



2022 Call for Proposals

The 2022 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 our state.

Each year, the Montana Healthcare Foundation's CFP offers Montana-based organizations a chance to apply for funding to design and pilot innovative, Montana-grown solutions to key health challenges. The applications we receive help us understand the evolving needs and priorities in communities around the state.

In the past, we have limited our CFP to projects focusing on three areas (American Indian Health, Behavioral Health, and Partnerships for Better Health). This year, we are accepting applications for projects that propose innovative, effective solutions to any crucial health-related need in Montana communities.

To be considered for funding, applicant organizations must meet our eligibility criteria, and project proposals must address each of our selection criteria, which applicants should read in-depth before applying. The strongest applications will demonstrate the importance of the health issue being addressed, the effectiveness of the program you seek to design or implement, strong partnerships with organizations that can contribute to success, and sustainability beyond the grant term.



Grant Amounts

We provide grants between \$10,000 and \$50,000 for one-year (12 month) projects; and up to \$100,000 for two-year (24 month) projects.

- **Planning Projects:** For projects in the planning phase, we provide grants of up to \$25,000 to support strategic business and sustainability planning. Do not apply for over \$25,000 if your project is currently in the planning phase.
- **Implementation Projects:** For projects that already have strong business and sustainability plans, we provide up to \$100,000 for implementation projects.

Application Deadlines

This year we are opening one round of funding. There is a possibility we will open a second round in the fall, depending on available funds.

We award grants 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 grant proposal review and decision-making timeline. 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.

Funding Round 1 (Confirmed)

Cycle Opens	Proposals Due	Funding Decision	Projects Begin
February 1	March 11	May 31	June 15

Funding Round 2 (Not Confirmed – Contingent on Available Funds)

Cycle Opens	Proposals Due	Funding Decision	Projects Begin
September 1	October 6	November 22-24	December 1

Organization Eligibility Criteria

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 [Grant 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.

The MHCF Board of Trustees reserves the discretion to consider factors not explicitly described above 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 exist but are not already implemented to address the problem.



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.

We Do Not 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 Examples

The following are only examples of the types of projects we fund through the CFP; we will gladly consider any project that offers an innovative solution to a key health challenge and meets our selection criteria. Applicants can also [explore our grantee database](#) for examples of projects we have funded in the past.

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 (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.