



Ensign Academy of Dentistry REQUEST FOR HUMANITARIAN FUNDS

Purpose: "The Ensign Academy of Dentistry is an organization of dental professionals who are dedicated to serving mankind. Its mission is to promote dental education among dental professionals and the general public; to promote and facilitate dental service by its members, providing manpower and expertise in dental care delivery; and to procure and distribute equipment, supplies, and educational materials to aid in patient treatment and educational pursuits." (from the Academy Mission Statement) The objective of the Academy is to further the work of the Lord by advancing (improving) dental health throughout the world. Our goal is to help alleviate oral pain and suffering, and to support Academy members in their efforts to do so. Particular emphasis is given to preparing and treating full-time missionaries and prospective missionaries so they are free of dental problems while serving their missions.

Funds may be used for the following: 1) Direct patient care. 2) Facility expenses (short term rental, construction costs, operational expenses). 3) Dental equipment and supplies *not available through other donors and/or providers*. 4) Training or teaching materials for patients.

Funds may NOT be used for the following: 1) Travel. 2) Lodging. 3) Meal expenses. 4) Facility expenses (long term). 5) Undefined 'blanket' expenses.

Name of Individual Requesting Funds: _____

Contact information of Individual requesting funds: Phone _____ Email: _____

Amount Requested: \$ _____

Project Location: _____

Please provide an itemized list of supplies and equipment needs for your project including cost.

- Item _____ . Cost \$ _____
- Item _____ . Cost \$ _____
- Item _____ . Cost \$ _____
- Item _____ . Cost \$ _____
- Item _____ . Cost \$ _____
- Item _____ . Cost \$ _____

How does this project meet the objectives of the Academy as explained in this form?

Please provide a detailed explanation of how the funds will be used. Include an explanation of the way(s) will they be used for direct patient care or to expand dental health education, and prevent dental disease?

How many people do you estimate/expect to help/treat and how did you obtain this estimate?

*Donations to the Humanitarian Fund are a stewardship for which the Academy feels a strong responsibility. **The Academy requires that ALL funds be verified and accounted for.** Preference is given to reimbursement of pre-approved expenses. In the rare event that the Academy agrees to provide funds toward a project that is not able to be paid for in advance with Academy reimbursement, verified estimates will be required and receipts will be required within 90 days of the project date OR THE FUNDS WILL NEED TO BE REPAID TO THE ACADEMY. Items that can't be verified will not be funded. **SUBMIT COMPLETED FORM TO triciatippets@gmail.com. Questions call 801-889-7012***

Please list the name of the individual/organization to whom the payment should be made:

Name: _____

Address: (where you would like the check mailed)

Contact information: (For questions regarding payment details) Phone: _____

Email: _____

FUNDS APPROVED: Date: _____

Authorized Signature: _____

FUNDS DENIED: Date: _____

Reason for Denial: _____

SUBMIT COMPLETED FORM TO triciatippets@gmail.com. Questions call 801-889-7012