

2021 Call for Proposals

TABLE OF CONTENTS

| | |
|------------------------------------|---|
| Overview | 1 |
| Grant Amount | 2 |
| Proposal Dates and Deadlines | 2 |
| Organization Eligibility..... | 2 |
| Project Selection Criteria..... | 3 |
| What We Don't Fund..... | 5 |
| Project Focus Areas..... | 5 |
| Project Examples..... | 6 |

Overview

Our 2021 Call for Proposals (CFP) supports innovative ideas for improving health and well-being in Montana, and it helps us better understand the health needs in the state. This year we will be funding projects that fall within three of our focus areas:

- **Partnerships for Better Health:** Supporting innovative, new partnerships between organizations in a community to address the root causes of illness and using existing resources more effectively to improve health outcomes and reduce costs.
- **American Indian Health:** Supporting American Indian-led projects that address critical health and health care challenges and improve the social, economic, and educational challenges that drive health disparities.
- **Behavioral Health:** Supporting collaborative, systems-based solutions to behavioral health challenges.

On Wed, March 24, at 2:00 p.m., we are hosting a webinar to go over the details of the 2021 CFP. This webinar is a great time to learn more about the types of projects we fund and ask our staff questions about the application process. To register for the webinar, [please click here](#).



Grant Amount

We offer grants between \$10,000 and \$50,000 for projects completed within a 12-month timeframe and up to \$100,000 for projects completed 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 business and sustainability planning. Please do not apply for over \$25,000 if your project is currently in the planning phase.

If your project already has a strong business and strategic plan, we offer up to \$100,000 for implementation projects.

Proposal Dates and Deadlines

| Cycle Opens | Proposals Due | Funding Decision | Projects Begin |
|-------------------|-----------------|--------------------|------------------|
| Thursday, April 1 | Tuesday, June 1 | Wednesday, July 14 | Tuesday, July 20 |

Grants will be awarded through a one-step application process. Each organization may submit up to three different 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 review's status by the "funding decision" date and provide an updated estimate of the timeline for reaching a funding decision.

Organization Eligibility

We only fund Montana-based organizations. Montana-based organizations that are eligible to apply for funding under this call for proposals 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 eligibility information.

Project 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.

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. In all our initiatives, we seek to decrease health disparities and improve health and well-being among those at the greatest risk.

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 being replicated successfully 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 the overall diversity and balance of our portfolio 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 Tribal 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.



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 a Montana Healthcare Foundation-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](#).

Project Focus Areas

This annual open CFP allows us to support innovative ideas that fall under our American Indian Health, Behavioral Health, and Partnerships for Better Health focus areas.

Outside of our annual CFP, we fund many projects within our structured initiatives. These initiatives fund specific programs and interventions, and they are listed here with links for more information. Before you begin work on a grant application in this CFP, we recommend reviewing this information to see whether your idea may fall within one of the initiatives. If you think your project falls within one of these

initiatives, [please contact us](#), and we can help you think through the next steps. Our initiatives include:

- **American Indian Health**
 - [Strengthening American Indian Health Services](#)
 - [Supporting American Indian Health Governance and Leadership](#)
 - [Reducing American Indian Health Disparities](#)
- **Behavioral Health**
 - [Integrated Behavioral Health](#)
 - [The Meadowlark Initiative](#)
 - [The School-Based Health Initiative](#)
 - [Behavioral Health Continuum of Care](#)
- **Partnerships for Better Health**
 - [Housing is Health Care](#)

If your project idea does not fit in any of our initiatives, and if your organization is eligible and your project fits our selection criteria, we encourage you to consider applying for our 2021 CFP.

Project Examples

Below are some examples of projects we would be interested in funding. These are only examples: we will gladly consider any project that meets our selection criteria.

Public health and prevention: Proposals from county public health departments or other eligible applicants to support sustainable prevention programs that address high-priority community health issues. (Note: because our funds are limited, we do not provide long-term, sustaining program support.)

Strategic and business planning: One-year planning grants resulting in a viable plan to fund and implement programming to address a significant health issue.

Direct collaboration among community agencies to address a significant health issue: Proposals seeking to address an important health challenge (such as food insecurity, homelessness, aging, or preventable injuries) 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.



Partnerships outside the health sector to address upstream influences on health and well-being: Proposals seeking to build partnerships with organizations beyond the health sector (for example, local businesses, community and economic developers, or departments of planning and transportation) to build strong, resilient communities.

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 care quality and effectiveness by reaching beyond the clinic or hospital walls. 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.