Show us your program/project in action:

Please submit:

- Photos (including waiver forms for individuals pictured, if available)
- Press clippings
- Videos
- Quotes and/or narratives from people regarding impact of program project

You can send them as email attachments or by USPS mail (please note that high-resolution photos may need to be emailed separately.)

QUESTIONS?

Contact us at:

Delta Dental Foundation 4100 Okemos Road Okemos, MI 48864 Phone: 517-347-5333 ddf@deltadentalmi.com

DDF-CG Reporting Form v1 PA 11/18