



2025 Community Grants Program Overview of Letter of Interest

Summary Information

1. Organization Name
2. Program Title
3. Year program was established
4. Grant Focus Area (Select what you consider to be the PRIMARY area.)
 - Mental & Behavioral Health Grants
 - Preventive Health Grants
 - Healthy Aging across the Life Course Grants
5. Grant Focus Area (Select a SECONDARY focus area, if applicable.)
 - Mental & Behavioral Health Grants
 - Preventive Health Grants
 - Healthy Aging across the Life Course Grants
6. Priority Area(s) based on the selected Grant Focus Area (Select all that apply.)
 - Pediatric Mental & Behavioral Health (Ages 0-12, K-7)
 - Senior Mental Health
 - Reduction of Adverse Child Events (ACE's) and Toxic Stress
 - Health Education
 - Screening programs
 - Vaccinations programs
 - Programs to increase access to preventive services & support for underserved, vulnerable populations
 - Healthy Eating and Nutrition
 - Physical Activity
 - Socialization for Seniors
 - Caregiver Support
7. Tell us about the program you are asking PHCD to support. Please be specific in describing your program in terms of its activities. Activities are the things you do (your services) to accomplish your larger goals around health and wellness improvements.

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8. Program summary
9. Requested amount
10. Number of people expected to be served with this funding request
11. Projected number of PHCD residents to be served with this funding request
12. Will requested funds launch, maintain or expand this program
 - Launch
 - Maintain
 - Expand
13. Total program budget (simple total)
14. How will PHCD funds be used - be specific.

Program Details

15. Program location (full address, including zip code)
16. Your program serves clients who reside in the following zip codes:
17. Demographics for the community served: (i.e., age, race/ethnicity, gender, socioeconomic factors, other.)
18. How does your program advance health equity in the District? Indicate health needs and/or issues addressed using relevant data and insights.
19. Please identify the goals of your program.
20. List key program metrics and health outcomes for the duration of the one-year grant period. What improvements do you expect during this time?
21. How will you track/demonstrate PHCD funds are serving District residents?

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22. Describe the program's timetable.
23. Provide analysis of the program's risk and limitations.
24. Explain if and how your organization will collaborate with other providers to ensure services are not duplicated.

Organization Information

25. Vision and mission
26. Organization type
27. Organization website URL
28. Incorporation date
29. CEO/ED name and title
30. CEO/ED email
31. CEO/ED tenure
32. CEO/ED years of experience in sector
33. Current list of your board members, roles and years of service to your organization
34. Organization's history with PHCD - list program title, year and amount
35. Physical Street Address, City, State, Zip Code
36. Mailing Street Address - If different than physical address