

COVID-19 Grant Application for Washington Tribal Dental Clinics

[Arcora Foundation](#) was founded and is fully funded by [Delta Dental of Washington](#) (DDWA) a non-profit dental benefits company. Both Arcora Foundation and DDWA work towards a shared vision: All people enjoy good oral and overall health, with no one left behind. Arcora Foundation has partners with tribes, Urban Indian Health Programs, and non-profit tribal organizations such as Northwest Portland Area Indian Health Board to improve the oral health of American Indian/Alaska Native people (AI/AN) in the Northwest.

Arcora Foundation is offering grant funding to tribes based in Washington state to support their dental programs' needs and responses to the COVID-19 pandemic. To qualify for an Arcora Foundation grant, your organization must be a Tribal organization with 7871 tax-exempt status. For more information on IRS status, click on the [link](#).

To apply for grant funding, please complete and submit this application by July 10, 2020. The application is intended to require minimal time to complete. Arcora Foundation seeks only essential details that capture your tribe's dental program's needs and activities, with the goal of distributing funds as soon as possible.

If you have questions or need assistance, please contact Sarah Borgida at sborgida@arcorafoundation.org or at 206.473.9025.

Tribal Community Contact Information

Tribe:	
Population:	
Dental Program Name:	
Program Address: City, State and Zip Code	
Phone Number:	

Dental Director:	
Email:	
Health Director (Executive Director/CEO):	
Phone Number:	
Email:	

Tribal Dental Program Information

Provide the following information about your tribal dental program:

1. Number of FTEs for dental team

Dentists

Hygienists

Dental therapists

Dental assistants

2. Number of operatories

3. Number of patient visits/year

Describe innovative protocols or practices your dental program is implementing as a result of COVID-19 (up to 100 words)*optional – will not be used to determine funding amount*

Funding Request

How much (dollar amount) are you requesting?

Explain why this funding is needed (i.e. loss of Medicaid or other revenue, increased costs) and why this project or activity cannot be funded by other sources (up to 50 words).

Check the box(es) below that best indicate how the funds would be used.

Staff (Office/Admin/Case Manager, DA/EFDA, RDH, DT/DHAT, Dentist):

- a. Emergency Hire or Surge: For a period of time to recover lost services
- b. Initiate for a new permanent position
- c. Training (i.e. DA/EFDA or DHAT/DT)
- d. Other (up to 10 words)

Supplies/Equipment:

- a. PPE
 - N95 respirators and/or Level 3 masks
 - Gowns: Conversion to reusable (cloth) and laundry service.
 - Face shields/other
- b. HEPA filtration or UV-C (portable units)
- c. Intraoral Isolation Systems (DryShield, IsoLite/IsoDry)
- d. Extraoral HVE Systems
- e. Teledentistry (tablets, cameras, IT and/or video conferencing support)
- f. Mobile unit/portable equipment
- g. MID materials (SDF, glass ionomer restorative material, fluoride varnish)
- h. Other (up to 10 words)

Capital Improvement:

- a. HVAC
 - Centralized HEPA filtration

Centralized UV-C sterilization

Exhaust ventilation/negative pressure rooms

b. Remodel/room conversion (isolation barriers)

c. Central sterilization room (suite)

d. Sterilizer/Autoclave/Washer-Disinfector

e. Other (up to 10 words)

Programs/Outreach:

a. School/Daycare Based Programs

b. Senior/Elder Care Based Programs

c. Other (up to 10 words)

Other:

a. Please describe (up to 10 words)

Anything else you want us to know? (up to 50 words)

Click button below to submit application through email.