Application ID: 2023-3935-G

Application Type: Call for Proposals

Organization:

Primary Contact:

Project Title:

2024 Call for Proposals Overview and Instructions

Through our annual call for proposals, we offer Montana-based organizations a chance to apply for funding to design and pilot innovative Montana-grown solutions to critical health challenges. The applications we receive also help us understand the evolving needs and priorities in communities around the state.

To be considered for funding, applicant organizations must meet our eligibility criteria. Project proposals must address each of our selection criteria, which applicants should read in-depth before applying. The strongest applications will demonstrate the importance of the health issue being addressed, the effectiveness of the program you seek to design or implement, strong partnerships with organizations that can contribute to success, and sustainability beyond the grant term.

Grant Amounts
We provide grants between $10,000 and $50,000 for one-year (12 month) projects; and up to $100,000 for two-year (24 month) projects.

- **Planning Projects:** For projects in the planning phase, we provide grants of up to $50,000 to support strategic business and sustainability planning. Do not apply for over $50,000 if your project is currently in the planning phase.

- **Implementation Projects:** For projects that already have strong business and sustainability plans, we provide up to $100,000 for implementation projects. Please note that the larger implementation awards are very competitive, and we receive many more applications than we can fund.

Each year we host a webinar to review the types of projects we fund and to answer commonly asked questions. For more information about the 2024 CFP, please visit our website or contact us at info@mthcf.org.

Our grant cycle opens **January 16** and proposals are due **March 15**. We will announce funding decisions May 30 and projects will begin June15.

Organization Information

Eligibility Criteria

MHCF will only fund Montana-based organizations. Montana-based organizations that are eligible to apply for funding include:

- Tax-exempt organizations described in Section 501(c)(3) of the Internal Revenue Code (excluding those classified as private foundations or any type III non-functionally integrated supporting organization under section 509(a) of the Code)
- Tax-exempt educational institutions
- State, tribal, or local government agencies

Please Select

I have read MHCF's Selection Criteria**.**

I have read and agree to comply with MHCF's Guidelines on Supplanting**.**

Organization Description and Mission

Please briefly describe your organization and mission.

Organization EIN or TIN Number

Please enter your organization's EIN or TIN Number as numbers only without a dash.

Organizational Budget

Please enter the dollar amount of your organization's total operational or department budget.

Executive Director, Chief Executive Officer, or Tribal Chairperson

Executive Director, Chief Executive Officer, or Tribal Chairperson Email

Primary Project Manager

Project Manager Email

Primary Fiscal Contact

Fiscal Contact Email

Staffing

> List the most important personnel for this project, including leadership and clinical staff, and identify the overall project manager. For each position, please list the staff member's name and provide one to two sentences describing their qualifications for this project. If you are hiring new staff, please describe the position's responsibilities and list "to be hired."

I confirm that my leadership team and all staff listed have read this proposal and are willing to perform project tasks.

Board List

> If applicable, please upload a list of the names and affiliations of your organization's governing body (health board, board of directors, or tribal council).

Permission to Share Information

We believe in strong partnerships. If there are other funders who may be interested in supporting your project or other grantees working on similar projects which might benefit from collaboration, we may share your organization and project topic. We will share your detailed proposal with your permission.

Please note that some of our grants require grantees to partner with a technical assistance provider. If technical assistance is needed for your project, we will share your application with the provider so they can help you to achieve your project goals.

By submitting your application, you agree to share this information. Please get in touch with us if you have any questions or concerns.

Project Information

Title

Please provide a short, descriptive title for your project.

Planning or Implementation Grant

If your project is in the planning phase, we offer one-year planning grants of up to $50,000 to support strategic and business or sustainability planning. Please do not apply for a grant over $50,000 if your project is currently in the planning phase. If your project already has a strong business and sustainability plan, you may apply for up to $100,000 for implementation. Please note that the larger implementation awards are very competitive, and we receive many more applications than we can fund. Select your project type below.

