

Application ID: 2026-4698-G

Application Type: Rural Health Small Grant

2026 Rural Health Small Grant Letter of Interest Instructions

The Montana Healthcare Foundation (MTHF) offers Rural Health Small Grants for organizations located in and serving rural Montana. Through a simplified application, rural Montana organizations can apply for grants of up to \$10,000 to help address a health issue in their community. Please read the full description of the grant opportunity, eligibility, selection criteria and process on our [website](#).

Rural Health Small Grants are offered through a two-step process:

1. Complete this Letter of Interest (LOI) form. MTHF staff will review this information, generally within 30 days.
2. If your organization is eligible for funding and the project aligns with the Foundation's funding goals, we will email an invitation to complete the full application in our grant management system.

Please note, you will not be able to return to the draft of this form once you leave the page.

If you have questions or require additional assistance, please contact us at info@mthf.org or 406.451.7060.

[Letter of Interest \(LOI\)](#)

Contact Information

Please provide your name and email address. We will contact you after reviewing the inquiry.

Organization Name

Please enter the organization name and fiscal sponsor name, if applicable.

Organization EIN

Please enter your organization's EIN and/or fiscal sponsor's EIN, if applicable.

Organization Physical Address

Please enter the physical location of your organization (street, city, state, zip code).

Communities Served

What geographic communities (towns or counties) does your organization serve?

Brief Project Description

Please provide a brief, 2 - 4 sentence description of the project.

Other Information

If applicable, please provide links to other existing information about your organization or project (website, social media, brochure, flyer, etc).