



DELTA DENTAL OF MINNESOTA



Making a Healthy Difference Through Service

January 19, 2009

Dear Friends:

Delta Dental of Minnesota is extremely pleased to announce its 6th annual **Serve a Smile**SM grant program in support of Youth Service America's **Global Youth Service Day (GYSD)** and **Semester of Service** in collaboration with Minnesota Alliance with Youth and the Minnesota chapter of Family, Career and Community Leaders of America (FCCLA). **Serve a Smile** is based on the belief that when creative and resourceful youth volunteers are given an opportunity to participate in public service initiatives with their family, friends, school and community leaders, they can contribute in meaningful ways to help solve community issues.

These are extraordinary times in our world and in the world of youth service. Because of increased national recognition and support of volunteerism and community service, Youth Service America expanded its successful **GYSD** to create the **Semester of Service**. Both events encourage youth ages 5 to 25 to develop and implement a community service project. **GYSD** is the most high-profile event in service-learning, involving over 3 million youth in community projects. While **GYSD** is celebrated in over 100 countries in every region of the world, Minnesota is recognized as having the largest **GYSD** program in the state, nation and world. The **Semester of Service** will kick off on Martin Luther King Day and **GYSD** will be celebrated between April 24-26, 2009.

Under the **Serve a Smile** theme of "**Making a Healthy Difference through Service**" Delta Dental will make available over \$25,000 for grants between \$100 - \$1,000 to Minnesota organizations that implement a youth-led service project that addresses an important health or oral health issue. These grants offer young people essential start-up funds as they envision ways to create healthier schools and communities.

In addition, Delta Dental will select one **Serve a Smile** project to receive the **Serve a Smile Select Award** for the project that most demonstrates exceptional leadership and service. The winning youth team will receive a \$1,000 check to donate to the charity of their choice.

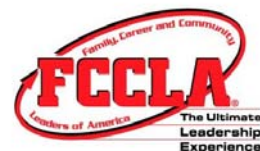
See enclosed packet for application and additional contact information or visit www.deltadentalmn.org. Application deadline is Monday, February 23, 2009.

Thank you in advance for your contribution and community service.

Sincerely,

Ann K. Johnson,
Community Affairs Director
Delta Dental of Minnesota

In partnership with:





DELTA DENTAL OF MINNESOTA



Making a Healthy Difference Through Service

OVERVIEW

Delta Dental of Minnesota focuses its corporate giving and community investment efforts on programs that promote health, education and youth. Delta Dental of Minnesota's **Serve a Smile** program is an initiative that is all about youth creating happy and healthy smiles through positive action and community service. The program will support young people in their efforts to make a difference in their communities.

Making a Healthy Difference Through Service. More so now than ever, we hear about our neighbors who are experiencing hardship. This year's **Serve a Smile** program in conjunction with a Semester of Service and GYSD offers a chance for youth in our community to develop a project that focuses on supporting events and activities that "make a healthy difference in the places we live" by promoting health and oral health, including addressing the issue of access to health or oral health services.

We know that personal health is an important contributor to the health of our communities. Oral health has some of the same contributing factors and is not only an essential component to one's health and well being throughout a lifetime, it can also be an indication of one's overall health status. Advances in oral health research and treatment have led to safe and effective means of maintaining oral health that prevents dental caries and periodontal disease. Unfortunately, significant issues like access to health improvements and treatments are not always equally shared among the U.S. population, particularly among people who are low income or children and families of color.

The **Serve a Smile** program encourages youth to learn about the issues of health or oral health in their community and propose a service project that addresses a solution. The solution should focus on education or promotion of preventable health issues that can be carried out through a youth lead service project.

Projects can include an initiative that improves the health status of children and adolescents from families with low income, educates diverse communities about an oral health need for children or adolescents, or organizing a volunteer project at an eldercare facility.

Minnesota Alliance With Youth is a statewide alliance of communities, non-profits, businesses, faith communities, families, and young people and is serving one of the lead organizations supporting Global Youth Service Day locally. It is Minnesota's initiative in the America's *Promise* movement. The Alliance is dedicated to improving youth access to the five *Promises* of the Presidents' Summit for America's Future: mentor, protect, nurture, teach/learn and serve.

Minnesota Family, Career and Community Leaders of America (FCCLA) is Minnesota's another lead organization supporting Global Youth Service Day locally. FCCLA is a national vocational student organization for young men and women in family and consumer sciences education in public and private school kindergarten through grade 12.



Global Youth Service Day, a program of **Youth Service America (YSA)**, is the largest service event in the world that will involve millions of youth. It mobilizes youth as leaders to identify and address the needs of their communities through service and service-learning. This year's events will be held between April 24-26, 2009. For more information visit:

www.ysa.org.



DELTA DENTAL OF MINNESOTA



Making a Healthy Difference Through Service

GRANT PROGRAM SPECIFICATIONS

WHO?