Project Summary

Your project summary is an overview of your project. We may edit and share your project summary on our website if your proposal is funded. Examples of project summaries can be found in our Grants Library. Project summaries should include four or five sentences that incorporate the following:

1. What will your project accomplish?
2. How will your project accomplish its goals?
3. Who are the confirmed partners for this project?
4. How will MHCF funds be used?

Project Description

Your project description explains how you will implement your project. Project descriptions should include four or five paragraphs that incorporate the following:

1. An overall description of the project: what will you build or accomplish?
2. The steps you will take to implement the project and your estimated timeline for completion.
3. The roles of key staff and partner organizations (you will be asked to provide more detail on staff and partnerships in other sections).
4. How key stakeholders and community members will be involved in planning and implementing the project.
5. A summary of how this project relates to other work currently in progress or planned by your organization. Will this grant support a new program or project, or will it support maintenance or expansion of an existing program? How does that program or project supported by this grant relate to your organization's current programs? Does the program or project you are proposing have additional sources of funding? If so, what key accomplishments will be enabled by our funds that would otherwise be impossible?

Health Problem

We fund projects that address critical health issues, as defined by the prevalence in the population, severity of the outcomes, and costs to families and communities. In a couple of paragraphs, please describe the health issue your project seeks to address. Please include the following elements in your response:

1. What is the population or geographic area your project will serve?
2. What risk factors or challenges contribute to the health issue(s)?
3. What is the prevalence and severity of the health issue(s) in the population your project will serve?
4. What is the cost of the health issue to the individuals, families, and communities your project will serve?
5. Will your project fill a need not met by other resources?

Partners

We fund projects that create or advance new partnerships resulting in the more effective use of resources and collaboration between organizations. Please refer to our Selection Criteria for building partnerships. Please list any partners who are essential to successfully implementing your project. How have you gained their support? What will each partner contribute to the project?

Challenges

Please briefly describe any challenges, barriers, and risks that might make it hard for you to accomplish your project goal. How will you overcome these challenges?

I confirm that all partners listed have read this proposal and are willing to perform project tasks.

Montana Geographic Regions Served

Please select the geographic regions your project will serve.

Statewide

Montana Counties Served

> Please select the county or counties your project will serve.

Beaverhead

American Indian Reservations or Urban Indian Populations Served

> Will your project focus on an American Indian reservation or urban Indian population? Please select any community that your project will serve.

Fort Peck

Demographic Information for Populations Served

> Will any of the following populations be a central focus of your project?

American Indian/Alaska Native

Letters of Support

> Applicants may provide up to three letters of support.
>
> Letters of support are not required for most proposals, but they can strengthen your application. We suggest that applicants include letters of support for key partners and others essential to the project's success. Letters of support from partners should consist of a description of the work the partner will do during the project. If the partner is devoting any resources to the project, the letter of support should describe their contribution.
>
> NOTE: Projects that involve a substantial focus on American Indian populations must demonstrate collaboration with the appropriate tribal health authorities, such as the relevant tribal councils or health boards, the health directors of the relevant tribes, or the relevant urban Indian health centers.

Additional Information

Is there more information or materials that will help us better understand your project (like a brochure, background research paper, or other resources)?

Project Goal

In this section you will describe how you will measure the impact of your project and the effectiveness of your implementation process. All responses should reflect your project goal.

Project Goal

In one to two sentences, please state your overall project goal. The project goal should clearly describe the most important, big-picture result that you are hoping to achieve with this funding.

Work Plan

Your work plan provides an outline of how you will achieve your project goal. Please identify three to five important milestones in your project and provide their expected completion dates. If your proposal is funded, you will report on these specific work plan items. Examples of work plan items include: hiring staff, completing surveys or strategic plans, publishing reports, implementing a new service or program, or other key steps in implementing your project.

