Capital Clinic Access Grant Opportunity

Arcora Foundation offers Capital Clinic Access (CCA) grants to safety net dental programs. This includes funding Federally Qualified Health Centers, Tribal, and nonprofit dental clinics. CCA grants support the delivery of culturally appropriate care* to increase and sustain dental access for Black, Indigenous, and People of Color (BIPOC) and other populations that experience oral health disparities and face challenges accessing dental care. CCA funding will support capital projects designed to support:

CCA funding for capital projects are designed to support one or both of the following:

- Expand or renovate dental clinics or facilities.
- Purchase or upgrade dental equipment and/or software and technology.

Arcora Foundation prioritizes funding capital projects that include new or existing programs and/or strategies that include one or more of the following:

- Deliver whole person care through medical/dental integration.
- Use technology in new ways to provide culturally appropriate care and/or to expand access to care.
- Implement evidence-based models of care.
- Allow dental teams to work at the top of their licenses to deliver culturally appropriate care efficiently and effectively.
- Deliver culturally appropriate care and increase and sustain dental access through other efforts.

Award Size: up to 250,000

Learn more about our 2023 CCA grant recipients on our blog.

Applicant Eligibility

- **Geographic Location**: Project must benefit individuals within Washington state.
- **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.

Ineligible Projects**

We will not consider:

- Reimbursement or Payment for Dental Care/Treatment. Projects that request funding to pay for dental care/treatment, and/or reimburse for care.

- Loan Repayment. Projects seeking repayment of existing loans or reimbursement for completed projects.
- Incomplete Applications. Project without an implementation plan that includes a completed Budget and Metrics worksheet.

*Culturally appropriate dental care is defined by the Agency for Healthcare Research and Quality as *care that respects diversity in the patient population and cultural factors that can affect health and health care, such as language, communication styles, beliefs, attitudes, and behaviors*.

**While not technically ineligible, dental programs/projects that depend on services provided by volunteer providers/staff will not be prioritized unless applicant demonstrates dental program will maintain continuous, ongoing, efficient, cost-effective operations, provide comprehensive care to patients, and has resources to maintain increases in access after grant funding ends.

Evaluation Criteria/Scoring

- Impact and Sustainability: Project's potential to significantly, effectively, cost-effectively improve access to culturally appropriate oral health care, and to sustain access over the long term. (5 points)
- Leadership Demographics: Leadership's demographics/representation of the community/population it serves. (3 points)
- Population Served: Organization serves BIPOC or other communities experiencing oral health disparities and facing access challenges. (5 points)
- Feasibility: Clear, measurable, attainable project goals, realistic/reasonable timeline and project plan. (5 points)
- New/Existing Programs/Strategies: Project includes one or more of the sample projects listed above. (2 points)

Application Process

Letters of intent: Applicants must submit the Capital Clinic Access Interest Form below **by Jan. 10, 2024** at 5 p.m. PST. ***CLOSED***

Grant application: Organizations selected to submit a grant application will be notified by February 2, 2024. Grant applications will be due by March 8, 2024 at 5 p.m. PST,

Here is the application.

Organizations invited to complete applications will be asked to include the following documents with their application:

- [Budget and Metrics Worksheet](#)
- Tax determination letter
- reserve policy
- Current Board of Directors roster with affiliations

Applicants may submit the following with their grant application or wait until they receive a potential positive funding decision:

- [Direct Deposit](#)
- [W-9](#)

Application Review Timeline

Timeline

- Application released: January 2, 2024
- Information session: January 4, 2024
- Letter of Intent due: January 22, 2024
- Invitations sent to apply for grant. (If we don't select you, we'll notify you and let you know why.): February 2, 2024
- Applications due: March 8, 2024
- Grant applications reviewed—Arcora staff: March 11 – April 26, 2024
- Grant applications reviewed and award amounts decided—Arcora Board of Trustees: April 29 – June 7, 2024
- Applicants notified of Board decision: June **10, 2024**

Following the submission of a completed application, Foundation staff will review and analyze the application.

- Members of the Arcora review team may request additional information at any point in the grant review process. Staff may send questions or request information in writing.
- Members of the review team will schedule a site visit, to be held\in-person or virtually via Zoom. (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)

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

If you have questions about funding, contact Heather Knaplund
hknaplund@arcorafoundation.org

If you have problems with account set-up or other technical issues, please email, arcora-it@arcorafoundation.org.

[Start the grant application](#)

Online Form

Applicant Information

To qualify for an Arcora Foundation grant, your organization must be one of the following (please select from dropdown menu):*

- Public charity with tax-exempt status under section 501(c)(3) of the Internal Revenue Code
- Public or governmental entity such as a school, university, or health district
- Tribal organization with 7871 tax-exempt status
- Tax-exempt dental association

In the upload section at the end of the application, please submit a copy of your organization's U.S. Treasury (IRS) tax determination letter.

Organization Type*

Organization Name*

Applicant Name*

Executive Director/CEO Name*

Grant signer, if different from CEO

Primary Contact Name*

Report Contact Name*

Report Contact Title*

Report Contact Phone Number*

Media or Communication's Contact Name*

[ ]

Community Served

Dental Facilities
How many dental facilities does your organization operate?

[ ]

Site Location
Which facility/facilities are you requesting capital funding to develop/upgrade/expand? Arcora Foundation?

[ ]

Geographic Location
Describe the geographic area that the facility serves/will serve.

[ ]

Project Population
Describe the population that the capital project will serve. Include demographic information (races/ethnicities, ages, genders, socio-economic status, etc.).

[ ]

[ ]

Project Description*
Describe the capital project you are applying to Arcora Foundation to support. Include why the funding is needed, how you'll define success, how you'll measure it, and when you'll achieve it. (500 limit)

Challenges*
What might get in the way of you reaching your goals, or reaching them in your timeframe (staffing, fundraising, etc.)?

[ ]

Does your dental program have and/or are you developing the following (check all that apply):

- Whole person care through medical/dental integration.
- Using technology in new ways to provide culturally appropriate care and/or to expand access to care.
- evidence-based models of care.
- dental teams working at the top of their licenses to deliver culturally appropriate care efficiently and effectively.
- Other models/strategies to support the delivery of culturally appropriate care and increases and sustain dental access

If you checked a box/boxes below, please describe the projects/strategies in detail. Note: you may be asked to provide additional information at a later date.

Capital Project Description

Funding Requested*

Patient Information

In this section, please include information about the site that you are requesting funds to launch, update, or expand. If this is funding for a new clinic, please put "0".

Data Timeline
What year or timeline does this data include? (please use past year's data if possible).

Patient Age Base - Age 1 through 11 (%)
Patient Age Base - Age 12 through 17 (%)

Patient Age Base - Age 18 through 40 (%)
Patient Age Base - Age 41 through 55 (%)
Patient Age Base - Age 56 or more (%)
Patient Visits - Last Year
Total number of patient visits generated by this site the past year.

Patient Sourcing
Please describe the source of patients for the site (e.g. local community, patient referrals, specific-referrals, self-referrals, medical referral, insurance providers, Medicaid, Medicare, etc.).

[ ]

Additional Information

Project Support
Besides financial support, what role could Arcora Foundation play in the success of this project? For example, practice management coaching, patient education resources.

[ ]

Other Information?

[ ]

File Upload

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

Drag and drop files here or browse files

☐ Send me a copy of my responses.

Submit

CCA Grant and LOI Application Questions – Character Limits

CCA Grant and LOI Application Questions				
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	Name of the Event	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.	Text (500)	
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)	