



Oral
Health
America

SMILES
ACROSS AMERICA®
An Oral Health America Program

Oral Health America: Smiles Across America Product Donation Project

Sponsored in part by:

3M ESPE, Colgate-Palmolive Company, DENTSPLY International,
Placontrol Inc., PULPDENT Corporation, Trident®, Whip Mix

3M ESPE



PULPDENT
CORPORATION

Colgate®

For better dentistry
DENTSPLY
INTERNATIONAL

*****Please contact Melissa if you would like this form in a
Microsoft Word document*****

Oral Health America
410 North Michigan Ave, Suite 352
Chicago, IL 60611-4211
p: 312.836.9900 | f: 312.836.9986
www.oralhealthamerica.org

For additional information please contact Melissa Hoebbel: melissa@oralhealthamerica.org



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Product Donation Project: Eligibility Requirements

Thank you for your interest in Oral Health America's Product Donation Project. To qualify for a product donation under this program, your organization and program must meet the following requirements:

- Serve children that have limited or no access to dental or preventive care.
- Be a non-profit or public health program that does not have funds available to purchase product or as a result of this donation can demonstrate the expanded capacity of children treated.
- Be committed to the Product Donation Project's mission: *to provide oral health preventive services to the nation's children, particularly those who are at right risk for developing tooth decay.*
- Report results of the program and copies of any program announcements back to Oral Health America every 6 months using the form provided with this application. The reports must be submitted in order to receive future donations.
- Utilize only properly trained and licensed personnel who operate within state or federal practice acts.
- Identify Oral Health America and its corporate sponsors as part of your organization's projects including placement of Oral Health America and the sponsors' names on all publication, media releases, etc.
- **Oral Health America offers no guarantee of product and offers no guarantee of delivery date on product request forms.**

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**Product Donation Project:
Partnership Agreement**

As a partner of Oral Health America’s Product Donation Project,

_____ agrees to:

(organization)

- Provide a brief written report to Oral Health America every six months outlining quantity of teeth sealed, number of children receiving sealants, number of children receiving fluoride varnish, location of sealant program, amount of children receiving oral health services from your organization and additional partners involved in your oral health program. **A copy of the report is included with this form.**
- Provide copies of all program announcements or news to Oral Health America.
- Acknowledge Oral Health America and its corporate sponsors for the donation of product in any public outreach activities or publicity materials that may be distributed by your organization.
- Return any unused materials to Oral Health America within three months of the end of your organizations’ sealant program
- Hold Oral Health America and its corporate sponsors harmless in any legal action or dispute.
- Attest that only properly trained and licensed personally are involved in the placement of sealants & fluoride varnish.

In return, your participation in the Smiles Across America Product Donation Project earns you:

- Partners status
- Donated product
- Use of Oral Health America’s logo during your events

Signature

Print Name

Title

Date

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**Product Donation Project:
Request Form**

Information

Name: _____

Phone: _____

Organization: _____

Mailing Address: _____

City, State, Zip

Shipping Address: _____

City, State, Zip

E-mail: _____

Website: _____

Product

- Our sealant drive with begin on: _____
- Specify the quantity of sealants you need and number of children you plan to serve:
We plan to seal _____ teeth on _____ children
- How much fluoride varnish could you use: _____
- We could also use (please X):
 - Toothpaste
 - Toothbrushes
 - Pumice Preppies
 - Floss
 - Other (list): _____
- The following groups (organizations, associations, societies, companies) are working with us to make our drive a success:

- If you request a particular brand, please state _____

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Product Donation Project:

Report Form (Page 1 of 2)

**This should be completed every 6 months*

Name: _____

Organization: _____

Phone: _____

E-mail: _____

- 1.) When did your organization receive product from Oral Health America (OHA)?

- 2.) Are your oral health services limited to a specific time of year? If so, please explain.

- 3.) What type of locations are used for your organization's sealant programs? (schools, community clinics, health fairs, dental offices, etc.)

- 4.) Who applies sealant material and fluoride varnish to teeth and provides oral health services for your organization?

- 5.) How many children receive **general health services** from your organization?

-Continued-

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Product Donation Project:

Report Form (Page 2 of 2)

**This should be completed every 6 months*

- 6.) How many children receive **oral health services** from your organization?

- 7.) How many **children and teeth** received sealants from our donation?

- 8.) How many children received fluoride varnish treatment?

- 9.) In addition to those children who received sealant material and fluoride varnish applications from OHA, how many additional children did your program treat?

- 10.) Describe how sealant material donated by OHA and its partners has enabled your organization to serve more people (we love pictures too):

- 11.) What additional groups/associations are working with your organization to make your drive a success? (i.e. State Dental or Hygienist Associations, Department of Public Health etc.)

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