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**ICD USA SECTION FOUNDATION AND HENRY SCHEIN CARES   
HUMANITARIAN STIMULUS GRANT**

APPLICATION AND REPORT REQUIREMENTS FORM

(FOR ICD USA SECTION FELLOWS ONLY)

Dear ICD USA Section Fellow:

Thank you for your interest in the ICD USA Section Foundation and Henry Schein Cares

Humanitarian Stimulus Grant for USA Section Fellows. The Mission of the International College of Dentists USA Section Foundation is to support and promote educational, scientific, literary, and humanitarian efforts of the International College of Dentists USA Section and other collaborating organizations and individuals. This grant project is a special ICD USA Section Foundation program to support ICD USA Section Fellows’ projects in their local or state communities. This $500 grant is to be used to help initiate or provide ongoing support for these projects.

Below you will find the grant application for the ICD USA Section Foundation and Henry Schein Cares Humanitarian Stimulus Grant. If awarded, this grant will be issued in the amount of $500. The application is comprised of two sections:

**Section 1 -** Grant Application

**Section 2 -** Grant Report Requirements. Below the grant application you will find the grant report requirements section. This report section is to be completed after the completion of your humanitarian project.

The grant application must be submitted by ***May 31, 2021*** to guarantee an evaluation of the request and the receipt of grant funds in 2021. The recipient will be required to submit the grant report requirements portion of the application and receipts for the expenditure of funds within one (1) year of grant award date. No grant funds are to be used for any personal expenses, including but not limited to salary, travel, food, lodging, etc. Failure to submit the Grant Report funds within one (1) year of grant award date may result in:

1. No consideration for further grants and/or

2. Reimbursement of the $500 to the ICD USA Section Foundation

Please read the instructions carefully and complete all required sections*. Incomplete or improper submissions will* ***NOT*** *be considered for funding.*

**Reminders:**

**Grant Application Submission Deadline:** May 31, 2021

**Grant Report Requirements Deadline:** December 31, 2021  
**NOTE:** *Grants are generally reviewed at the Spring ICD USA Section Foundation Meeting. Therefore, notice of approval is usually forthcoming in May/June.*

In Fellowship,  
ICD USA Section Foundation and Henry Schein Cares

**GRANT APPLICATION**  
**Submission Deadline: May 31, 2021**

*Please use as many pages as you need to enter all of the required information.*

# **Submission Date:**

# **Applicant (ICD USA Section Fellow) Information**

## **Name of ICD USA Section Fellow applicant:**

## **Address:**

## **Phone:**

## **Email:**

# **Project Information**

## **Name of Project:**

## **Purpose of Grant**

### **Brief description of proposal:**

### **Local or state:**

### **Objectives:**

### **Population to be treated:**

### **Timeline (length of project):**

1. Detail any additional ICD Fellows who are involved and in what capacity.

## **Description of how grant expenditures will be documented:**

## **I understand the application process and commit to the Reporting Requirements.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Please email a digital copy of the completed application and/or mail the original completed application, signed and postmarked by May 31, 2021 to:**

**Email Address:**[foundation@usa-icd.org](mailto:foundation@usa-icd.org)

**Mailing Address:**   
**ICD USA Section Foundation**

610 Professional Drive, Suite 201

Gaithersburg, MD 20879

## **GRANT REPORT REQUIREMENTS** **Submission Deadline:** **Within one (1) year of grant award date**

# **Description and documentation of grant expenditure — Please document how the $500 grant was spent.**

# **Please provide a short narrative of project summary**

* Photos, if available
* Stories to be shared
* Press releases or articles about the project

# **Evaluation of Project — Please describe how the project was a success. Include all outcome measures such as economic impact, numbers of persons served, etc.**

The ICD USA Section Foundation would appreciate the information requested above be available for inclusion in ICD USA Section publications. If so, we will need a Disclaimer and Consent to Publish agreement, as follows: “The stories, views and opinions expressed in this report are those of the author(s) and do not necessarily reflect the official policy or position of the ICD USA Section. Authorization to publish photos, stories, names of organizations and persons included in this report has been provided.”

**Signature (Grant Recipient):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please email a digital copy of this report to include photos to:**

**Email Address:**[foundation@usa-icd.org](mailto:foundation@usa-icd.org)

**Mailing Address:**   
**ICD USA Section Foundation**

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Gaithersburg, MD 20879