



Montana Healthcare Foundation 2018 Grant Cycle Application

Organization:

Primary Contact:

Project Title:

Verification

Call for Proposals

I have read and understand the current Call for Proposals and the vision and values of Montana Healthcare Foundation.

Focus Area

Please select the focus area you intend to apply under.

Please Select

Select your organization type

MHCF will only fund Montana-based organizations under this CFP. 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

Eligibility Criteria

To be eligible to apply, you must comply with all criteria stated below:



- This program will service communities in Montana.
- We have not received three consecutive declined requests for the same project.
- We verify that the proposed project will not supplant other sources of funding. Please review MHCF's guidelines on [supplanting](#).
- We do not discriminate by reason of race, religion, gender, national origin, sexual orientation, or political orientation.

I have read and confirm that each statement above is correct.

Use of Grant Funds

Montana Healthcare Foundation does NOT fund the following projects or activities:

- Individuals
- Capital campaigns
- Operating deficits or retirement of debt
- Construction projects, real estate acquisitions, or endowment
- Fundraising events
- Lobbying as defined by the U.S. Internal Revenue Code (IRC), section 4945(d)(1)
- Activities supporting political candidates or voter registration drives, as defined in IRC, section 4945(d)(2)
- Large equipment purchases (for example: medical equipment, vans), where such purchases constitute a substantial portion of the grant budget
- Medical research or research lacking a direct, targeted, and practical benefit to Montanan's health
- Organizations or foundations for redistribution of funds via sub-grants

I have read and confirmed that funds will NOT be used for the listed activities.

Organization Information

Board List

If applicable, please upload a list of the names and affiliations of your board of directors.

Organization Description and Mission

Briefly describe your organization and mission.

Executive Director or Chief Executive Officer Contact

Please list your organization's Executive Director or Chief Executive Officer's name

Executive Director or Chief Executive Officer's Email

Please list the email that is associated with the person listed above.

Primary Project Manager Contact

Please list the name of the person responsible for project operations

Project Manager's Email

Please list email associated with person listed above.

Primary Fiscal Contact for Application

Please list primary fiscal contact for application.

Fiscal Contact's Email

Please list email associated with person listed above.

Social Media

Request to Share Application Information

Please confirm if you are willing to let us share information about your project with other funders and/or applicants. There are a couple of situations in which sharing your project might help to advance the work you hope to do.

- Foundations and other funders may be interested in contributing to your proposed project.
- Many applicants are working on similar topics and projects, and might benefit from collaboration. When MHCF becomes aware of such related interests, we would like to help by connecting organizations with similar interests, and at times convening discussions among them.

I give MHCF permission to

Demographic Information

Montana Geographic Regions Served

Please select the areas that will be served with this program's funding. Please use this [map](#) for geographic definitions.

American Indian Reservation(s) or Urban Indian Population Served

Will your project focus on an American Indian Reservation(s) or Urban Indian Population? Please select any communities that will be served by this project.

Demographic Information for the Population(s) Served

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

Project Information

Project Title

Provide a name for your project that describes the primary goal and region or community served.

Project Summary

Briefly summarize your project in 200 words or less. Include the goal, partner organizations, region or community served, and expected outcomes.

NOTE: this summary is important, as it will be used in public materials that describe your project, if funded. Please refer to past examples of project descriptions to assist you in developing a concise and informative description. (Note: Applicants may find it easier to return to this question after completing the questions under the "Project Proposal" section.)

Project Proposal

Health Problem

What is the health problem you seek to address and its importance? In a few paragraphs, please describe the population and geographic area in regards to county or towns you project would serve, the health problem you seek to address, and why it is important. Are there any particular risk factors or challenges that make this a prominent issue in the population your project will serve?

Project Description

Provide a detailed description of the project that would be funded by this grant. If the proposal involves a new health program or service describe the new service in detail. If it involves an expansion of an existing program or service, describe, in detail, what will change. How does this project relate to other work that you are currently doing or plan to do? If there other sources of funding for this work or related aspects of the project, please describe the related work and explain which specific aspects of your project would be funded by MHCf grant.

Partners

What partners are essential to successfully implementing this project?

Identify the organizations you will partner with to complete this project. Do not simply list the names of partners: instead, please clearly describe the role and contributions of each partner in your proposed project. Be sure to provide specifics, including a description of new partnerships, the time, expertise or assets that each partner will contribute. Refer to our selection criterion on Partnerships in the CFP to understand how MHCf evaluates the strength of an applicant's partnerships.

Sustaining the Project

Montana Health Care Foundation grants are not intended to provide ongoing funding for programming beyond the term of the grant, and the Foundation does not usually provide renewal grants. Will this grant support activities and provide impact that you hope to continue beyond the term of the grant? If so, please describe how you intend to fund them.

Is there a potential for funding part of the program through billing insurance or other private parties? Do you expect the project will generate savings for the health system through improving health outcomes and, if so, could hospitals, clinics, or insurance carriers be a potential source of ongoing funding through a shared savings agreement or other partnership? If there are partners that stand to benefit from the project, are they willing to commit funding to sustain it after the startup phase?

Note: If this is a planning grant, you may answer "This is a planning grant; sustainability will be addressed during the planning phase."

Value and Impact

Please provide a general discussion of the overall value and impact of the project to the communities you seek to serve.

Challenges

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

Work Plan

***Work Plan/Project Milestones**

The Work Plan will help you and Montana Healthcare Foundation track your progress during the grant. Please include up to six significant milestones and expected dates of completion.

Work Plan

- 1.
- 2.
- 3.

Work Plan Detail

Please describe any additional information regarding your work plan that you would like to share with MHCF.

NOTE: if your proposal is funded, MHCF will work with you during the grantmaking process to finalize the Work Plan.

