Application Instructions
Howard L. Greenhouse Large Grant Program:
July 1, 2026 – June 30, 2027

This application is open to the public. All organizations who meet the eligibility requirements listed below are welcome to apply.

For the 2026-2027 Howard L. Greenhouse Large Grant Program, Potomac Health Foundation (PHF) will offer **project-based grants**. Grants made in this cycle should be considered **one-time grant** opportunities and may not have the opportunity to apply for renewal.

Funding Focus Areas

- ➤ **Wellness & Preventative Care:**
  - Evidence-based projects that promote overall health and well-being through proactive, preventive approaches.
- ➤ **Behavioral Healthcare:**
  - Projects addressing behavioral health, including substance use treatment.
- ➤ **Oral Healthcare:**
  - Dental care services targeted at vulnerable and underserved populations.
- ➤ **Primary Healthcare Clinics:**
  - Projects that expand access to primary care by enhancing clinic services or improving care delivery.
- ➤ **Health Insurance Assistance and Access to Prescription Medications:**
  - Support with accessing Medicaid and other health insurance programs and to increase access to medications for underserved populations.
- ➤ **Food Innovation & Nutrition Programs**
  - Projects that apply innovative, data-driven strategies to integrate nutrition and health, address food insecurity, and enhance community well-being through sustainable, community-led solutions and collaboration.
- ➤ ****Capacity Building:**
  - Projects that strengthen the organizational capacity of nonprofits to better serve their communities, including strategic planning, board development, staff training and professional development, IT and technology upgrades, and consultation services.

Funding Information

- Minimum request: **$25,000;** Maximum request: **$250,000**
  - ○ ****Capacity Building:** Minimum request**: $10,000;** Maximum request: **$100,000**

- If you are **currently** receiving PHF funding, you are welcome to apply for funding for **new** projects. However, priority may be given to organizations that are not currently receiving PHF funding.
- Consider IRS regulations regarding "tipping" and the public charity support test, especially if you have other PHF grants. See more information [here](#).
- PHF retains the right to limit the funding amount of any request.

Application Process Overview

Applications **must** be submitted online (see specific instructions under Application Guidelines).

<mark>Application Deadline: Monday, March 30, 2026 by 5:30 p.m.</mark>

PHF will hold a **How to Apply Webinar** on **Thursday, February 5, 2026** from **12:00 to 2:00pm** via Zoom.
➢ [Register here](#)**.**

PHF will hold "Office Hours" to provide applicants with an opportunity to ask questions, seek clarification on the application process, and receive guidance on proposal development. These sessions are optional but encouraged for those new to the PHF grant process. Sessions will be offered on a first-come, first-served basis.
➢ [Sign up here](#)**.**

Applications will be reviewed by PHF's Grants Committee and Board of Directors to determine alignment with the Foundation's priorities and service area. Grant recipients will be notified by PHF via email on **June 5, 2026**, with the first payment scheduled for late June 2026. The Board's decisions are final.

Evaluation Criteria

Applications will be evaluated based on the following criteria:

- **Geographic Service Area**: Fit with PHF's service area
- **Alignment with Strategic Priorities**
- **Target Population and Needs Addressed**
- **Methods/Activities**: Use of best practices
- **Budget**: Appropriateness and sustainability
- **Organizational Ability**: Capacity to carry out the project
- **Adherence to Board-approved Grant Guidelines**

Foundation Service Area

We are a [placed-based organization](#), so PHF only accepts applications from tax-exempt organizations that serve the people of **eastern Prince William County, VA**, and adjacent communities in **southeastern Fairfax** and **north Stafford** counties. Eligible zip codes include:

- **22556** (Garrisonville)
- **22134, 22135** (Quantico)
- **22172** (Triangle)
- **22025, 22026** (Dumfries)

- **20112** (Manassas)
- **22193, 22192** (Dale City, Lake Ridge)
- **22191 (**Woodbridge)
- **22079** (Lorton)
- **22125** (Occoquan)
- **22554** (Aquia)

Note:
- Organizations are not required to be headquartered in these areas, but their work **must** benefit individuals from at least one of these zip codes.