Serve a Smile grants are available for Minnesota non-profit, youth serving organizations that will implement a service project organized and led by youth which benefits the community in support of Global Youth Service Day (GYSD) or Semester of Service. Organizations may include: local chapters of school groups/clubs or local community-based organizations primarily serving and involving youth.

Delta Dental encourages youth ages 5 – 25 to think about a health issue that concerns them and to work with adults or a youth organization to create a service project turning their passion into action.

WHEN?

Project planning can begin on or before January 19, but the actual service project must occur after the Serve a Smile grant announcement is made -- between March 11-16, 2009. No retroactive projects or activities will be funded.

HOW?

- Select a topic dealing with a health or oral health issue facing your community or group in your community. Think about a service project relating to this issue. Projects that do not address a health or oral health issue will not be considered.
- Answer each of the application questions. Be specific, concise, and clear while fully explaining the project, goals, strategies and activities.
- Include a project budget.
- All applicants must register their service project with Youth Service America at ysa.org/ under the Global Youth Service Day heading. Complete this step prior to submission of the **Serve a Smile** application and include a copy of your registration as part of your application.
- Email or mail a copy of your request to arogers@deltadentalmn.org. It is encouraged (but not required) that all applications be submitted electronically. Please include the words "**SERVE A SMILE**" in the subject line. Applications must be received no later than **4:00 pm, Monday February 23, 2009**.
Delta Dental of Minnesota - **Serve a Smile**
Attn: Ann Rogers
3560 Delta Dental Drive
Eagan, MN 55122
- Applications will be acknowledged within 72 hours. Please call Ann Rogers at 651-994-5312 (1-800-328-1188 ext 5312) if you do not get an acknowledgement.

HOW MUCH?

Grants requests can be made for \$100-\$1,000. Grant recipients will be required to sign a Grantee Agreement. **Funds must be returned if they are not used for the project or used within the allotted timeframe.** Contact Ann Rogers if any changes occur with your project.

WHAT KIND?

- We will fund: service projects that pertain to a health or oral health initiative that serves a Minnesota population. Limited travel, refreshment, conference and celebration expenses will be considered.
- We will not fund: general operating support for regular (ongoing) service-based programs and activities, health or dental treatment for individuals, policy or advocate projects, religious groups for religious purposes, paid staff support, lobbying, political activities, sports events or athletic groups.
- Target populations may include: age related groups (children, teens, women, men, or elderly) ethnic groups or groups of color (African American, American Indian) or underserved populations (low income or people with health conditions).
- Health issues may include: oral health, nutrition, obesity, diabetes, tobacco (i.e., smoking or chewing tobacco and the connection to oral health), etc.

SELECTION

Delta Dental of Minnesota will review all applications using a quantitative scoring method, evaluating each service project for: clear goals and strategies, youth leadership, cost, and service impact. Applications that do not follow the guidelines of a health or oral health project will not be considered.



DELTA DENTAL OF MINNESOTA



Making a Healthy Difference Through Service

APPLICATION COVER SHEET

Organization Information: (If you are submitting your application electronically, make an electronic copy of this form and type/enter your information. If you are mailing a hard copy of your application, type or print clearly.)

Name of organization: _____ Fax: _____
Primary youth contact person: _____ Email: _____ Phone: _____
Primary adult contact person: _____ Email: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Employer or Tax Identification Number: _____ Must be provided to receive grant funding. Any delay in providing this number will result in a delay in receiving your check. For school districts, check with the school administration for this number.

Activity or Project Information:

Name of your project: _____
What is the service project: _____
Amount of your request: _____ Total project budget: _____
Population(s) served: _____ Health topic(s): _____
MN geographic area served: _____ Youth volunteers: _____ Adult volunteers: _____
What is the date your project takes place: _____

Organization affiliation:

_____ MN Alliance with Youth _____ FCCLA _____ other (please list) _____
School Level: _____ Elementary school _____ Jr. High _____ Senior High _____ College

In-kind donations Delta Dental of Minnesota can make available oral health products in order to facilitate a service-learning project. These in-kind items can be requested in addition to your grant request and the cost is not included in the grant check and will not count toward your total grant request. Delta Dental reserves the right to limit quantities.

Table with 4 columns: Oral Health Item, Requested Quantity, Cost per Item, In Kind Donation Total*. Rows include items like White plastic donation bags, Children's Tooth brushes, Adult Toothbrushes, Tooth paste, Dental floss, and various health brochures.

CHECKLIST: (Check off each item before submitting)

- Answer all the questions using the question headings before each of your answers. Incomplete applications or projects that do not deal with health or oral health will not be considered.
Email or mail one complete application including a cover page, application, and budget by February 23rd, 2009 and agree to submit an evaluation by June 1, 2009. Make ONE additional copy for your records.
Submit no more than three additional pages of supporting materials.
Register your service project with Youth Service America at www.ysa.org Global Youth Service Day and include a copy of your registration as part of your application.
Applications must be received in hand no later than 4:00 pm, Monday February 23, 2009.