Outcomes

Project Outcomes

Please identify primary outcomes you would measure to evaluate the effectiveness of this work over the course of the grant.

Outcomes

- 1.
- 2.
- 3.

Evaluation Plan

Evaluation Plan

Each MHCF grantee is responsible for defining specific desired outcomes, and conducting a limited self-evaluation. Please describe your plans for evaluating this project and effectiveness in achieving outcomes listed above. Specifically:

How will you evaluate the value and impact of this project?

"Outcome evaluation" assesses the results of the program. It may include, for example, measured changes in health outcomes, changes in healthcare quality metrics, changes in revenue, or qualitative outcomes such as new partnerships or policy changes. What will you measure to determine if your project is achieving the outcomes that you hope to achieve? Describe the methods you will use to measure outcomes.

"Process evaluation" tracks the activities involved with implementing a program to identify factors that are necessary for success—for example, tracking meetings held to formalize a new partnership between stakeholders, or tracking revenues to ensure sustainability. How will you evaluate the process of implementing this work?

Project Budget

Use of Montana Healthcare Foundation Funds

	Year 1	Year 2	Total	Description
Requested Amount from MHCF	\$0.00	\$0.00	\$0.00	

MHCF Expenses

Personnel Salaries	Year 1	Year 2	Total	Description
Program Director	\$0.00	\$0.00	\$0.00	
Program Staff	\$0.00	\$0.00	\$0.00	
Other Staff	\$0.00	\$0.00	\$0.00	
Max Fringe Benefits	\$0.00	\$0.00	\$0.00	
Fringe Benefits (not to exceed 30% of salary)	\$0.00	\$0.00	\$0.00	
Sub-Total Personnel Salaries	\$0.00	\$0.00	\$0.00	

Other MHCF Expenses

	Year 1	Year 2	Total	Description
Consultants	\$0.00	\$0.00	\$0.00	
Contracts	\$0.00	\$0.00	\$0.00	
Travel/Meetings	\$0.00	\$0.00	\$0.00	
Office Operations	\$0.00	\$0.00	\$0.00	
Communications/Marketing	\$0.00	\$0.00	\$0.00	
Other Direct Expenses	\$0.00	\$0.00	\$0.00	
Sub-Total Total Expenses	\$0.00	\$0.00	\$0.00	



Indirect Expenses (not to exceed 10% of total MHCF expenses)	\$0.00	\$0.00	\$0.00
TOTAL EXPENSES FUNDED BY MHCF	\$0.00	\$0.00	\$0.00

Annual Project FTE's Paid by MHCF Funds

	Year 1	Year 2
Annual FTE's Paid for by MHCF Funds		

The minimum grant request is \$10,000. The maximum grant request is \$50,000 for a 12-month project, and \$100,000 for a 24-month project. Please enter the total dollar amount of funding you are requesting from MHCF.

Total Funding Request From MHCF

Project Term

Projects must be completed between 12 and 24 months from the start date of the grant. Please select the closest grant term in months

Use of Montana Healthcare Foundation Funds

	Year 1	Year 2	Total	Description
Requested Amount from MHCF	\$0.00	\$0.00	\$0.00	

Project Revenue

Patient/Client Visits	Year 1	Year 2	Total	Description
# patients/client visits				
Avg revenue per visit	\$0.00	\$0.00	\$0.00	



Subtotal Patient/Client Revenue	\$0.00	\$0.00	\$0.00
---------------------------------	--------	--------	--------

Other Revenue Sources

	Year 1	Year 2	Total	Description
MHCF Funds	\$0.00	\$0.00	\$0.00	
Other Grant/Foundation support	\$0.00	\$0.00	\$0.00	
Other Fee/income	\$0.00	\$0.00	\$0.00	
In-Kind Revenue	\$0.00	\$0.00	\$0.00	
Total Project Revenue	\$0.00	\$0.00	\$0.00	

Project Expenses

	Year 1	Year 2	Total	Description
Total Personnel Salaries	\$0.00	\$0.00	\$0.00	
Direct Program Expenses	\$0.00	\$0.00	\$0.00	
Indirect Expenses	\$0.00	\$0.00	\$0.00	
In-kind Expenses	\$0.00	\$0.00	\$0.00	
Total Project Expenses	\$0.00	\$0.00	\$0.00	

Net Project Surplus/Deficit

	Year 1	Year 2	Total
Net Project Surplus/(Deficit)	\$0.00	\$0.00	\$0.00

Annual Project FTE's

	Year 1	Year 2
Annual Project FTE's	\$0.00	\$0.00

Use of MHCF Funds

Please provide a summary description of major uses of MHCF funds, including personnel, contract labor or any other expenses. A detailed budget template will be required in the following question.

Matching Funds and Other Financial Support Amount

Do you currently have or expect to receive other funding, including other grants, to support this project? If so, enter the total dollar value of any matching funds or additional support you expect to receive.

Matching Funds and Other Support Description

Please describe the following:

The sources of matching funds or additional support you expect to receive. The status of these funds. If they are pending grant applications or funds currently available for the project. A general narrative description of how these funds will be used in the project.

Organizational Budget

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

Attachments

Letters of Support

Applicants may provide up to three letters of support.

Letters of support are not required for most proposals, but can strengthen your application. We suggest that applicants include letters of support for key partners and others who are essential to the project's success.

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 council(s), the health directors of the relevant tribes, or the relevant urban Indian health centers.

Letters of support from partners should include a description of the work the partner will carry out during the project. If the partner is devoting any resources in kind, the letter of support should describe that contribution.

Additional Information

Is there any additional information that is essential to helping MHCF understand the project you propose (such as a brochure, background research paper, or other resources)? We encourage applicants to provide only materials that are directly relevant to your project and essential to a clear understanding of the work you propose to do.