



Achieving Community Health Together

Community Grants Letter of Intent

Form Guidelines

The purpose of this form is to guide each grant submission and to standardize content submitted by applicants.

The Letter of Intent Form:

- Can be submitted by email to ashley.mcdevitt@peninsulahealthcaredistrict.org or sent to:
Community Health Investment Committee
1819 Trousdale Drive
Burlingame, CA 94010
- Should be no longer than **3** pages in length
- Is reviewed by the Board's Community Health Investment Committee and the Committee determines which organizations will be asked to submit a Full Proposal.

For more information about this form or the PHCD Community Grants Program, please call (650)-697-6900.



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PHCD Board priorities for 2016-2017 Grant Cycle:

- 1) Access to basic healthcare and mental health services
- 2) Childhood obesity and nutrition
- 3) Health education to reduce health risk behaviors
- 4) Senior services to promote independence and quality of life

Organization and Program Overview

1. Name of Organization: _____
2. Have you received a grant from PHCD in the past 5 years? ____ Yes ____ No
3. If yes, briefly describe your history with PHCD?
4. Name of program or service this new request will fund: _____
5. Is this program/service new or existing? ____ New ____ Existing
6. Will the funds be used to maintain services or expand services? ____ Maintain ____ Expand
7. Grant amount requested: \$ _____ Total agency operating budget: \$ _____
8. Total operating budget for the program/services to be funded? \$ _____
9. What is the total number served by the program/service? _____
10. What number of those served are PHCD residents? _____
11. Describe how you track participant residence status within District boundaries.

12. Briefly describe the community health need(s) your program addresses

13. Briefly describe the program/service and specifically how the requested funds will be used: (1-2 paragraphs)



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14. Briefly describe how the funds will address PHCD health priority (ies): (1-2 paragraphs)

15. List measurable outcomes that demonstrate impact to the health of the community.

16. When was your organization incorporated? _____

17. Is your organization a 501c (3) _____ or a Government agency _____?

18. What are the vision, mission, and values of your organization?

19. Program contact:

Name: _____ Title: _____

Phone: _____ Email: _____

Mailing address:
