

Oral Health Impact Grant Application

Arcora Foundation is excited to announce a funding opportunity to support **oral health** projects that:

- Support or increase access to culturally responsive dental care.*
- Promote and increase access to healthy food (and if possible, fluoridated water)

Application cycle: Applications are due October 10, 2025, by 5 p.m.

Focus Populations: Black, Indigenous, and other Communities of Color, rural communities, and other populations experiencing health disparities.

Funding available: Arcora Foundation has \$500,000 available to fund oral health projects; applicants may request up to \$75,000. Up to half of the funds may be used for general operating support.

Applications will be evaluated on:

- Population served. (6 points)
- Organization's leadership demographics reflects the communities that the project will serve. (3 points)
- Projects' alignment with Arcora Foundation's project grant priorities (support or increase access to culturally responsive dental care; increase water consumption (fluoridated water if possible), decrease consumption of sugary beverages, or promote access to healthy food). (3 points)
- Project's impact—project milestones and budget should be clearly aligned. (5 points)

Eligibility:

- Project grant funding is limited to projects with an impact in Washington state.
- Applicants must be tax-exempt under Section 501(c)(3) of the Internal Revenue Code or similar status, including tribal organizations.
- Funding is for projects that take place in the 2026 calendar year.
- One application per organization.

Apply for an Oral Health Impact Grant

Please read the Instructions for Oral Health Impact Grant Application Submission, then create an account and complete and submit the grant application form linked at the bottom of the page. At the end of the grant application, you'll see prompts to upload the [Project Budget Support and Timeline Template](#). You can find the template in the additional links section below. If your organization receives positive funding decision, we will ask you to sign a grant agreement and fill out a [W-9](#) and [ACH Form](#).

*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*

If you have questions about the application content, please email Heather Knaplund at hknaplund@arcorafoundation.org.

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

Click the link to [create an account and start the application](#).

Sample Projects

Examples of projects are listed below but are not meant to limit creativity.

Project Categories: Please check the category/categories that your project will address (check all that apply):

- Support or increase access to culturally appropriate dental care.*
- Increase water consumption (fluoridated water if possible), decrease consumption of sugary beverages, or promote access to healthy food.

Support or increase access to culturally responsive dental care.

Sample projects:

- Implement motivational interviewing in a dental practice to increase patient/provider communication, patient/provider satisfaction, and the delivery of culturally appropriate care.
- Develop, implement, and/or enhance a community health worker program that addresses oral health and connects people with culturally appropriate care.
- Implement or expand care coordination services to address barriers to care—for example, transportation, childcare, access to specialists, etc.
- Develop and implement a community-led campaign to decrease the type/number of sugary beverages young children consume regularly.

Increase water consumption (fluoridated water if possible), decrease consumption of sugary beverages, or promote access to healthy food.

Sample projects:

- Develop and implement resources for immigrant families to identify traditional foods from their culture(s) that are healthy and supporting families in obtaining them.
- Partner with patients/families to support their access to healthy food—bringing vendors/food to the community or supporting people in identifying easy ways to travel to locations that provide healthy foods. If possible, also promote drinking water (fluoridated, if available in the community) instead of sugary beverages.

Application Questions

1. Organization's Mission
2. Please share information about the ways in which your staff and board leadership are representative of the communities you serve. (e.g. race/ethnicity, gender identity, sexual orientation, other factors). Be as specific as possible.
3. Please provide by percentage your staff and leadership team demographics in the following categories

Organization Information - Race	Organization Information - Ethnicity
American Indian/Alaska Native Asian Black/African American Mixed Race/ Multi-racial Native Hawaiian or Other Pacific Islander White Other Prefer Not to Answer Unknown	Hispanic or Latino or Spanish Origin Not of Hispanic or Latino or Spanish Origin Prefer Not to Answer (Ethnicity) Unknown (Ethnicity) Speak a Language other Than English

4. Provide the name of your project.
5. Are there other projects or programs in your community with the same, or similar, priorities/goals as your project? If so, what are they and how will you collaborate with/complement these efforts?
6. Please describe the project, including measurable goals and key activities.
7. Amount Requested: Please provide the amount of funding your organization is requesting (up to \$75,000 per project).
8. Project Timeline: Please describe the timeline including key dates, milestones, deadlines, etc.
9. How many people do you estimate this project will serve?
10. Project start date
11. Project end date

12. Operational plan summary: How and when will the project will be completed. Will this project be sustained after the grant period ends? If so, how will you sustain the project?
13. Focus population: Describe in detail which population(s) will benefit from this project. Include race, ethnicity, and age group(s).
14. Geographic location: Please describe where the project will be implemented. Be as specific as possible, such as a particular neighborhood, apartment complex, or school.
15. Other Information: What else, besides funding, could Arcora do to help your project succeed – for example, do you need technical support, access to subject matter experts, specialists, or speakers?
16. Please provide estimates by percentage of the population served by this project.

Project Information - Race	Project Information - Ethnicity
American Indian/Alaska Native	Hispanic or Latino or Spanish Origin
Asian	Not of Hispanic or Latino or Spanish Origin
Black/African American	Origin
Mixed Race/ Multi-racial	Prefer Not to Answer (Ethnicity)
Native Hawaiian or Other Pacific Islander	Unknown (Ethnicity)
White	
Other	Speak a Language other Than English
Prefer Not to Answer	
Unknown	

17. Project Budget and Support Information: Please fill out the budget and support template in the "Additional Links" section on this page to share project expenses. Upload the completed template in the upload file section at the bottom of the application.