The New York State Dental Foundation
Give Kids a Smile Award - 2017

Principal Nomination Form

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

   NAME: _____

   CONTACT: _____

   MAILING ADDRESS:

   _____

   _____

   TELEPHONE: _____

   FAX: _____

   WEBSITE: _____

   EMAIL of CONTACT PERSON:

   _____

(Continued)

20 Corporate Woods Blvd., Suite 602, Albany, NY 12211 518.465.0044 OR 800.255.2100 Fax: 518.465.3219

NYSDF
New York State Dental Foundation
IMPROVING THE ORAL HEALTH OF ALL NEW YORKERS

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

   NAME: _____

   CONTACT: _____

   MAILING ADDRESS:

   _____

   _____

   TELEPHONE: _____

   FAX: _____

   WEBSITE: _____

   EMAIL of CONTACT PERSON:

   _____

3. **A one page written statement detailing how the nominated program meets the criteria to merit recognition.**

4. **A detailed breakdown of how exactly GKAS money will be used. Must include detailed budget; details about how many children will be affected; how program may or will be sustained in the future, and what other funding sources are currently available to support the nominated program.**

5. **Include at least one letter of support from another individual or organization.**

6. **Incomplete applications will not be considered.**

7. **Submit the completed nomination packet by 26 August 2016 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.**