



## **Keystone Grant Program Contribution Request**

*Deadline for Applications – October 1, 2022*

### **BACKGROUND**

The Foundation is committed to advocating for and raising awareness of the necessity of dental laboratory technology education for dental technicians and other members of the dental team. Each year the Foundation provides financial support, in the form of grants, to various qualifying organizations.

### **CONTRIBUTION GUIDELINES**

In considering contributions, the Foundation evaluates each application on its own merits. It considers the programs in which the organization is engaged, the constituencies it serves, the services it offers, its accountability and its fundraising practices, and the level of local community support it attracts.

- Keystone Grant winner(s) will be awarded up to \$2,500.
- Grants must be dedicated to educational institutions with a dental laboratory technology program or those educational institutions who wish to add a dental laboratory technology program.
- A school can submit more than one grant application for different projects.
- Winner(s) will be required to complete a Keystone Grant Fund Request Form in order for funds to be released. Keystone Grant funds will be paid directly to the vendor(s) or reimbursed to the applicant upon completion of the form.
- If already paid for, funds will only be released for programs/projects that have been paid for within the last 6 months.
- Funds will only be released for areas within the scope of the original Keystone Grant application. Requests for funds outside of the scope of the original approved use will not be considered.
- The Keystone Grant winner(s) will be required to provide the Foundation with testimonial (web video submission or typed submission on letterhead paper) about receiving the grant and how this experience will positively impact the DLT program, the students, and the profession, prior to funds being released.
- Funds must be used by December 31, 2023. After that time, the ability to use the Keystone Grant funds will expire. No extensions will be given.

### **PROGRAMS/PROJECTS CONSIDERED**

The Foundation provides support to programs or projects that help develop and heighten dental laboratory technology awareness among the dental community and those that offer dental laboratory technology education. Careful consideration is given to each request. Each request is reviewed in terms of its general eligibility and conformity with Foundation guidelines, the available funds, the amount needed to achieve the desired results, and program priority.

### **LIMITATIONS**

Grants will not be awarded for the following:

Capital campaigns, overhead/administrative expenses, endowments, advertising, or fundraising activities; Individuals; Organizations that discriminate by race, religion, color, creed, gender, age, or national origin; Political organizations or campaigns; Loans; Projects developed for commercial and proprietary purposes.

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# The Foundation for Dental Laboratory Technology

Keystone Grant Program • Contribution Request Application

## INSTRUCTIONS

- 1) Please type or print all answers clearly in ink.
- 2) Use extra sheets of paper if you need more space for requested information.
- 3) Be honest, accurate and thorough in completing all sections of this application. The Keystone Grant is awarded at the sole discretion of the FDLT Board. The FDLT reserves the right to reject any application if the Board has evidence that the applicant has made a false or misleading statement in the application or any supporting document.
- 4) Applications must be received by October 1 to be considered.

### I. Application Information

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Applicant Title: \_\_\_\_\_

Program Title: \_\_\_\_\_

Provide Your Federal Employer Identification Number: \_\_\_\_\_

Total Cost of Program: \$ \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Are you seeking other funds elsewhere?  Yes  No

If yes, please list them:

\_\_\_\_\_  
\_\_\_\_\_

Is your organization providing any of the funding for this program?  Yes  No

If yes, please indicate the amount: \$ \_\_\_\_\_

Is this program for:

- a. Existing Dental Laboratory Programs?  Yes  No
- b. Accredited Dental Schools?  Yes  No
- c. Improving communication between the dental team?  Yes  No
- d. Online Education?  Yes  No
- e. Other?  Yes  No

Is this an on-going program?  Yes  No

Please indicate period of time this program will cover: \_\_\_\_\_

*(Continued next page)*

**II. Program Information**

a. Is the DLT Program, or its institution, a member of NADL?

- Yes  No

If yes, please list your NADL Member #: \_\_\_\_\_

b. Is the DLT program CDL certified?

- Yes  No

If yes, please list your CDL #: \_\_\_\_\_

c. Does the faculty/staff hold a current CDT/RG certification?

- Yes  No

If yes, please list CDT/RG #s: \_\_\_\_\_

**III. Accreditation & Faculty/Staff Education**

a. Is the DLT program a CODA accredited program?

- Yes  No

b. Does the faculty/staff hold a college degree higher than the one being taught; or completed specialized training or certification (i.e. MDT or have PTC/Pankey/Dawson/LVI training)?

- Yes, higher degree  Yes, specialized training/certification program  No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

c. Does the faculty/staff engage in DLT continuing education?

- Yes  No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

d. Does the faculty/staff engage in a variety of teaching methodologies?

- Yes  No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

e. What is the placement/employment rate of recent graduates in the field for the 2021-2022 school year? \_\_\_\_\_

f. Proposed use of Keystone Grant funds will be utilized for (may select more than one):

- Program Advancement  Student Advancement  
 Faculty Advancement  DLT Community/Profession Advancement  
 Addressing Market Trends in the DLT industry  
 Digital Education

Please describe how funds will be used for each area you selected (use additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. Volunteer Information**

a. Does faculty/staff serve as a volunteer in a professional association/organization?

- Yes    No

If yes, please check all that apply and briefly describe:

- Committee Chair/President \_\_\_\_\_
- Committee Member \_\_\_\_\_
- Volunteer in local/state associations/organizations/providing DLT community with professional events \_\_\_\_\_
- Other \_\_\_\_\_

**V. Letter of Interest**

On a separate sheet, please complete a letter of interest. The letter should:

- a. Specify required information included in the above questionnaire.
- b. Describe the program for which funds are requested.
- c. Explain what is unique about your program and why the Keystone Grant should be given to your DLT program.
- d. Contain additional information regarding the institution, the purpose of the proposed program, and the specific use of funds within the program.
- e. Explain how your grant request will address the following areas: analog vs. digital transition in the dental laboratory industry; enhancing applied skill of program graduates in addition to theoretical knowledge instruction.

Please also provide IRS documentation if applicable (IRS public charity classification, a.k.a., reason for non-private foundation status).

**VI. Applicant's Affidavit**

I understand that by submitting this application, I am expressing my interest in the Foundation's Keystone Grant and that submitting this application does not guarantee I will be awarded the grant.

I understand the Foundation reserves the right to determine the grant winners based on specific criteria and that should I be selected, I will comply with the grant parameters as set forth by the Foundation.

I understand that by submitting this application, I am giving permission for the Foundation to use any or all of the information contained in my letter of interest, or in my written or video testimonial on their website and other marketing channels.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VII. Checklist**

Make sure you check the following list before submitting your application to FDLT:

- Completed Application
- Completed Letter of Interest
- Signed Application Affidavit
- Submitted before deadline of October 1, 2022 to FDLT

**Questions?** Contact Lindsey Rowan at (866) 627-3990 or by email at [foundation@dentallabfoundation.org](mailto:foundation@dentallabfoundation.org).