Minnesota Department of Health

# SEAL Minnesota Application: Component B

## Grant Application Cover Sheet

**1. Applicant Organization** (with which grant agreement is to be executed)

**Legal Name:**

**Street, City State Zip:**

**MN Vendor ID:**

**Vendor -Location Code:**

**DUNS Number[[1]](#footnote-1):**

**DUNS Name:**

**2. Contact Person for Grant Project**

**Name/Title:**

**Email Address:**

**Phone:**

**3. Project Organization** (if different than number 1)

**Clinic Name:**

**Street, City State Zip:**

**4. Director of Applicant Organization** (if different from number 2)

**Name/Title:**

**Email Address:**

**Phone:**

**5. Total Requested Amount out of $2,500:**

**I certify that the information contained herein is true and accurate to the best of my knowledge and that I submit this application on behalf of the application organization.**

**Signature of Authorized:**

**Agency Representative:**

**Title:**

**Date:**

### Applicant Information (0.5 – 1 page)

*Briefly describe Applicant Organization’s:*

* Mission and Goals
* Service Area
* Populations Served
* Provided Services

### Applicant Interest (0.5 – 1 page)

*Briefly describe Applicants:*

* Interest in oral health
* Goals in applying for this funding
* Interest in supporting a sealant program.

### Applicant Capacity (0.5 – 1 page)

*Please answer the questions below:*

* Who would lead planning efforts? What is their role?
* This Planning grant will likely require convening multiple partners of different sectors, such as dental providers, community organizations, etc. Why is your organization well-suited to do this?
* List any existing or potential resources (including partners, planning groups, funding, etc.) around oral health you organization could, or would be interesting in making connections to, to leverage during this planning process.

### Other Information (0.5 – 1 page)

Please share any other information you would like us to know!

Minnesota Department of Health  
Oral Health Program  
625 Robert St. N   
PO Box 64975  
St. Paul, MN 551-1  
651-201-3538  
[prasida.khanal@state.mn.us](mailto:prasida.khanal@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us/)

07/19/2022

*To obtain this information in a different format, call: 651-201-3538.*

1. *If you don’t have a DUNS number, you may apply after the awards are announced. To apply for a DUNS Number visit* [*grants.gov*](https://www.grants.gov/applicants/organization-registration/step-1-obtain-duns-number.html) *or call 1-866-705-5711. There is no charge.* [↑](#footnote-ref-1)