



THE CHARITABLE ARM OF THE  
M A S S A C H U S E T T S  
D E N T A L S O C I E T Y

**FINAL PROJECT REPORT**

**COVER SHEET**

**DUE: December 31**

1. Legal name of organization:
2. Organization full mailing address:
3. Name of executive director or president of organization:
4. Contact person name:
5. Contact person title:
6. Contact person telephone number:
7. Contact person email address:

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Signature of Executive Director or President of Organization

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Date



THE CHARITABLE ARM OF THE  
MASSACHUSETTS  
DENTAL SOCIETY

## FINAL PROJECT REPORT

Please answer the following questions and return your responses no later than December 31 by email to [foundation@massdental.org](mailto:foundation@massdental.org).

1. Please list the main steps you took to achieve the goals and objectives outlined in your proposal to the MDS Foundation. Please be specific.
2. List the outcome(s) that were achieved – both measurable and descriptive.
3. List the goals and objectives not achieved and explain why.
4. Provide specific details and statistics demonstrating how you expanded access to dental care for your target population.

In addition, please include the following items with your report:

1. A financial report describing/detailing the use of the grant funds.
2. Examples of print materials developed for this program (e.g. brochures) and promotional materials (e.g. newsletters, press releases, media articles).