



## Corporate Citizenship Application Form

Please type your responses into the form below.

Do NOT change the formatting.

Save your final document as a PDF and email to [CorporateCitizenship@deltadentalmi.com](mailto:CorporateCitizenship@deltadentalmi.com)

- Contact person's name, title, email address and phone number
- Describe your program
- Which domain(s) of the Social Determinants of Health does this program address **and how?** *Be specific, requests that do not answer this question will not be considered.*
  - The five domains of the social determinants of health (SDOH) are:
    - Economic Stability
    - Education Access & Quality
    - Health Care Access & Quality
    - Neighborhood & Built Environment
    - Social & Community Context
- How many people will be served?
- Which population(s) will the program serve? (children, seniors, people with disabilities, LGBTQ+ community, etc)
- What is the service area?
- What are the expected outcomes?
- What is your plan for measuring and reporting results?
- Will you collaborate with other nonprofit organizations and if so, how?
- Are any other organizations providing similar services in the same area and if so, how do you differ?
- Does this program provide opportunities for Delta Dental employees to volunteer and if so, how? If not, does the organization have other volunteer opportunities not related to this program? Please include days of the week and times that volunteer opportunities would be available.

Requests must include the following attachments:

- Program budget including
  - total program cost
  - amount requested from Delta Dental
  - list of other companies and foundations already committed to supporting
  - list of other companies and foundations you have requested support from, but have not yet committed
- Signed copy of your W9
- Board of Directors list **including each member's company affiliation**