



Foundation

Bending the Arc of Oral Health Toward Equity

Arcora Foundation is pleased to invite you to apply for Capital Clinic Access (CCA) Grant Funding. CCA grant information and application instruction are included below. Applications are due March 15, 2023, by 5pm (Pacific Time)

Capital Clinic Access Grant Overview

CCA grants provide safety net dental programs – including Federally Qualified Health Centers, Tribal, and nonprofit dental clinics – with **capital funding** to expand their programs to serve more people, particularly Black, Indigenous and communities of color that experience oral health disparities and face challenges accessing dental care.

Capital grant funding will support:

- the construction of a new facility or a substantial addition to an existing facility; and/or large-scale equipment purchases that results in:
 - Significant, sustained increases in dental access for underserved populations, particularly Black, Indigenous and other communities of color

Grant Guidelines

- **Geographic Location** – Organizations located in Washington state, or that serve individuals in Washington state
- **Project Type**– Capital projects that significantly increase access to dental care for Black, Indigenous and communities of color
- **Applicant's Tax Status** – Organizations that have been ruled to be tax-exempt under Section 501(c)(3) of the Internal Revenue Code or similar status. Charitable organizations applying for support must possess the most current IRS documentation reflecting their status or qualification as a tax-exempt entity.
- **Award Size** – Between \$50,000 and \$250,000 per project

How to Complete and Submit an Application

Foundation staff are available to assist applicants in completing and submitting grant applications. Please ask for help if you need it. Direct questions or requests to Chad Lennox, clennox@arcorafoundation.org.

Please fill out the online form below and submit the completed attachments listed.

1. Budget and Metrics Worksheet
2. Tax determination letter
3. Organization's Reserve Policy
4. Current Board of Directors roster with affiliation

You can submit with application or wait for a potential positive funding decision.

5. W-9 form
6. ACH form (for direct deposit)

The Application Review Process and Timeline

Following the submission of a completed application, Foundation staff will review and analyze the application. Staff may request additional information. (At any point in the grant review process)

- Staff may schedule a site visit (virtual) and provide a list of questions in advance (March/April)
- Arcora Foundation Board of Trustees' Programs Committee will review application and recommend grant awards (May)
- The Foundation Board of Trustees will approve grant awards (June)
- All applicants will be notified of grant decisions (June)

Expectations of Grantees

- Successful applicants are asked to sign a grant agreement and complete and submit grant reports documenting progress toward agreed-upon metrics.

Online Form

The capital application is processed in two parts. The following table describes the application sections, the information requested and in which part and an indication of the number of characters limits for the answers.

Please note: You may save your work in process by including filler information in the required fields and a placeholder document. Then edit the application at your convenience through March 15, 2023. You can remove the placeholder document when you are ready to upload the requested file(s).

Application Form Sections	Field Name	Description	LOI*	Capital*
Applicant Information	Organization Name (Auto)	Automatically assigned		Text (500)
	Organization type	Option set		Text
	Applicant Name	Name of person applying	Text	
	CEO	CEO name		Text
	Grant Signer	Grant signer name		Text
	Primary Contact	Primary contact name		Text
	Report Contact	Report contact name		Text
	Media Contact	Media contact		Text
	Org Mission	Organization mission	Text (500)	
	Board and staff	Please share the way in which your staff and board leadership are representative of the community you serve (e.g., race/ethnicity, gender identity, sexual orientation, other factors)	Text (750)	
	Grant purpose	Define key purpose of grant request	Text (100)	
Service history	When and how did you start to provide the services that would benefit from this grant?		Text (500)	
Project Information	Project name	Name of the project	Text (100)	
	Project scope and impact	Please describe the capital project including what your organization will do with the funds you are requesting, why you are requesting the funds and the project's impact-specific goals	Text (1,000)	
	Project cost	What is the total cost of the project before any funding	Numerals	
	Project timeline	Please describe your project planning process and timeline including key dates, milestones, deadlines, etc.	Numerals	
Capital Project Description	Amount requested			
	Project Description	Describe the project you are applying to Arcora Foundation to support. Include why the need, how you will define success, how you will measure it, and when you will achieve it.		Text (1,000)
Community Served	Dental Facilities	How many dental facilities does your organization operate?		Numerals
	Site location	Which sites(s) are you asking for Arcora Foundation funds to expand?		Text (100)
	Geographic location	Describe the geographic area that the project will serve.	Text (500)	
	Project population	Describe the population that the project will serve. Include demographic information (races/ethnicities, ages, genders, socio-economic status, etc.).	Text (500)	
	Challenges experienced	What are the top challenges experienced by this population		Text (500)

Project Goals	Target patient increase			Numerals
	Target increase in dental services or other health services			Numerals
	Access to care	What, in addition to expanding your clinic and/or purchasing equipment, will you do to ensure patients can access care in a timely manner?		Text (500)
	Challenges	What might get in the way of you reaching your goals, or reaching them in your timeframe (staffing, fundraising, etc.)?		Text (500)
	Project Completion	How and when will the project be completed, its targets realized?		Text (500)
Patient Information	Data timeline	What year or timeline does this data include? (please use past year's data if possible)		Text (250)
	Age 1-11			Numerals
	Age 12-17			Numerals
	Age 18-40			Numerals
	Age 41-55			Numerals
	Age 56 or more			Numerals
	Patient visits last year			Numerals
	Projected patient visit after project completion			Numerals
Patient Sourcing	Please describe the source of patients for the site (local community, patient referrals, specific referrals, self-referrals, medical referrals, insurance providers, Medicaid, Medicaid, etc.)			Text (250)
Additional Information	Project support	Besides financial support, what role could Aroca play in the success of this project? For example, practice management coaching, patient education resources.		Text (500)
	Other information		Text (500)	Text (500)
Files		Budget and Metrics Worksheet		Yes
		Tax determination letter		Yes
		Organization's Reserve Policy		Yes
		Current Board of Directors roster with affiliation		Yes
		W-9 form		**
		ACH form (for direct deposit)		**
<p>* Field type and character limits in parenthesis for text fields ** You can submit with application or wait for a potential positive funding decision.</p>				