

Selection Criteria

We recognize that each proposal reflects a unique set of needs and challenges. Proposal reviewers apply our selection criteria holistically as a lens to understand the strengths, weaknesses, and potential challenges with every proposal.

The MHCF Board of Trustees reserves the discretion to consider factors not explicitly described when approving or rejecting grants.

- Importance of Health Issue: The project addresses a significant health issue, as
 defined by the prevalence in the population, severity of the outcomes, and
 costs to families and communities.
- Need: The project fills a need that other available resources in the community cannot meet.
- **Sustainability:** The project demonstrates a clear, feasible plan to sustain any new programming through, for example, new partnerships with other organizations, revenue from fees, third-party reimbursement, and shared savings within the health care system. Alternatively, the project's most important outcomes will endure beyond the grant term without requiring ongoing funding

The strongest proposals generally do not rely on seeking additional grants for sustainability.

Creating Partnerships: The project creates or advances new and substantive
partnerships that result in the more efficient and effective use of resources and
collaboration between organizations that may not typically work together.
Partnerships might include, for example, health care providers (hospitals, clinics,
behavioral health treatment centers), public health (local or tribal health
departments), and community organizations that develop a collaborative
framework and share staff, space, or other resources to achieve the project
goals.

The strongest proposals include specific plans for collaboration with and among the community's significant health resources.

• Focus on at-risk Populations and Health Disparities: The project serves a region or population of high need, as measured by the existence of health disparities, poor access to health care, health professional staffing shortages, geographic remoteness, or other factors clearly described in the proposal, and the target



population has led or been substantively included in developing plans for the project.

"Health disparities" are defined as higher rates of illness experienced by certain populations, including socially or economically disadvantaged families, racial and ethnic minorities, children, and older adults. We seek to decrease health disparities and improve health and well-being among those at the greatest risk in all our work.

- **Solutions Exist:** The project conveys that effective, evidence-based interventions to address the problem exist but are not already being implemented.
- Workable in Montana and Culturally Appropriate: The project is designed based on a realistic assessment that the infrastructure, community support, and partners needed to implement the project exist. The intervention is tailored to work well within the community that will be served.
- **Feasibility and Scale:** The proposal's budget is appropriate to the scale and complexity of the project. There is a high probability that this investment will lead to success.

The strongest proposals will also have a high potential for successful replication in other communities.

- Contribution to a Diverse Grantee Portfolio: We seek to support a range of projects across Montana. We recognize that preparing a high-quality grant application may be more difficult for smaller communities that lack staff and resources. We may give preference to proposals based on their contribution to our portfolio's overall diversity and balance and those from regions with the greatest demonstrated need.
- Leadership by and Engagement of Stakeholders and Community Members: The project meets a need identified by the community it will serve, is planned by and with that community, and includes a robust plan to ensure that community members and other stakeholders are engaged and included in the work.
- Collaboration with American Indian Leadership: Projects involving a substantial
 focus on American Indian populations must demonstrate collaboration with the
 appropriate tribal health authorities, such as the relevant tribal council(s), the
 health directors of the relevant tribes, or the relevant urban Indian health
 centers.