



**Application ID:**

**Application Type:** Grant Cycle

**Organization:**

**Primary Contact:**

**Project Title:**

## CFP Instructions

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Montana Healthcare Foundation will consider proposals in three areas for this Call for Proposals

1. **Partnerships for Better Health:** We will support innovative planning and implementation projects that demonstrate how community and organizational partnerships can create improvements in health and the more efficient use of resources. We are currently accepting two types of grant proposals in this focus area: competitive grants submitted under this Call for Proposals and invited grants submitted under our Housing Is Health Care Initiative. If your project does not fit in the Housing Is Health Care Initiative, please apply for the competitive Call for Proposals.
2. **American Indian Health:** We will support projects that address key health care challenges and the upstream social, economic, and educational challenges that drive health disparities. We are currently accepting two types of grant proposals in this focus area: competitive grants submitted under the Call for Proposals and invited grants submitted under our American Indian Health Initiatives, which support work by Montana tribes and urban Indian health centers. If you are a Montana tribe, tribal health department, urban Indian health center, or a member of the American Indian Health Leaders group, we suggest that you contact our office before applying to determine which grant opportunity is most appropriate for your project.
3. **Behavioral Health:** We will support projects that are likely to become financially self-sustainable and that create new partnerships between organizations that address behavioral health prevention and treatment by using existing resources more effectively. We are currently accepting two types of grant proposals in this focus area: competitive grants submitted under this Call for Proposals and invited grants submitted under our Behavioral Health Initiatives. If you are unsure whether to apply under this Call for Proposals or one of our Behavioral Health Initiatives, please contact our office.

NOTE: For projects that are in the planning phase, we provide grants of up to \$25,000 to support business and sustainability planning. For projects that already have strong program, business, and sustainability, we offer grants of up to \$100,000 for project implementation. Please do not apply for a grant over \$25,000 if your project is currently in the planning phase.



## Call for Proposals

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

## Select your organization type

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

## 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.**

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## Organization Information

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### Board List

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

### Organization Description and Mission

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Briefly describe your organization and mission.

### Organization's Fiscal Year

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Please indicate the end of your organization's fiscal year.

### Executive Director or Chief Executive Officer Contact

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

### Executive Director or Chief Executive Officer Email

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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 Email**

Please list email associated with person listed above.

### **Primary Fiscal Contact for Application**

Please list primary fiscal contact for application.

### **Fiscal Contact 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

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### Montana Geographic Regions Served

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

### Montana County Served

Please select the county or counties in which your project will serve.

### 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

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### Project Title

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

### Project Summary

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Project summaries are used to provide a snapshot of your project and (if your project is approved) will be posted publicly on our website. Examples of project summaries can be found in our Grantee Library on our website. Project summaries should consist of five or six sentences that incorporate the following elements:

1. A summary sentence describing what the project will accomplish.
2. One or two sentences describing more details about the project and how it will be implemented.
3. A sentence on how grant funds will be used.
4. A sentence describing the partnerships.
5. A sentence summarizing the overarching project goal.

## Project Proposal

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### 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

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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

- 1
- 2
- 3
- ...

### Outcomes

#### Outcomes

- 1
- 2
- 3
- ...

### Work Plan

#### 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.

### 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

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. NOTE: For projects that are in the planning phase, we provide grants of up to \$25,000 to support business and sustainability planning. For projects that already have strong program, business, and sustainability, we offer grants of up to \$100,000 for project implementation. Please do not apply for a grant over \$25,000 if your project is currently in the planning phase.

### 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 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.



## MHCF Funds Budget

	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	
MHCF's Max Fringe Benefits of 30% of salaries (auto calculated)	\$0.00	\$0.00	\$0.00	
Fringe Benefits (this number can not exceed the 30% calculation in the above line item)	\$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 and Marketing	\$0.00	\$0.00	\$0.00	
Other Direct Expenses	\$0.00	\$0.00	\$0.00	



Sub-Total Total Expenses (auto calculated)	\$0.00	\$0.00	\$0.00
MHCF's Max Indirect Costs of 10% of the salaries, benefits, and contracts (auto calculated)	\$0.00	\$0.00	\$0.00
Indirect Expenses (this number can not to exceed the 10% calculation in the above line item)	\$0.00	\$0.00	\$0.00
<b>TOTAL EXPENSES FUNDED BY MHCF</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

### Annual Project FTE's Paid by MHCF Funds

	Year 1	Year 2
Annual FTE's Paid for by MHCF Funds	0.00	0.00

## Total Project Budget

	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	0	0	0	
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

### 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

If you are expecting matching funds for this project, 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.