

Delta Dental of Iowa Foundation Grant/Project Fit Screening Tool

Use this screening tool to understand how well your project aligns before creating an account or beginning an application.

What You Can Expect From Our Team/This Screening Tool is Used to Support:

- Transparency
- Respectful use of your time
- Partnership and open communication

1. 2026-2028 Funding Priorities Does your project connect to one or more of our funding priorities?

- | | |
|--|---|
| <input type="checkbox"/> Oral Health | <input type="checkbox"/> Veterans Oral Health |
| <input type="checkbox"/> Vision Care | <input type="checkbox"/> Dental & Vision Workforce |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Dental & Vision Providers' Mental Health |

If none apply → Your project may not be a fit. You are welcome to reach out to our team to talk it through.

2. Organization Type Which best describes your organization?

- | | |
|---|--|
| <input type="checkbox"/> A nonprofit public charity (501c3) | <input type="checkbox"/> Dental office/clinic (not eligible) |
| <input type="checkbox"/> A government or public agency | <input type="checkbox"/> Other (not eligible) |
| <input type="checkbox"/> An Iowa-based school (public or nonpublic) | |

If none apply → Your project is likely outside our current strategy, but we are happy to discuss.

3. Who Will Benefit? Does your project support people or communities in Iowa?

- ☐ Yes, the work will directly support Iowans.
- ☐ The work is outside Iowa. (If outside of Iowa → Project may still be considered if it clearly benefits Iowans.)

Does your project advance health equity by supporting fair and just opportunities for all Iowans to achieve optimal oral, vision, or mental health?

- ☐ Yes
- ☐ Not yet, but we are exploring this
- ☐ Not applicable

4. Systems Change Alignment

Does your project help shift or strengthen systems that influence oral, vision, or overall health?
Examples: new care models, workforce development, integration of health services, expansion of services.

- ☐ Yes
- ☐ Somewhat
- ☐ No (“No” does not automatically make you ineligible.)

5. Readiness & Timing. Are you planning to start your project in 2026?

- ☐ Yes
- ☐ No (if No → Please contact us before applying)

Do you have enough information to begin planning the project?

- ☐ Yes
- ☐ Somewhat
- ☐ We are still exploring ideas (Exploration is OK. Our team is happy to meet with you to learn more.

If 3 or more items above fit your project, we encourage you to [create an account or log in](#) (login is for already existing partners) and continue to the Eligibility Quiz.

If you still have questions our team welcomes a conversation.

Reach out to IA_Foundation@deltadentalia.com