**DC Primary Care Association**

**1620 I Street NW, #300**

**Washington, DC. 2000**

**202 552 0252**

[**dcnext@dcnext.org**](mailto:dcnext@dcnext.org)

**www.dc-next.org**

**May 13, 2022**

**RE: DCNEXT! Innovation Challenge for Expecting & Parenting Teens**

**GRANT PROPOSAL APPLICATION**

**DUE DATE: Tuesday, June 14th, 2022**

**ORGANIZATION INFORMATION**

1. Organization Name / Department:
2. Organization Address:
3. Organization Tax Status: \_\_ Non-Profit \_\_For Profit \_\_Government Agency /Program
4. Organization Website/Social Media Platforms:
5. Organization Contact (Name/Title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information (Email/Phone Number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROPOSAL OVERVIEW**

1. Proposal Area of Interest (generated from Context Team members’ list of significant challenges)

* Criticism of being a Teen Mom
* Child Care
* Juggling School, Children and Schedules
* Not having social support needed personally and for their children
* Lack of communication with domestic partners
* Not having fathers involved with parenting
* Children changing parent’s mental health
* Huge expenses related to having a child

1. Proposal: Overview of Innovation (250-400 words)
2. Please state 1-3 specific goals associated with your proposed Innovation.
3. Please describe your organization’s experience in working, serving DC expectant and parenting teens and/or any other DC youth populations. How does this proposed Innovation fit within your organization’s existing services, role, offerings?
4. Proposal Budget
5. Amount Requested: $\_\_\_\_\_\_
6. Any planned organizational matching funds: $ \_\_\_\_\_\_\_
7. Other source(s) of funding for Innovation: $\_\_\_\_\_\_\_
8. Please provide a brief use of funds by the following categories:

Personnel

Technology (Software/Hardware/Licenses)

Purchased Services / Experts

Other

**PROPOSAL DETAILS**

1. Please briefly describe your proposed Innovation’s Theory of Change:
2. Based on your Innovation Proposal, please identify 1-2 process and 1-2 outcome metrics that your organization will use to assess your Innovation’s success.

**PROPOSAL REQUIREMENTS and ORGANIZATIONAL CAPACITY**

1. Please list specific expertise, core knowledge, and/or technological “know how” required in order to pursue your proposed Innovation.
2. Please identify any external expertise or resources you will utilize to build out your Innovation.
3. Please provide a high-level timeline of the project including expected design period, launch, implementation and evaluation

**OTHER INFORMATION PROVIDED FOR CONSIDERATION**

1. Please carefully review the selection criteria (please see FAQ). You are welcome to include any additional information that will support your proposal that references the selection criteria.

**THANK YOU FOR YOUR INTEREST.**

**PLEASE FORWARD YOUR COMPLETED PROPOSAL TO:**

Ms. Iana Clarence

DCNEXT! Program Manager

[IClarence@DCPCA.org](mailto:IClarence@DCPCA.org)