



ADHA Institute for Oral Health

"Leading the way through professional excellence in dental hygiene education and research."

2010-2011 Wm. Wrigley Jr. Company Foundation Community Service Grant

Application Contents:

Submission Date	2
Eligibility & Selection Criteria	2 - 3
Application Procedure	4
Applicant Forms	5 - 9
Project Planning & Review	10



ADHA Institute for Oral Health Wm. Wrigley Jr. Company Foundation Community Service Grants

APPLICATION AND GUIDELINES

Background

The Wrigley Company has a rich history of giving back to the communities where we live and work. Established in 1987 to formalize the giving of grants and donations, the Wrigley Company Foundation has distributed more than \$47 million to non-profit organizations around the world. Wrigley is and will continue to be active in local communities and partner with those organizations that can help make a difference. They provide support not only with financial resources, but with the care and compassion of they're 16,000 associates who have a passion for service and are provided opportunities throughout the year to exhibit their generous spirit.

The ADHA Institute for Oral Health has partnered with the Wrigley Company Foundation to offer the members of the American Dental Hygienists' Association (ADHA) the opportunity to apply for community service grants leading up to National Dental Hygiene Month. Funding through this grant program will provide member hygienists' the necessary funding to either start or continue an existing community service program within their respective communities that offer much needed oral health care and oral health education to underserved populations throughout the United States.

THIS GRANT WILL BE AWARDED TO UP TO TWELVE (12) APPLICANTS: ONE FROM EACH OF THE TWELVE ADHA DISTRICTS.

Purpose

The Wm. Wrigley Jr. Company Foundation Community Service Grant, in an amount of \$5,000 per grantee, will be presented to up to twelve (12) applicants who are involved in a specific community health project. Applicants will need to demonstrate that the project is in harmony with the American Dental Hygienists' Association (ADHA) Institute for Oral Health mission and vision (Page 9 of the application packet). The project should demonstrate its capacity to improve the public's oral health and provide oral health education.

This grant program is designed to encourage dental hygienists to design and implement community health programs within the communities that they live and work.

Eligibility Requirements

Applicants who are licensed dental hygienists pursuing a dental hygiene degree are eligible. Applications may be sent on behalf of a constituent or component organization of the American Dental Hygienists' Association. Current ADHA Institute Board of Directors and ADHA Board of Trustees may not apply for the Wm. Wrigley Jr. Company Foundation Community Service Grant. Members of the Research Grant Review Committee may not apply as principal investigators, but may do so in another capacity.

Eligibility for this grant would allow a practicing dental hygienist, group of hygienists, or an interdisciplinary

Submissions

All applications must be received by **November 15, 2010**.

Mailing Address:
ADHA Institute for Oral Health
Wrigley Community Service Grant
444 N. Michigan Ave., Ste. 3400
Chicago, IL 60611-3980

Website: www.adha.org/institute
E-mail: institute@adha.net
Phone: (312) 440-8900.

Notification of the Committee's decision will be received by January 15, 2011. Funding is contingent upon Committee approval.

team of professionals, including a dental hygienist to apply with these considerations:

- Demonstrate involvement in outstanding activities with a community health program or project, which includes oral health enhancement.
- Illustrate that oral health education is one element of the project.
- Show that these activities enhance the public view of the professional role dental hygienists play in health improvement.

Selection Criteria

The ADHA Institute for Oral Health Research Grant Review Committee in conjunction with the Wrigley Foundation will use the following unweighted selection criteria to evaluate applications:

Significance

The proposed project will be reviewed for its significance by determining the extent to which the project:

1. *Clearly describes and documents the need for or supports an on-going/established project.*
2. *Identifies specific needs in the current delivery of community service and addresses how the proposed project will fill the identified needs.*
3. *Offers a creative approach to improving the public's oral health and providing oral health education.*

Outcome Measures

The proposed project will be reviewed by evaluating the extent to which the project:

1. *Identifies appropriate outcome measures that will provide a means for evaluating how the project is meeting its stated objectives.*
2. *Has an ongoing evaluation system that can provide quantitative or qualitative evidence to all parties of interest and the benefits obtained by participants as a result of participating in the project.*
3. *Demonstrates sustainability once the grant has come to an end.*

Feasibility

The proposed project will be reviewed in terms of feasibility to the extent which the project:

1. *Exhibits a logical and sound planning process as a means toward implementing the project.*
2. *Follows a timeline appropriate to the goals and outcomes to be achieved.*
3. *Involves key personnel (i.e. community dental hygienists, faculty, researchers) who are qualified to undertake project activities.*
4. *The requested budget adequately supports the proposed activities.*
5. *If the project includes a research component, protocol is consistent with state and federal laws regulating research with human subjects and infection control procedures.*

Selection Procedures

The ADHA Institute for Oral Health Research Grant Review Committee will evaluate applications using unweighted criteria. Unweighted criteria is most appropriate, because it allows the evaluating committee maximum flexibility to apply their professional judgment in determining the strengths and weaknesses of individual applications. Up to twelve awards will be presented; one per ADHA District.

SPECIFIC ELIGIBILITY REQUIREMENTS

- Applicant must be a United States citizen who is a licensed dental hygienist.
- An active member of the American Dental Hygienists' Association (ADHA).
- Current ADHA Institute Board of Directors and ADHA Board of Trustees may not apply, nor may members of the Research Grant Review Committee apply as principal investigator.

