

Surname*

ADA Member number/ student number *

Contacts Address

Contacts email address

Daytime Contact Number

University attended/Year studied

SECONDARY CONTACT PERSON

Please provide the following details for the secondary contact for the project.

First Name *

Surname*

ADA Member number/ student number *

Email address

Contact phone number

University attended / Year

PROJECT DETAILS

What is the projects official title?

What is the project's address?

When will the project officially commence?

DD MM YYYY

When will the project be completed?

(NOTE: eligible projects must be completed by 1st April 2025)

DD MM YYYY

Is this a new or continuing project

New Project

Continuing project

If a continuing project, please summarise details of any prior involvement in the Community Service Grants or other community oral health programs. Please advise key achievements and details of any media coverage about the project, including links to stories.

Please provide phone number and email addresses for two referees. *

PROJECT PARTICIPANTS

How many dental professionals will volunteer their time for the project? Please provide numbers and qualifications.

How many hours will be volunteered?

Please provide a brief bio of each of the participating dental professionals.

ADDRESSING AUSTRALIA'S NATIONAL ORAL HEALTH PLAN

Eligible projects will provide dental benefits to population groups with poor oral health and significant unmet dental treatment needs as identified by Australia's National Oral Health Plan. Which at risk population group does your project target?

- Adults and children who are socially disadvantaged or on low incomes
- Aboriginal and Torres Strait Islander people
- People living in living in regional and remote areas
- People with additional or specialised health care needs

How does your project meet their needs?

Please provide a profile of the project's target audience and summarise their oral health issues and needs. Please include relevant statistics pointing to the timeliness and urgency of the project in your community - specifically, state-based or population-specific data.

Please describe the proposed community service activities designed to meet these needs? *

PROJECT OUTCOMES

Please provide details about how the success of the program will be evaluated. *

How many patients will be helped/treated? *

What types of treatments or services will be provided? *

Please outline how oral health education is a component of the project.

How many individuals will receive oral health education is a component of the project? *

How many individuals will be screened for oral health issues as part of your program?
(Please estimate)

What is the projected retail cost of care or services that will be provided as part of your program?
(Please provide in AUD)

PROJECT BUDGET

Provide a brief itemised budget of how the funds will be spent. *

Please disclose any financial assistance you have received for the program or project, and any concurrent funding applications made

CONSENT AND REPORTING

Repurposing application information for promotional purposes:

The ADADHF and the Mars Wrigley Foundation will be undertaking PR activities to promote successful grantee initiatives, including media profiling, industry media and ADA channels media such as social media, website, News Bulletin and member email alert. Your participation in this is extremely valuable. If you are successful in receiving a Healthier Smiles Community Service Grant, our media agency Bastion Reputation will share a comprehensive brief on the scope of media outreach and participation.

By accepting a grant, you give permission for the information provided in this application to be re-purposed as part of the promotion of the grant recipients, including in advertorials and media relations materials, as well as any other additional promotional activity.

I agree

I do not agree

Photography requirements:

You will need to supply one high quality photograph (no blur) electronically, which can be used to send to media and used for promotional purposes, by **5 August 2024**. Please do not send a corporate headshot. This photograph should reflect the nature of your project work and should showcase your work in action e.g. team of dental professionals with other volunteers.

I agree

I disagree

Reporting requirements:

If you are successful in receiving a Healthier Smiles Community Service Grant, you will be required to report on the successful implementation of your grant upon the project's completion as of **31 March** 2025. The ADA will be in touch with recipients to provide a copy of the Reporting Template Form that grant recipients will need to complete and return.

I agree

I do not agree

Submit Application

Please review all details to ensure they are correct and complete before submitting the application.

Application closes on 14th June 2024

If additional information is required please visit

www.adahf.org.au

Thank you.
