Guidelines for Section VIII Grants

The Australasian Section of the International College of Dentists (ICD) supports many worthwhile oral health related projects throughout Australasia and the Asia-Pacific Region. The College seeks to support those projects which are most likely to achieve a sustainable improvement in oral health in communities and which are within the financial means of the Section to support. All requests for project support are considered at the annual ICD Board meeting.

Funds must be applied in such manner as to ensure that the income of the College is at all times exempt from tax under either Section 23(e) or 23(1) of the Income Tax Assessment Act 1936 as amended and in or towards projects that are consistent with the objects and ideals of the College. Applications may be for one off expenditure or may be for recurrent funding up to five years.

ICD grants may be applied for projects that:

- Provide dental care to those in need or those who are socially or economically disadvantaged
- Advance dental education or research and support institutions involved in dental education or research
- Meet the objects and ideals of the College as determined by the Board.

Criteria:

- The project has the support or involvement of at least one ICD Section VIII Fellow
- If the project is already established, successful outcomes can be demonstrated
- If the project is a new initiative, measurable outcomes are clearly stated
- The project may be overseas or domestic with preference given to projects in the Section VIII region
- The project has support and involvement of local dental professionals and/or appropriate organisations
- The project provides training of local personnel where applicable
- The project has an oral health education component
- There is a budget and accounting process for the project
- Recipients must provide a written report & financial account of expenditure to the Board for each year in which ICD support is provided
- Recipients must provide an article, with photos where applicable, annually for the Section newsletter

Examples of Grant Uses:

- Equipment
- Clinical or preventive health materials
- General expenses
- Local interpreters
- Air fares/Accommodation
- Transport, freight, customs duties
- Seminar or other knowledge transfer
- Research projects
SECTION VIII GRANT APPLICATION

APPLICANT
Title: Surname: Given Name:
Phone (Work):
Phone (Home):
Email address:

ADDITIONAL APPLICANT DETAILS IF APPLICANT IS NOT AN ICD FELLOW:
Contact Address:
Professional Qualifications:
Appointment/Practice Type:
Institution (If Applicable):
Please attached brief curriculum vitae.

Will administration of the grant and correspondence with ICD be your responsibility? YES / NO
If No, provide full details of who will be responsible.

PROJECT TITLE:
Is this a new project or continuation of a project, tick as appropriate:
☐ New Project ☐ Continuation of Project
If this is continuation of a project, tick as appropriate:
☐ ICD funded ☐ NON-ICD funded

AIMS OF THE PROJECT:
Why do you consider these aims important and what is their dental/community relevance?

PROJECT DETAILS
Where is the location of this project?

What are the timelines for this project?

If this is an existing project, provide details of the successful outcomes so far.

Type of dental aid to be provided:
☐ Active treatment (describe range)
☐ Dental prevention programme (describe)
☐ Dental training of local people (describe training and target group(s))
☐ Building project or equipment provision (specify details)
☐ Other (describe)

Who will be the recipients of the dental aid?

COMMUNITY ASPECTS
What agency/organisation(s) is/are the project associated with?

Does the project have support from the local dental profession and/or other local organisations? Provide details.

Does the project include community education/oral health promotion? Provide details.

Does the project include training of potential local providers? Provide details.

If the project involves clinical care, detail what equipment and facilities are already available for the project (if any).

BUDGET AND FINANCE
What is the anticipated budget for this project?

What amount of funding is requested from ICD?

Is this a request for one off or for recurrent funding?

Have you applied for funding for this project from other sources? If so, to whom and for what amounts?

Please indicate the status of any funding applications from other sources:
☐ Successful - amount approved:
☐ Pending
If funding from other sources has been applied for, where does the ICD sponsorship fit into the larger sponsorship package? What are the specific purposes for which the ICD funding will be used?

ACCOUNTABILITY AND ACKNOWLEDGEMENT
Detail how ICD sponsorship will be acknowledged.

I acknowledge that, if this application is successful, a progress and financial report for the ICD Board will be provided annually and an article and photos for the ICD newsletter will be submitted annually as requested by ICD.

Signature:              Date:

Please return this completed form to:  Dr Ron Robinson
ICD Administrative Officer
10 Bendtree Way
Castle Hill, NSW 2154
AUSTRALIA
Email: admin@sectionviii.org