

# 2020 Call for Proposals

## Table of Contents

Overview.....	1
Grants.....	2
Dates & Deadlines.....	2
Eligibility.....	2
What We Fund: Selection Criteria .....	3
What We Don't Fund .....	4
Focus Areas.....	5
PARTNERSHIPS FOR BETTER HEALTH.....	5
PARTNERSHIPS FOR BETTER HEALTH PROJECT EXAMPLES.....	5
AMERICAN INDIAN HEALTH .....	6
AMERICAN INDIAN HEALTH PROJECT EXAMPLES.....	6
BEHAVIORAL HEALTH.....	7
BEHAVIORAL HEALTH PROJECT EXAMPLES.....	7

## Overview

We are happy to announce our competitive 2020 Call for Proposals (2020 CFP). We will be considering proposals in three areas:

- Partnerships for Better Health
- American Indian Health
- Behavioral Health

**On Wednesday, February 19, at 2 p.m., we are hosting a webinar where we will go over the 2020 CFP and how to apply.** This is a great time to learn more about the types of projects we fund, and to ask questions about the application process.



## Grants

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 12-to 24-month timeframe.

If your project is in the planning phase, we offer grants of up to \$25,000 to support strategic and business/sustainability planning. If your project already has a strong business and strategic plan, we are offering grants of up to \$100,000 for implementation. *Please do not apply for a grant over \$25,000 if your project is currently in the planning phase.*

## Dates & Deadlines

Cycle Opens	Proposals Due	Funding Decision	Projects Begin
February 3	March 16	May 18	June 1

Grants will be awarded through a one-step application process offered once in 2020, with a possibility of a second opportunity in the fall.

Each organization may submit up to three distinct applications per year.

We make every effort to adhere to our timeline for grant proposal review and decision-making. Sometimes, the review process requires more time. If that is the case, we will notify applicants of the status of the review by the “Funding Decision” date and provide an updated estimate of the timeline for reaching a funding decision.

## Eligibility

We only fund Montana-based organizations. Montana-based organizations that are eligible to apply for funding under this CFP 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

NOTE: Eligible applicants may use a portion of the budget to fund consultants that may not meet these eligibility criteria. Please refer to our [Grantee FAQs](#) for more information on eligibility.

## What We Fund: Selection Criteria

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

**Importance of health issues:** The proposed project will address an important health issue, as defined by the prevalence in the population, severity of the outcomes, and costs to families and communities.

**Need:** The grant will fill a need that cannot be met by other resources available in the community served.

**Sustainability:** A short-term grant investment will catalyze improvements that endure long after the grant funding runs out. When funding is used to establish or support new programming, the strongest proposals will demonstrate a clear, feasible plan to sustain the programming through third-party reimbursement or shared savings within the health care system.

**Creating partnerships:** The proposed project will create or advance new and substantive partnerships that result in more efficient and effective use of resources, and collaboration between organizations that may not typically work together, such as health care providers (hospitals, clinics, behavioral health treatment centers), public health (local or tribal health departments), and other organizations (such as community developers, county sheriffs, or schools). The strongest proposals will include specific plans for the involvement of and collaboration with and among the major health resources in the community.

**Focus on at-risk populations and health disparities:** The proposed project will serve 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. 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. In all our initiatives, we seek to decrease health disparities and to improve health and well-being among those at greatest risk.

**Solutions exist:** Effective, evidence-based interventions exist to address the problem but are not already being implemented.

**Workable in Montana and culturally appropriate:** Infrastructure, community support, and strong partners exist to implement the intervention; the intervention is tailored to work well within the community(ies) that will be served.

**Feasibility and scale:** There is a high probability that this investment will lead to success. The strongest proposals will also have a high potential for being replicated successfully in other communities. The dollar amount of the proposed project budget is appropriate to the scale and complexity of the project.

**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 the overall diversity and balance of our portfolio, and to proposals from regions with the greatest demonstrated need.

**Involving stakeholders and community members:** The proposed project includes a strong plan to ensure that community members and other stakeholders are engaged and included in the work.

**Collaboration with tribal leadership:** 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.

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

## What We Don't Fund

- Individuals
- Capital campaigns
- Operating deficits or retirement of debt
- Unless part of an MHCF-invited proposal, construction projects, real estate, acquisitions, or endowments
- Fundraising events
- Organizations that discriminate because of race, religion, gender, national origin, sexual orientation, age, or political orientation
- 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, etc.), where such purchases constitute a substantial portion of the grant budget
- Medical research or research lacking a direct, targeted, and practical benefit to Montanans' health
- Organizations or foundations for redistribution of funds via sub-grants\

*Please note that our funds may not be used in any way that might supplant government funding of existing programs. All applicants must read our [Guidelines on Supplanting](#).*

## Focus Areas

Our 2020 CFP will fund projects in three broad focus areas: Partnerships for Better Health, American Indian Health, and Behavioral Health. Each of these focus areas is described in detail below.

