



**The New York State Dental Foundation
Give Kids a Smile Award - 2018**

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)



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.