

## GRANT APPLICATION

ICD Global Visionary Fund  
615 South Saginaw Street, Suite 3008  
Flint, MI 48502 USA  
Phone: +1(810) 820-3087  
Email: [office@icd.org](mailto:office@icd.org)

### Application Requirements

- 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 a **quarterly basis**.
- Henry Schein Cares delivers supplies to addresses in the **United States and United Kingdom only**.
- Projects must involve, directly or indirectly, **at least 1 ICD Fellow**.
- **Page 3 of this application must be filled out completely** including product numbers, description, quantities and price.
- All U.S. non-profit organizations **must provide a copy of your IRS designation letter**.
- **A follow-up report must be submitted to the ICD Global Headquarters ([office@icd.org](mailto:office@icd.org)) within 60 days of the concluded 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 is **not permitted to donate the following items**: Equipment, Prescription Drugs, Prescription Medical Devices, Hazardous Materials, X-Ray Films, Anesthetics, Needles, Alloys
- Henry Schein Cares cannot guarantee all requested product will be available for direct delivery to any global shipping location. Applicant will be notified immediately if there is an issue getting product into the requested shipping location so that shipment remedies or alternative support can be identified. Applicant will also be notified if a specific product item(s) is unavailable or out of stock.

### Application Preferences

Projects demonstrating the ability of achieving a sustainable improvement in oral health, overall health or improved quality of life for the community or populations impacted are most likely to receive support.

**Project Title:** \_\_\_\_\_

**Name of Organization Applying:** \_\_\_\_\_

**Contact Person Name/Title:** \_\_\_\_\_ **ICD Member?**

**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?** \_\_\_\_\_

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**Plan for getting materials/Equipment to project site:** \_\_\_\_\_

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**How will customs charges be managed (if any)?** \_\_\_\_\_

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

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

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## 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.**