



The Smile Train
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Treatment & Education Grant Application

WHAT Smile Train Treatment & Education Grants are designed to help support Mission Groups who provide treatment for poor children with clefts and education and training for medical professionals in developing countries. The goal is to help children who would not otherwise receive care through free treatment (i.e. surgery, orthodontia, and speech therapy), improving the quality of treatment, or providing for related expenses such as equipment. These grants are also designed to help medical professionals in developing countries improve their proficiency, safety, and quality of cleft care provided.

WHO Mission Groups providing treatment for poor children and/ or education for medical professionals in developing countries.

HOW Review the Guidelines below and then submit the completed application with the following attachments: **1)** Curriculum Vitae (CV) of the medical professional(s) overseeing the project, **2)** background information on your mission group, **3)** 5 sample cleft cases with pre and post-operative photos, **4)** organizational budget. Send to: The Smile Train, 41 Madison Ave, 28th Floor, New York, NY 10010, USA.

The Smile Train Guidelines For Mission Groups

- Missions must be focused primarily on providing treatment for poor children with clefts in developing countries.
- Do not send missions to sites where there is a local Smile Train partner (visit our website at www.smiletrain.org for a list of locations).
- The leaders of the mission must be board certified surgeons and anesthesiologists actively involved in cleft care.
- Surgical fellows and residents must operate under close supervision.
- You must use appropriate medical equipment for safety and quality (e.g. pulse oximeter)
- Whenever possible, missions should include training and education of local medical professionals.
- Submit all patient records on Smile Train Express (www.smiletrainexpress.org).

About You

| | | | |
|---------------------|------------|--|--------------------|
| Applicant | | Title | |
| Organization | | Are you a non-profit organization? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Address | | State/Province | Postal code |
| | | Country | |
| Telephone | Fax | Email | Web site |

About Your Organization

| | | | |
|---|--|--|-------------------------------|
| Name of medical professional(s) overseeing the project <i>(Please submit CV)</i> | | Number of years your organization has been involved with cleft care <i>(Please submit supporting background information)</i> | |
| Total number of cleft surgeries your organization has done <i>(Please submit 5 sample cases)</i> | | Countries your missions have served | |
| Cost per mission <i>(Please submit Organizational Budget)</i> | | Cleft surgeries per mission | Cost per cleft surgery |
| Can you do incremental missions with increased funding? | Do you train and educate medical professionals on your missions? If yes, please describe. | | |

How a Smile Train Grant Will Help You

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| Amount requested \$ _____ | How will this grant will enable you to help treat additional poor children with clefts and/or improve the quality of cleft care you provide? <i>(Please attach description)</i> |
|-------------------------------------|---|

I certify that the information in this application is true and accurate and verify that my organization will agree to The Smile Train Guidelines as set forth above

| | | | |
|---------------|-------------|--------------|-------------|
| Signed | Name | Title | Date |
|---------------|-------------|--------------|-------------|

Please send reports via email to jblackwood@smiletrain.org or mail to: Janet Blackwood, Program Associate, at the address above.