Delta Dental of Minnesota's Serve a Smile Program Attn: Ann Rogers

3560 Delta Dental Drive, Eagan, MN 55122

Phone: 651-994-5312 or 1-800-328-1188 ext 5312

E-mail: arogers@deltadentalmn.org



DELTA DENTAL OF MINNESOTA



Making a Healthy Difference Through Service

Youth Service Grant Program 2009

APPLICATION

Answer each of the following questions completely. **Important:** Be concise, specific, and clear while fully explaining the project, goals, strategies and activities. We need enough information to evaluate your application.

Part I Project Details (3 page maximum)

- 1. Project Title & Description.** (150 words or less.) What title or name have you given your project (be creative)? What is the primary mission, purpose or goal of your project? What will be the primary (and secondary if applicable) activity? Explain exactly what the service project is and how it will benefit your school, community, or peers. Also explain how your service project relates to improving the health of your selected community. Be specific.
- 2. Work Plan.** The *Serve a Smile* project may be incorporated into either the **Semester of Service** and/or **GYSD**. Indicate the project's start and end dates. Your work plan must include other major activities dates, youth activity leader(s), and locations.
- 3. Youth Leaders/Project Team.** This is a key element of the proposal. Identify the key youth leaders or the project team members and the roles and responsibilities of each.
- 4. Volunteer Recruitment.** How will you recruit additional youth volunteers? (i.e., list school club names or organizations). How will you incorporate youth into the planning process? (selecting the project, fundraising, media outreach, budgeting, etc.). How will you target youth who are not traditionally asked to serve?
- 5. Partners.** Do you have any other partners involved in your project? Describe their roles and contribution (in kind and/or cash).
- 6. Similar Efforts.** Is anyone else already providing a similar service, project or product to the need you identified? If so, what can you learn from their efforts or could they partner with you?
- 7. Barriers.** Describe any potential barriers or challenges that might be encountered in the course of this project and how you expect to address them.
- 8. Media and Elected Officials.** Raising public awareness of your project's mission and accomplishments is important. How will you involve the media and elected officials in your venture? To whom do you intend to communicate? Describe any circumstances that will increase the likelihood of invited elected

officials and media to participate in your project (for example, past partnerships or ongoing relationships). Describe how you will acknowledge Delta Dental of Minnesota's funding support and other important partners in any public announcement or program materials. Contact Ann Rogers for template language or Delta Dental logos.

9. **Evaluation.** *Delta Dental values the benefits of project evaluation. Project evaluations are required.* In the application share how will you evaluate the success of your project. You must also indicate when you will complete the evaluation, which is due no later than June 1. Program coordinators will be contacted until we receive a completed project evaluation.
10. **Youth Service America Registration.** All *Serve a Smile* applicants must register with Youth Service America: www.ysa.org under the Global Youth Service Day tab. You must also include a copy of your YSA registration as part of your *Serve a Smile* application.

Part II **Budget** (1 page maximum)

Include your project's budget with a documented list of anticipated expenses. If your budget exceeds grant amount, identify expected income from other fundraising efforts to complete the service activity. Do you already have other sponsors for your project(s)? If so, who, and what are they providing? Will you generate income from other sources such as sales from products or services? List the revenue goal.

Part III **Timetable**

January 19	<i>Serve a Smile</i> program announcement Semester of Service begins
February 23	Grant applications due
March 6	Winners selected
March 11-16	Grant agreements mailed
March 16 - April 20	Press releases sent
April 24 - 26	Global Youth Service Day
May	<i>Serve a Smile Select Award</i> - Winner Announcement
June 1	<i>Serve a Smile</i> evaluations due

*Thank you for
making a healthy difference in your community!*



DELTA DENTAL OF MINNESOTA



Making a Healthy Difference Through Service

FINAL EVALUATION REPORT SHEET 2009

Delta Dental of Minnesota's *Serve a Smile* program regards project evaluation as an extremely important learning tool and requires that every organization receiving a grant complete a final evaluation. All evaluations must be completed two weeks after the project completion or no later than June 1, 2009.

Organization Information

Project Title: _____

Name of Organization: _____

Address: _____

Primary Youth Contact/phone: _____

Email: _____ Fax: _____

Primary Adult Contact/phone: _____

Email: _____ Fax: _____

1. Briefly summarize the original project goals and strategies.
2. Did you achieve your stated goals? Explain.
3. How many volunteers participated? Include number of adults and youth. What were the total volunteer hours?
4. Describe any barriers or challenges that were encountered in the course of this project and how you addressed them.
5. Did you successfully involve the media and elected officials in your project? Explain.
6. Identify the lessons learned from this effort, including any unanticipated results, positive or negative.
7. Did you send a thank you to Delta Dental of Minnesota, elected officials and any other key supporters of your program?
8. We welcome any additional stories, media coverage or lessons learned.

Mail to:

Delta Dental of Minnesota's *Serve a Smile* Program

Attn: Ann Rogers

3560 Delta Dental Drive

Eagan, MN 55122

Phone: 651-994-5312 or 1-800-328-1188 ext 5312

E-mail: arogers@deltadentalmn.org