

Northeast Delta Dental Foundation

Grantee Report Form

| | | | |
|--|--|--------------------------|----------------------------------|
| Organization Name | | | |
| Contact Name | | | |
| Address | | | |
| City/ State/ Zip | | | |
| Phone | | Email | |
| Please complete this form based on the most recent funding your organization received. | | | |
| 1. The grant was used for what it was intended as expressed in the application. | | | |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No (If no, explanation required) |
| | | | |
| 2. All of the grant funds received were utilized. | | | |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No (If no, explanation required) |
| | | | |
| 3. This grant served the following populations. Check all that apply: | | | |
| <input type="checkbox"/> | Children (ages 0-21) | | |
| <input type="checkbox"/> | Adults | | |
| <input type="checkbox"/> | Seniors (ages 65+) | | |
| <input type="checkbox"/> | Developmentally and/or physically challenged, or neuro diverse individuals | | |
| <input type="checkbox"/> | Veterans | | |
| <input type="checkbox"/> | Dental Professionals/Students | | |
| <input type="checkbox"/> | New Americans/Refugees | | |
| <input type="checkbox"/> | Other | | |
| Please provide program/project statistics. Complete all that apply: | | | |
| <input type="checkbox"/> | Number of individuals served | | |
| <input type="checkbox"/> | Number of individuals receiving oral health education | | |
| <input type="checkbox"/> | Number of individuals receiving oral screenings | | |
| <input type="checkbox"/> | Number of individuals receiving dental sealants | | |
| <input type="checkbox"/> | Number of individuals receiving dental treatment (other than screenings or sealants) | | |
| <input type="checkbox"/> | Number of referrals made | | |
| <input type="checkbox"/> | Number of attendees if an event | | |
| <input type="checkbox"/> | Define your population i.e. patients, local community, county, etc. | | |
| | | | |
| <input type="checkbox"/> | Percentage of population impact | | |

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4. Additional comments: