

# FDI Smile Award

## Application form

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**DEADLINE 30 NOVEMBER 2017**

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### Eligibility

**Any FDI Regular or Associate Member NDA is eligible to apply.** The FDI Smile Award is not designed to reward new projects. It only rewards active projects that have been rolled out for at least one year and that will continue for at least another year.

Eligible applications are not restricted to caries; they can address other oral health issues and diseases, with a strong focus on:

- oral health education
- oral health prevention and promotion

All projects should be funded by a member NDA and/or another not-for-profit organization/institution, government and/or Colgate. Projects supported by other corporate partners are not eligible.

# Section A: About the Applicant

Name of the National Dental Association affiliated with the project

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FDI Membership status

☐ Regular member ☐ Associate member

Key contact person (responsible for leading project)

NAME	
POSITION IN ORGANIZATION	
ADDRESS	
TELEPHONE	
FAX	
E-MAIL	

# Section B: About the Project

Overview

TITLE OF PROJECT	
LOCATION	
PROJECT TIME FRAME	
dd/mm/yyyy - dd/mm/yyyy	
BACKGROUND INFORMATION	
Provide relevant history of the area/ problem and a review of any relevant literature, 500 word maximum	
POPULATION SERVED BY PROJECT	
Quantitatively and qualitatively describe the target of your project, 500 word maximum	
PROJECT GOAL	
50 word maximum	

## SPECIFIC OBJECTIVES

List the specific objectives of your project in five bullet points and provide a narrative describing the Project Scope, activities related and Methodology employed to achieve the project objectives

Specific objectives	Project scope	Activities related and methodology employed	Implementation timeline
A			
B			
C			
D			
E			

## METHODOLOGY PER OBJECTIVE

Human resources engaged	Community participation (e.g. volunteer)	Infrastructure used (e.g. clinic, school, hospital)	Environmental concerns	Expected outcome(s)	Evaluation methodology
A					
B					
C					
D					
E					

## Key Analysis

Feel free to address both components, even if your application will be evaluated mainly according to the category which you apply

## INNOVATIVE COMPONENTS

Emphasize any innovative aspect of your project in term of methodology, rationale or scope

## SUSTAINABILITY

Describe plans to make this project sustainable

## Section C: Project Core Team

Identify all stakeholders involved in the project implementation, e.g. nonprofit organizations, government/ ministries, professional associations, Colgate etc...)

### Member 1

NAME	
ORGANIZATION	
ROLE AND RESPONSIBILITIES	
TELEPHONE	
FAX	
E-MAIL	

### Member 2

NAME	
ORGANIZATION	
ROLE AND RESPONSIBILITIES	
TELEPHONE	
FAX	
E-MAIL	

### Member 3

NAME	
ORGANIZATION	
ROLE AND RESPONSIBILITIES	
TELEPHONE	
FAX	
E-MAIL	

#### Member 4

NAME	
ORGANIZATION	
ROLE AND RESPONSIBILITIES	
TELEPHONE	
FAX	
E-MAIL	

#### Member 5

NAME	
ORGANIZATION	
ROLE AND RESPONSIBILITIES	
TELEPHONE	
FAX	
E-MAIL	

#### Member 6

NAME	
ORGANIZATION	
ROLE AND RESPONSIBILITIES	
TELEPHONE	
FAX	
E-MAIL	

## Section D: Declaration of Intent

I confirm that I am authorized to sign this declaration on behalf of , and that the answers to the questions on this form are accurate, to the best of my knowledge.

If the application is successful, the NDA will only use the grant for the purposes specified in the current project proposal and will provide FDI with progress reports and communication materials (pictures, videos, quotes, etc...) as requested. Successful NDAs are requested to be represented at the FDI World Dental Congress where the Smile Award Ceremony will take place.

TITLE	FIRST NAME	LAST NAME	POSITION IN ORGANIZATION
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DATE	SIGNATURE
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