



ICD Global Visionary Fund
G3535 Beecher Rd, Suite G
Flint, MI 48532-2700 USA
Tel: (1)810.820.3087
Fax: (1)810.265.7047
Email: office@icd.org

GRANT APPLICATION

Application Guidelines

- The total Fair Market Value of a one-time donation of supplies **must not exceed \$5,000 US**
- Applications must be **submitted at least 90 days prior** to the date the supplies are needed
- Applications will be reviewed on rolling basis, as they are received. Projects demonstrating the ability of achieving a sustainable improvement in oral health are most likely to receive support.
- **A follow-up report must be submitted to the ICD College Office (office@icd.org) upon conclusion of the project.** The report should include project outcomes, number of patients treated, photographs, videos and/or any other content collected during the project. This information is important to the grant process and helps to ensure supplies are being utilized appropriately.
- Henry Schein delivers supplies through this program to locations in the United States and United Kingdom. Locations in Australia, Canada and Europe will be considered individually.
- Henry Schein is **not permitted to donate the following items:**
 - Prescription Drugs
 - Prescription Medical Devices
 - Hazardous Materials
 - X-Ray Films
 - Anesthetics
 - Needles
 - Alloys

Project Title: _____

Name of Organization Applying: _____

Contact Person Name/Title: _____ ICD Member? yes no

Phone: _____ Email: _____

Description of project and projected outcome *(Provide a running description of the project, specific aim, methodology, long-term objectives and benefits):*

On-site location and date of project: _____

On-site Person Responsible for Security of Materials (Name): _____

Phone: _____ **Email:** _____

Evidence and pre-assessment measures demonstrating the need for project:

Operational plan for project *(Describe methods to be used, nature of services to be provided, and the monitoring and reporting of results. Provide contact information of the person responsible on site and for the security of the requested materials. Provide names of other dentists, volunteers and/or Fellows participating):*

How will the project's impact be measured? _____

Plan for getting materials/Equipment to project site: _____

How will customs charges be managed (if any)? _____

Who will own any remaining materials or equipment at conclusion of the project?

How will the ICD Global Visionary Fund and Henry Schein Cares receive public recognition for participating?



Donation Request Checklist

Must be submitted with application

Title, Name, Address, Telephone No., and Email Address for shipping:

Title, Name, Address and Email Address for Grant Letter / Donation Agreement:

Deadline date by which the donation needs to arrive:

Please note that we require an 8-10 week turnaround time from application receipt to review and process donations

Please also submit a copy of your IRS determination letter of 5013c status if you are a US-based non-profit organization.