



COLLEGE OF DENTAL ASSISTANTS OF
SASKATCHEWAN

CDAS: Application for Membership Group Seed Funding

Legal Name: (confirm the organization has registered as a non-profit with ISC OR has this action in their short-term plan):

Organization Contact (website, emails, phone, etc. (has/will a website been secured? Is there an estimated cost or will a no/low-cost site be used?):

Current Mailing Address (which committee member's address?):

Applicant Contact Information (Individual Name, Title, Email):

Names of other members on Organizing Committee:

Proposal

Brief description of the organization (# of inaugural members, membership fees to be charged per year):

Purpose and key anticipated outcomes (membership services that will be provided, and how these will be delivered – staff, volunteers):

Individuals served for each of next five years (membership at each year for next five years):

Amount of seed funding requested (this is the one-time funding requested to support the start of the group and may be provided in increments as certain milestones are reached; it will not continue past the first year of establishment):

Budget over next five years (provide a detailed budget showing staffing, resources, etc.):

Income and expense estimates (detail all sources of income showing membership revenue, any other grants, and all anticipated expenses for the first 5 years):

Breakeven (self sufficiency) date: (with calculations showing the minimum number of members required to breakeven)