

Northeast Delta Dental Foundation Grantee Report Form

anization Name										
Contact Name										
Address										
City/ State/ Zip										
Phone				Email						
e complete this	form b	ased on the m	ost recen	t fundi	ng youi	r organ	nization i	eceive	d.	
Th							!! !!	•		
	used f					in the	applicat	ion.		
Yes		No (If no, expl	lanation r	required	d)					
All of the gran	t funds	received were	e utilized.	<u> </u>						
Yes		No (If no, exp	lanation r	required	d)					
This grant serv	ved the	e following por	oulations.	Check	all that	: apply	' :			
Children (ages	0-21)									
Adults										
Seniors (ages 65+)										
Developmentally and/or physically challenged, or neuro diverse individuals										
Veterans										
Dental Professionals/Students										
New Americans/Refugees										
Other										
e provide progra	am/pro	oject statistics.	Complete	e all th	at apply	y:				
Number of individuals served										
Number of individuals receiving oral health education										
Number of individuals receiving oral screenings										
Number of individuals receiving dental sealants										
Number of individuals receiving dental treatment (other than screenings or sealants)										
Number of referrals made										
Number of attendees if an event										
Define your population i.e. patients, local community, county, etc.										
Percentage of population impact										
	Address City/ State/ Zip Phone Re complete this The grant was Yes All of the grant Yes This grant ser Children (ages Adults Seniors (ages 6 Developmental Veterans Dental Professi New Americans Other Re provide progr Number of indi Number of refe Number of atte Define your po	Contact Name Address City/ State/ Zip Phone Re complete this form be The grant was used form Yes All of the grant funds Yes This grant served the Children (ages 0-21) Adults Seniors (ages 65+) Developmentally and/ Veterans Dental Professionals/S New Americans/Refuge Other Re provide program/provide provide program/provide provide program/provide provide program/provide provide program/provide provide	Contact Name Address City/ State/ Zip Phone Re complete this form based on the mass and the grant was used for what it was a second wa	Contact Name Address City/ State/ Zip Phone Re complete this form based on the most recent of the grant was used for what it was intended as a line of the grant funds received were utilized as a line of the grant funds received were utilized as a line of the grant funds received were utilized as a line of the grant funds received were utilized as a line of the grant funds received were utilized as a line of the grant funds received were utilized as a line of the grant funds received were utilized as a line of the grant funds received were utilized as a line of the grant funds received were utilized as a line of the grant funds received were utilized as a line of the grant funds received as a line of the grant funds received as a line of the grant funds receiving or all line of the grant funds receiving dental seal of the grant funds receiving dental treatments and the grant funds received and the	Contact Name Address City/ State/ Zip Phone Phone Recomplete this form based on the most recent funding the complete this form based on the most recent funding the complete this form based on the most recent funding the complete this form based on the most recent funding the complete this form based on the most recent funding the complete this form based on the most recent funding the complete this form based on the most recent funding the complete this form based on the most recent funding the complete the complete this form based on the most recent funding the complete this form based on the most recent funding the complete this form based on the most recent funding the complete this	Contact Name Address City/ State/ Zip Phone Email Ce complete this form based on the most recent funding your The grant was used for what it was intended as expressed Yes No (If no, explanation required) All of the grant funds received were utilized. Yes No (If no, explanation required) This grant served the following populations. Check all that Children (ages 0-21) Adults Seniors (ages 65+) Developmentally and/or physically challenged, or neuro diventation of the provide program/project statistics. Complete all that apply Re provide program/project statistics. Complete all that apply Number of individuals served Number of individuals receiving oral health education Number of individuals receiving dental sealants Number of individuals receiving dental treatment (other than Number of referrals made Number of attendees if an event Define your population i.e. patients, local community, county	City/ State/ Zip Phone Re complete this form based on the most recent funding your organ The grant was used for what it was intended as expressed in the Yes No (If no, explanation required) All of the grant funds received were utilized. Yes No (If no, explanation required) This grant served the following populations. 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4.	Additional comments: