

Healthier Smiles Community Service Grants – 2026

APPLICATION DEADLINE: 15th April 2026

The ADA Dental Health Foundation (ADA DHF) and the Mars Wrigley Foundation are pleased to announce the Healthier Smiles Community Service Grants program will be open for another year in 2026.

Now in its 15th year, the Healthier Smiles Community Service Grants support dentists, dental students and teams of dental professionals to deliver oral health community services, treatment and education to high-risk populations across Australia. Apply now for one of

10 x USD\$8,450 grants - approx. AUD\$13,050*

The Healthier Smiles Community Grants is open to ADA member practitioners. Applicants must be Australian residents.

To fill in the application form you will require specific details of the project, project team, expected outputs and how the project will address the Australian National Oral Health Plan (2015-2024) and/or the ADA's Australian Dental Health Plan <https://www.ada.org.au/about/dental-profession/australian-dental-health-plan>.

To be considered please complete and submit the form by April 2026 to communityservicegrants@adadhf.org.au.

Please visit the ADA DHF website Home - ADA Dental Health Foundation (ADADHF.org.au) to view our previous recipients.

If you would like more information about the application process please email communityservicegrants@adadhf.org.au

Note: it is at the discretion of the ADA DHF and Mars Wrigley Foundation to determine the amount of funds dispersed and the number of grant recipients based on the merit of applications received.

* The exact amount distributed in AUD\$ may fluctuate with the exchange rate at the time of distribution.

1. Australia's National Oral Health Plan 2015-2024 (iaha.com.au)
2. ADHP (ada.org.au)



ELIGIBILITY CRITERIA

Are you an Australian resident? *

Yes

No

Which best describes your current qualifications? *

I am a practicing dentist within Australia

I am enrolled as a full-time student in an Australian undergraduate or graduate entry dental degree

If you are a full-time student, please upload an authorised copy of your academic record

PRIMARY CONTACT PERSON

First Name *

Surname*

ADA Member number/ student number *

Contacts Address

Contacts email address

Daytime Contact Number

University attended/Year studied

SECONDARY CONTACT PERSON

Please provide the following details for the secondary contact for the project.

First Name *

Surname*

ADA Member number/ student number *

Email address

Contact phone number

University attended / Year

PROJECT DETAILS

What is the projects official title?

What is the project's address?

When will the project officially commence?

When will the project be completed?

(NOTE: eligible projects must be completed by 31st December 2026)

Is this a new or continuing project

New Project

Continuing Project

If a continuing project, please summarise details of any prior involvement in the Community Service Grants or other community oral health programs. Please advise key achievements and details of any media coverage about the project, including links to stories.

Please provide phone number and email addresses for two referees. *

PROJECT PARTICIPANTS

How many dental professionals will volunteer their time for the project? Please provide numbers and qualifications.

How many hours will be volunteered (approximately)?

Please provide a brief bio of each of the participating dental professionals.

ADDRESSING AUSTRALIA'S NATIONAL ORAL HEALTH PLAN

Eligible projects will provide dental benefits to population groups with poor oral health and significant unmet dental treatment needs as identified by Australia's National Oral Health Plan. Which at risk population group does your project target?

Adults and children who are socially disadvantaged or on low incomes

Aboriginal or Torres Strait Islander people

People living in regional and remote areas

People with additional or specialised health care needs

How does your project meet their needs?

Please provide a profile of the project's target audience and summarise their oral health issues and needs. Please include relevant statistics pointing to the timeliness and urgency of the project in your community - specifically, state-based or population-specific data.

Please describe the proposed community service activities designed to meet these needs? *

PROJECT OUTCOMES

Please provide details about how the success of the program will be evaluated. *

How many patients will be helped/treated? *

What types of treatments or services will be provided? *

Please outline how oral health education is a component of the project.

How many individuals will receive oral health education is a component of the project? *

How many individuals will be screened for oral health issues as part of your program?
(Please estimate)

What is the projected retail cost of care or services that will be provided as part of your program?
(Please provide in AUD)

PROJECT BUDGET

Provide a brief itemised budget of how the funds will be spent. *

Please disclose any financial assistance you have received for the program or project, and any concurrent funding applications made

CONSENT AND REPORTING

Repurposing application information for promotional purposes:

The ADADHF and the Mars Wrigley Foundation will be undertaking PR activities to promote successful grantee initiatives, including media profiling, industry media and ADA channels media such as social media, website, News Bulletin and member email alert. Your participation in this is extremely valuable. If you are successful in receiving a Healthier Smiles Community Service Grant, our media agency Bastion Reputation will share a comprehensive brief on the scope of media outreach and participation.

By accepting a grant, you give permission for the information provided in this application to be re-purposed as part of the promotion of the grant recipients, including in advertorials and media relations materials, as well as any other additional promotional activity.

☐ I agree

☐ I do not agree

Photography requirements:

You will need to supply one high quality photograph (no blur) electronically, which can be used to send to media and used for promotional purposes, by 5 August 2025. Please do not send a corporate headshot. This photograph should reflect the nature of your project work and should showcase your work in action e.g. team of dental professionals with other volunteers.

☐ I agree

☐ I do not agree

Reporting requirements:

If you are successful in receiving a Healthier Smiles Community Service Grant, you will be required to report on the successful implementation of your grant upon the project's completion as of 10th May 2026. The ADA will be in touch with recipients to provide a copy of the Reporting Template Form that grant recipients will need to complete and return.

☐ I agree

☐ I do not agree

Submit Application

Please review all details to ensure they are correct and complete before submitting the application.

Application closes on 15th April 2026

If additional information is required please visit

www.adadhf.org.au

Thank you.