

**Montana Oral Health Foundation Grant Application**

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Phone number \_\_\_\_\_
4. E-mail \_\_\_\_\_
5. Name of affiliated group or entity \_\_\_\_\_
6. Please attach a short essay (one page maximum length) describing:
  - your background, mission of your organization
  - financial need and amount you are requesting
  - describe how the funds will be used and how they will contribute to Montana’s Oral Health.
  - future work plans
  - Any other relevant information.
7. Contact references. Please provide a separate contact reference for your project.

Reference’s name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_  
Relationship to grant applicant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print/type) \_\_\_\_\_

Application can be forwarded to: Webb Brown  
Executive Director  
Montana Dental Association  
Email:webb@montanadental.org  
Phone: (406) 443-2061 or 800-257-4988 (in state only)