APPLICATION DEADLINE AND AVAILABILITY

The application deadline for the 2011 grant cycle is **November 15, 2010**. The application must be postmarked or received by the Institute by that date for consideration. The mailing address for the grant competition is listed below:

ADHA Institute for Oral Health
Attn: Wm. Wrigley Jr. Company Foundation Community Service Grant
ADHA Institute for Oral Health
444 N. Michigan Avenue, Suite 3400
Chicago, IL 60611-3980

All material sent must be typed in either Arial or Times New Roman font at 10 to 12 point size. Only material requested will be allowed. Additional items such as video cassette tapes, brochures and photographs will be discarded and not returned.

Each project may be submitted only once during the course of a year, and if not funded, may not be resubmitted until the following grant competition. More than one entry from an applicant will be allowed, but only if each application shows merit, and if they are not deemed duplicates.

The decision of the Research Grant Review Committee will be final, and is not something which may be appealed by an applicant.

The ADHA Institute for Oral Health reserves the right to not distribute grant monies if qualified applicants cannot be found, or if funding is not available.



ADHA Institute for Oral Health Wm. Wrigley Jr. Company Foundation Community Service Grants

American Dental Hygienists' Association Institute for Oral Health • 444 N. Michigan Avenue, Suite 3400 • Chicago, IL 60611-3980

A. General Information

Organization Name _____

Applicant Name _____ Membership # _____

Mailing Address _____
Number & Street *City* *State* *Zip Code*

Preferred Phone _____ Email Address _____

Employer _____ Title _____

Degree(s) Received And Location(s) _____

B. Project Information

Project Name _____

Project Location _____
(could be name of building, school, hospital, etc.)

Project Address _____
(Number & Street) *City* *State* *Zip Code*

Project Start Date _____ *(Approximate Month and Year)* Project End Date _____ *(Approximate Month and Year)*

Is this a new project? [] Yes [] No

Is this a continuing project? [] Yes [] No

Brief Project Description (under 100 words)

Project Goal Description: (under 30 words)

C. Demographic Information

Collaborating Partners:

Partner	Role

Patient Population: *(in most recently completed fiscal year; if a new project please provide projections)*

Total # of Individual Patients: _____

Total # of Patient Visits Per Year: _____

By Payer Source:

or % Government Insurance
(e.g. Medicaid/Medicare): _____

or % Private
Insurance: _____

or % Other Pay
(e.g. foundation grant, funds
from school district): _____

or % Uninsured
or Self-Pay: _____

Other Demographic/Geographic Characteristics: (attach separate page if needed)

Information that may be helpful for the Institute to understand the make-up of your patient population such as age, catchment area size, rural/suburban/urban, poverty levels, unemployment rates, racial/ethnic background for the community, etc.)

How will you determine if you have been successful?

PROGRAM DESCRIPTION

In no more than three (3) typewritten, double-spaced pages, describe the community service project in detail. Include information regarding how the project will be implemented, the specific goals of the project, evidence that your objectives were or will be achieved; both long and short-term effects on the community, etc.

Use the “POARE” model included on Page 10 as a guide.

PROJECT RATIONALE

In no more than one (1) typewritten, double-spaced page, describe your reasons for beginning the project.

RECORDS AND INFORMATION

In no more than one (1) typewritten, double-spaced page, list any articles written about your project, awards received, grants received, publications created by your project, laws or rules changed by your project, etc.

PERSONS INVOLVED

In no more than one (1) typewritten, double-spaced page, list and describe the participants of the project, including members of the project and a general description of those helped by them.

While this may include some information that may be included in a job description, resume or curricula vitae, the purpose of this space is only to describe the types of participants and general biographical information of them.

PRELIMINARY BUDGET

In no more than one (1) typewritten page, briefly describe the costs of the project, particularly focusing on how the ADHA Institute/Wm. Wrigley Jr. Company Foundation Community Service Grant would help defray project expenses. It is suggested that you use a common budget format such as a spreadsheet for this task. Please provide a realistic budget and list any in-kind support.

INSTITUTE MISSION

To advance the profession of dental hygiene through scholarships, research and service in collaboration with the American Dental Hygienists' Association.

INSTITUTE VISION

Leading the way through professional excellence in dental hygiene education and research.

PROJECT PLANNING AND REVIEW

To write a clear and useful examination of your project, you can use the “POARE” model. This model is recommended as both a planning and review tool for your project.

Problem
Objectives
Actions
Resources
Evaluation

Problem:

For planning - Decide which oral health care problems are of the greatest concern in your community. You can do this by asking people in your community to define the greatest oral health care problems or targeting a subgroup of the population. These surveys may already exist. State or county health departments can be a great resource and potential partner in the problem.

For review: - Write a brief statement of the problem that you have tried to resolve and why this problem is important to your community.

Objectives:

For planning – For the problem(s) that you have decided to address in your oral health care plan, write one or more objectives that address what you can realistically achieve. Objectives should be measurable results expected from the proposed intervention. An example might be to apply sealants to 90% of children in “X” school who are eligible for free or reduced lunch programs.

For review – What are your objectives for the project? What measurable outcomes are you trying to reach? Who are you trying to help, and what are you trying to do for them?

Actions:

What actions will/did you take to reach your objectives? Does the project include innovative, creative and scientifically-sound activities? Can the project be replicated? Are other health care workers and community members involved? These activities can include programs such as educating parents or implementing a sealant program for low-income children.

Resources:

How much money and other resources will you need to achieve your plan? Identify both resources you have access to and resources you will need to acquire. Identify or list possible sources.

Evaluation:

Put simply, this is how you know if you have met your objectives. Keep evaluation simple and measurable. Evaluation is the tool for identifying the strengths or weaknesses of your intervention and is helpful for future efforts: yours and others who learn from your experience.

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