Excluded Purposes

PHF does **not** fund the following:

- Programs that do not impact the PHF service area
- Programs not directly related to health
- Fundraising events or sponsorships
- Direct support to individuals
- Programs exclusively serving religious or sectarian organizations
- Programs funded by other sources where PHF grants would supplant funding
- Debt retirement
- Programs without other funding sources
- Scientific research
- Indirect costs or percentages outside of those directly related to the project

Application Guidelines

To View/Submit the Application:
1. Go to https://www.grantinterface.com/Home/Logon?urlkey=potomac
2. Log in using the instructions below:
   - **New Users**: Click "Create New Account" to register and create your login credentials.
   - **Existing Users**: Enter your credentials and log in. If you've forgotten your password, use the "Forgot your Password" link to reset it.
   - **Not Sure**: If you're unsure whether you or someone in your organization has already registered, do not create a new account. Instead, contact Senior Program Officer, Imani Amponsah, at imani@potomachealthfoundation.org to retrieve your username and password.
3. Once logged in, click on "Apply" and submit an application under the **2026-2027 Potomac Health Foundation Howard L. Greenhouse Large Grant Program (Year 1)** category.

The application consists of the following:

1. **AGENCY INFORMATION:**
   - Organization Name
   - Organization Mission Statement
   - Organization Executive Director, CEO, or related (Name, Title, Email, Phone Number)
   - Organization Project Contact (Name, Title, Email, Phone Number)
   - **(if applicable)** Fiscal Sponsor information – required of agencies that are <u>not</u> tax-exempt.

2. **PROJECT INFORMATION:**
   A. **Project Name**
   B. **Amount Requested**
   C. **Foundation Funding Focus Area**

   Please select the funding focus area that **<u>best</u>** applies**:**

   ➤ **Wellness & Preventative Care:**
      - Evidence-based projects that promote overall health and well-being through proactive, preventive approaches.
   ➤ **Behavioral Healthcare:**
      - Projects addressing behavioral health, including substance use treatment.
   ➤ **Oral Healthcare:**
      - Dental care services targeted at vulnerable and underserved populations.
   ➤ **Primary Healthcare Clinics:**
      - Projects that expand access to primary care by enhancing clinic services or improving care delivery.
   ➤ **Health Insurance Assistance and Access to Prescription Medications:**

- Support with accessing Medicaid and other health insurance programs and to increase access to medications for underserved populations.
- ➢ **Food Innovation & Nutrition Programs**
  - Projects that apply innovative, data-driven strategies to integrate nutrition and health, address food insecurity, and enhance community well-being through sustainable, community-led solutions and collaboration.
- ➢ ****Capacity Building:**
  - Projects that strengthen the organizational capacity of nonprofits to better serve their communities, including strategic planning, board development, staff training and professional development, IT and technology upgrades, and consultation services.

D. Describe how your project will address the Focus Area selected. *(1000 character limit)*
E. Description of the target population to be served and the approximate number of people to be served (specific to the PHF service area). *(500 character limit)*
F. Please provide a brief project summary. *(500 character limit)*

3. **PROGRAM NARRATIVE:**
   - **Statement of Problem or Assessment of the Need for the Project** *(2,000 character limit)*
     1. **NON-CAPACITY BUILDING PROJECTS**: Detail the methods used to identify the problem, including quantitative data collection, surveys, community assessments, and/or stakeholder engagement. **Include any relevant local statistics or metrics** to support your findings and analysis. <u>If this is a Capacity Building project, write "N/A" and skip to the next question</u>.
     2. **CAPACITY BUILDING PROJECTS ONLY**: Describe the methods used to assess the need for capacity building, such as organizational assessments, stakeholder consultations, or performance evaluations. **Incorporate relevant local data or metrics** to support the analysis and highlight specific areas for improvement. <u>If this is **not** a Capacity Building project, write "N/A" and be sure to answer the question above</u>.

   - **Proposed Solution** *(1,500 character limit)*
     1. Clearly describe the proposed solution to address the identified problem or need.
     2. Reference current best practices or approaches that support this solution.

   - **Project Impact to PHF Service Area** *(1,000 character limit)*
     1. Describe the specific impact on the PHF service area ([see map here](#)). Include details on how you will measure and track impact specific to the PHF service area.