### PARTNERSHIPS FOR BETTER HEALTH

We will support the planning and implementation of innovative projects that align existing resources in a community to address an important health problem. Projects in this focus area will show how new collaborations between public health departments, health care providers, and community-based organizations can yield improvements in health and more efficient use of existing funds, staff, and organizations. This portfolio supports systems-based solutions that make measurable improvements in health outcomes and could be replicated in other Montana communities. Projects funded under this focus area will create new inter-agency partnerships designed to deliver more accessible and effective care or prevent disease and improve health through addressing upstream risk factors such as poverty and poor-quality housing.

If your project addresses links between housing and health, we suggest that you read our [Housing is Health Care Initiative](#) and [contact us](#) before applying through this CFP.

### PARTNERSHIPS FOR BETTER HEALTH PROJECT EXAMPLES

These are only examples, and we will gladly consider funding other types of projects if they meet our selection criteria.

**Interventions that address upstream risk factors for illness and the social determinants of health:** Projects that address health determinants—such as limited opportunities for youth engagement, poor educational outcomes, inadequate community support for seniors, unemployment, or lack of access to healthful foods—through partnerships with organizations outside the health sector.

**Public health and prevention planning:** Proposals from county public health departments or other eligible applicants for support for business planning for or implementation of well-planned and sustainable prevention programs that address high-priority community health issues. (Note: because MHCF funds are limited, we do not provide long-term, sustaining support for programs.)

**Direct collaboration among community agencies (for example, sharing personnel or facilities), such as local health departments, rural hospitals, community mental health, and substance use disorder treatment organizations, and community health centers to address a major health issue:** Initiatives that seek to address an important health challenge—



such as serving the needs of the aging population, reducing childhood injuries, or improving diabetes outcomes—through new inter-agency collaborations. Given the challenges of recruiting health professionals and the limited funding available in many rural communities, health outcomes could be improved if the region’s health-focused organizations sought ways to collaborate and share resources.

**Oral health:** Proposals for programs that deliver effective prevention and treatment for tooth decay and have a strong business plan for sustaining the program through, for example, third-party billing or inter-agency partnerships.

**Community health teams and other approaches to care coordination and community**

**outreach:** Providers are experimenting with a range of models that improve the quality and effectiveness of care by reaching beyond the walls of the clinic or hospital. Care coordinators, community health workers, and promotoras are examples of such efforts. By helping patients understand and follow medical recommendations and keep appointments, and by identifying and helping address the many social, economic, and educational barriers that patients face in their daily lives, these programs can improve health outcomes and reduce the costs associated with frequent emergency department visits and hospitalizations. You can read more about improving care coordination here.

**AMERICAN INDIAN HEALTH**

We will support projects that address key health and health care challenges and will improve the social, economic, and educational challenges that drive health disparities. We place a priority on proposals that have a high potential for becoming financially self-sustaining. We are committed to working in partnership with American Indian people in Montana to support healthy communities.

Members of the [American Indian Health Leaders](#) group (including tribal health departments and urban Indian health centers) are eligible for invited grants through our strategic initiatives. If you are a part of the American Indian Health Leaders group, please [contact us](#) before applying through this CFP.

If you are not a member of the American Indian Health Leaders group or part of a tribe, tribal health department, or urban Indian health center, please apply for American Indian Health grant funding under this CFP.

**AMERICAN INDIAN HEALTH PROJECT EXAMPLES**

These are only examples, and we will gladly consider funding other types of projects if they meet our selection criteria.

**Strategic and business planning:** One-year planning grants that will result in a viable plan to fund and implement programming to address an important health issue.

**Partnerships outside the health sector:** Proposals that seek to build partnerships with organizations beyond the health sector (for example schools, local businesses, community, and economic developers, or departments of planning and transportation) to build strong, resilient communities and address issues, such as poor housing, limited opportunities for youth engagement, community support for seniors, unemployment, or access to healthful foods.

**Upstream influences on health and well-being:** Projects that address access to healthful food, housing, transportation, and other upstream influences on health and well-being.

## BEHAVIORAL HEALTH

We will support collaborative, systems-based solutions to behavioral health challenges in Montana. We emphasize programs that are likely to become financially self-supporting through third-party revenue (i.e., billing insurance), and through creating new partnerships between organizations that address behavioral health prevention and treatment needs by using existing resources more efficiently and effectively.

If your project addresses the following behavioral health topics, we suggest you [contact us](#) before applying through this CFP:

- Integrating behavioral health into primary care ([Integrated Behavioral Health Initiative](#));
- Treating pregnant women with mental illnesses or substance use disorders ([The Meadowlark Initiative](#)), or
- Substance use disorder prevention and treatment programming ([Substance Use Disorder Prevention and Treatment Initiative](#)).

## BEHAVIORAL HEALTH PROJECT EXAMPLES

These are only examples, and we will gladly consider funding other types of projects, provided they meet our selection criteria.

**Strategic and business planning:** One-year planning grants that will result in a viable plan to fund and implement programming to address an important health issue.

**Partnerships with criminal justice:** Projects that will improve mental illness and SUD outcomes for justice-involved populations through, for example, addressing treatment needs and improving continuity of care for people during and after incarceration, and planning and implementing pre-trial diversion to treatment.