



ICD Global Visionary Fund
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PRODUCT SUPPORT APPLICATION

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?** 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 names or summary 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.