

2025 INTEGRIS Health Community Giving Fund

INTEGRIS Health is pleased to announce a funding opportunity for organizations working to improve community health outcomes in Canadian, Delaware, Garfield, Kay, Oklahoma, Ottawa, and Woodward counties. The INTEGRIS Health Community Giving Fund (CGF) was established to strengthen our collective capacity to improve community health outcomes across the state of Oklahoma.

Your application must be submitted before the December 5, 2025, deadline. Applications that fail to meet the criteria or are otherwise incomplete will not be considered. All decisions concerning the INTEGRIS Health Community Fund grants made by the Grant Committee will be final.

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Eligibility

* 1. Is your organization a registered 501(c)3 nonprofit? *Note: A copy of your IRS 501(c)3 determination letter is required for submission.*

- Yes
- No
- If Other (please specify)

* 2. Will the proposed project be implemented in an INTEGRIS Health service area? (Please select all that apply)

- Canadian County
- Delaware County
- Garfield County
- Kay County
- Oklahoma County
- Ottawa County
- Woodward County
- Other (please specify)

* 3. All funding requests must align with INTEGRIS Health’s mission and priorities. There are some things that we do not fund, including:

- Basic or applied biomedical research, or laboratory studies
- Purchas of clinical equipment
- Capital Campaigns or Annual fundraising appeals
- Construction, purchase, non-mandated renovation, demolition, or re-purposing of any physical facilities or real property
- Political campaigns to support or oppose candidates for public office
- Vehicle Purchase

I Understand

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Organization Information

* 4. Full Legal Organization Name

* 5. Organization's Federal EIN Number

6. Organization Website

7. Organization Mission Statement

* 8. Annual Operating Budget

* 9. Address

Street address

Street address 2

City

State

Zip Code

* 10. Primary Contact Information

First name

Last name

Title

* 11. Email

Email address

* 12. Phone Number

Country code

Phone number

* 13. Has your organization received an award from the INTEGRIS Health Community Giving Fund in the past?

Yes

No

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Project Details

* 14. **Project Name**

* 15. **Project Summary**

Please provide a 2-3 sentence summary of the project, its main activities, and its primary goals.

*** 16. Project Focus Area**

- Arts, Culture, and Humanities
- Civil Rights, Social Action, Advocacy
- Community Improvement, Capacity Building
- Crime, Legal-Related
- Education
- Employment, Job-Related
- Environmental Quality, Protection, and Beautification
- Food, Agriculture and Nutrition
- Health- General and Rehabilitative
- Housing, Shelter
- Human Services- Multipurpose and Other
- Mental Health, Crisis Intervention
- Public Safety, Disaster Preparedness and Relief
- Recreation, Sports, Leisure, Athletics
- Youth Development

Other (please specify)

*** 17. Project Timeline:** *Funding period January 1, 2026 - December 31, 2026*

Project Start Date

Date

 

Project End Date

Date

 

*** 18. Amount of Grant Funds Requested**

Note: you will need to upload a budget narrative detailing the project's costs.

* 19. Please provide a detailed project description, covering the following:

Core Activities: What will you do?

Population Served: Who will you serve?

Key Deliverables: What will the project deliver or achieve?

Implementation Plan: How will you accomplish it? Include description of outreach activities.

* 20. Describe your organization's capacity to implement the proposed activities including the staff and key partners, facilities, and/or other resources.

* 21. What specific community need does this project address? Please use local data to support your statement.

* 22. **Project History:** Is this a new or an existing program?

- If New: Describe your organization's history and experience that prepares you to address this community need.
- If Existing: Describe this program's past successes and how this grant will improve or expand it.

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Evaluation & Impact

* 23. **Community Impact:** Describe the specific, expected impact this project will have on the community if its goals are achieved.

*** 24. Projected Outcomes (Jan 1, 2026 - Dec 31, 2026)**

Provide outcome projections for metrics for the full funding period. Include additional metrics and projections specific to your program's success. Required Metric: # of unduplicated participants served

*** 25. Evaluation Plan:** How will you measure the project's success and track your outcomes?

*** 26. Sustainability** Describe your plan to sustain this program without future INTEGRIS Health funding. Please list major current or secured funding from other sources.

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Documentation Required

*** 27. Cover Letter**

Please upload a one-page cover letter.

Choose File

Choose File

No file chosen

*** 28. IRS 501(c)3 Determination Letter**

Please upload a letter designating 501(c)3 status.

Choose File

Choose File

No file chosen

*** 29. Project Budget & Budget Narrative**

Please upload an itemized project budget

Choose File

Choose File

No file chosen

*** 30. Current List of Board of Directors**

Please upload the current list of board of directors.

Choose File

Choose File

No file chosen

31. Additional Documentation

Choose File

Choose File

No file chosen