Work Plan Item 1

Work Plan Item 2

Work Plan Item 3

Work Plan Item 4

Work Plan Item 5

Work Plan Evaluation

> Your work plan outlines the process for how you will achieve your project goal. The work plan evaluation identifies what worked well in implementing your work plan, the challenges you encountered, and what you did to address them. Please describe how you will evaluate the process of implementing your work plan. If your proposal is funded, you will report on this work plan evaluation in your interim and final reports.

Outcomes

> Outcomes are measurable indicators of your progress toward achieving your primary goal. Please identify three to five outcomes you will measure. If your proposal is funded, you will report on these specific outcomes. Examples of outcomes include: changes in relevant health indicators, health care and social service cost savings, and revenue generated.

Outcome Item 1

Outcome Item 2

Outcome Item 3

Outcome Item 4

Outcome Item 5

Project Budget

CFP Budget Instructions

We offer grants between $10,000 and $50,000 for projects that will be carried out within a 12-month timeframe and grants up to $100,000 for projects that will be carried out within a 24-month timeframe.

Funding Requested

In this section, please provide a budget narrative and a detailed budget table for your grant funding request. Your budget will be divided into three major categories: personnel salaries, direct project expenses and indirect project expenses. You can view a glossary of budget categories and line items here.

All funding requests must meet the following criteria:

- Fringe benefits may not exceed 30% of the total personnel salaries funded.
- Indirect project expenses may not exceed 10% of the total salaries, fringe benefits, consultants, and contract line items funded. Indirect costs, such as general administrative costs, are not project-specific but support the organization.

Personnel Salaries Budget Narrative:

This category includes the cost of salaries and fringe benefits for personnel who will work directly on the project. Please provide the following information in your narrative:

Please list the personnel salaries that will be funded under this grant.

- What amount is allocated to each salary?
- What percentage of fringe benefits will the grant cover for each salary?
- For each staff member, what percentage of an FTE will be dedicated to the project?

Direct Project Expenses Budget Narrative:

This category includes expenses directly related to the project. Please provide the following information in your narrative:

Please list the consultants and contracts you will pay for using this grant.

- Who is the contracting agency?
- What amount will be allocated to each contract?
- What work will be performed under each contract?
- What is the dollar amount of each contract?

Please describe the travel or meetings conducted as part of this project. What activities and supplies will be covered? How were these costs estimated?

Please describe the other direct project expenses (project supplies, marketing, etc.) included in this request. What activities and supplies will be covered? How were these costs estimated?

Project Term

Projects funded under the open Call for Proposals must be completed within two years. Please select your grant term below and click the Save Draft button before opening the budget table.

Funding Requested from MHCF

Number of Full-Time Employees Paid by MHCF Funds

Total Funding Request

> Your total funding request amount will display the total from the table above.

Total Project Budget

> In this section you will provide detail on your total project budget, including items not funded by MHCF.

Project Revenue (If Applicable)

Other Revenue Sources

Project Expenses

Net Project Surplus or Deficit

Number of Full-time Project Employees

Sustaining the Project

> We do not provide ongoing funding for projects beyond the grant term. The strongest proposals demonstrate a clear, feasible plan to sustain the project through non-grant sources of revenue, or other impacts that will endure beyond the grant term. Please refer to our [selection criteria](#) on sustaining the project.
>
> 1. Describe your plans to sustain your project after the grant term.
> 2. Is there potential to fund part of the program through revenue from insurance, fees, contracts, or other forms of revenue other than grants?
> 3. Are there impacts from your project that will endure beyond the grant term?
>
> Note: If this is a planning grant with a budget of $50,000 or less, you may answer, "This is a planning grant; sustainability will be addressed during the planning phase."

Matching Funds and Other Support Description

> If you are expecting matching funds for this project, please describe the following:
>
> 1. The sources of matching funds or additional support you expect to receive.
> 2. The status of these funds (if they are pending grant applications or funds currently available for the project).
> 3. A general narrative description of how these funds will be used.