



NYS Veterans Smile – *APPLICATION FOR FUNDING*

1. Please complete the following information regarding the nominated program:

NAME: _____

CONTACT: _____

MAILING ADDRESS:

TELEPHONE: _____ **EMAIL:** _____

2. Please complete the following information about you, the nominator:

NAME: _____

CONTACT: _____

MAILING ADDRESS:

TELEPHONE: _____ **EMAIL:** _____

EMAIL of CONTACT PERSON:

3. A two page written statement describing your NYS Veterans Smile initiative, including:
 - a. Date and location,
 - b. Services to be provided,
 - c. How many volunteer dentists and auxiliaries will participate,
 - d. How many veterans you anticipate treating;
 - e. Event budget, amount of Foundation funding requested and, if applicable, other funding sources (***MUST SPECIFY HOW EXACTLY FOUNDATION FUNDING WILL BE USED***):
 - f. Name of veterans group in your area (e.g., VFW, the American Legion, Disabled American Veterans) which is helping to promote the event and find patients who need assistance
4. Include at least one letter of support from another individual or organization.
5. Incomplete applications will not be considered.
6. Submit the completed nomination packet by 2 October 2018 to:
Laura Leon, director, NYS Dental Foundation, 20 Corporate Woods Boulevard, Suite 602, Albany, NY 12211, or fax to (518)465-3219.
Questions? Call (800)255-2100.