   - **Implementation Plan:** *(2,500 character limit)*
     1. Outline how you are going to implement the project, including proposed activities and timelines.
     2. What results are you targeting and what tools will you use to evaluate progress?
     3. If applicable, how will the project address barriers to services such as language, lack of transportation, hours of operation, location of services, cultural differences, limited broadband or internet connectivity, and other access issues?

- **Project Management:** *(1,500 character limit)*
    1. Who is responsible for the operation of the project and what are their responsibilities?
    2. Explain organizational capacity to achieve project objectives (proven ability to manage grants, prior experience with health-related projects, previous training, staff, expertise, space, etc.) and how this project fits with your mission, goals, and/or values.

- **Partnerships/Community Support:** *(1,500 character limit)*
    1. List any confirmed or potential project partners within or serving the PHF service area, specifying how you will/could collaborate with them.
        a. If this is a <u>Capacity Building</u> project, describe how the partner(s) will enhance organizational capacity, infrastructure, or service delivery.

- **Financial Sustainability:** *(2,000 character limit)*
    1. Include details on current or anticipated funders/other funding sources in relation to this project. Detail specific contribution amounts.
    2. What steps are being taken to ensure the project is sustainable beyond the funding year?

- **Other:** *(1,000 character limit)*
    1. Please provide any additional information you feel would be helpful in the consideration of your application.

4. **MONITORING AND EVALUATION (LOGIC MODEL):**
Create a logic model using the template and questions listed within the online system.

5. **PROJECT BUDGET:**
Please complete the following components using the form within the online system, which includes three worksheets:

1. **Project Budget Worksheet:** This worksheet should outline the detailed budget, including all revenue and expenses associated with the project.
2. **Budget Narrative:** A written explanation that provides context and justification for each expense listed in the proposed budget. This section clarifies how funds will be used.
3. **Project Budget Signatory Page:** Ensure this page is signed as required. Printed or electronic signatures are acceptable.

Important Notes:
- The budget should only include revenue and expenses directly related to the project.
- **Potomac Health Foundation cannot be the sole funder for projects**. Please include information on revenue or funding received, or planned/in process, from other funders or donors.

- Ensure all three worksheets are filled out completely.

6. **ACCOMPANYING DOCUMENTS**

Human Resources/Governance
1. The formal job description for the position responsible for implementing the proposal activities.
2. A one-page organizational chart.

Financials
1. Board approved operational budget for current fiscal year.
2. A copy of the organization's most recent Statement of Financial Position and Statement of Activities.
3. Audited financial statements from the most recent fiscal year-end.
    o If audited financial statements are unavailable, please provide a copy of your organization's most recent IRS Form 990.

Letters of Support (optional)
1. One or two letters of endorsement/reference.

Application Tips and Best Practices:

PHF Mission/Service Area

- Ensure that your project aligns with the PHF mission to "improve the health of our service area by investing in programs that promote the health of the medically underserved."

- Make sure your application focuses only on work/impact that will take place *in relation to* the PHF service area.

    o If referencing broader areas (e.g., Manassas), include the relevant zip code(s) to avoid confusion with areas outside the PHF service area.

    o If your organization is located *outside* the PHF service area, describe any outreach strategies you will use to reach people within it.

Partnerships

- Include only confirmed or potential partnerships/collaborations involving organizations serving or based within the PHF service area.

    o If a partner is outside the service area or doesn't directly serve clients in it, explain how the partnership will still support impact on the PHF service area.

    o Include specific examples of partnerships/collaborations where applicable.

Events, Workshops, and Sessions

- List specific confirmed or potential locations for all events, workshops, sessions, or wellness activities.
    o For activities within the PHF service area, simply name the location.
    o For activities outside the PHF service area or conducted virtually, explain how you will evaluate and ensure impact on the PHF service area.

For more information, contact:

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Potomac Health Foundation
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imani@potomachealthfoundation.org

2026 – 2027 Howard L. Greenhouse Application Timeline

February 5 – How to Apply webinar 12:00 p.m. – 2:00 p.m.
Register here

March 30 – Applications due by 5:30 p.m.
June 5 – Applicants notified of funding decisions
June 22 – Orientation event (specific time to be determined)
July 1 – Project start