



# 2024 Call for Proposals

Through our annual call for proposals, we offer Montana-based organizations a chance to apply for funding to design and pilot innovative Montana-grown solutions to critical health challenges. The applications we receive also help us understand the evolving needs and priorities in communities around the state.

To be considered for funding, applicant organizations must meet our eligibility criteria. 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.

**We are hosting a webinar on Thursday, February 15, from 1-2 p.m. to review the 2024 Call for Proposals in detail. Please register for the webinar if you want to submit a grant application.**

For questions about the 2024 Call for Proposals, please visit our [Grant FAQ](#) page first. If you need additional help, please [contact us](#).

## 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 \$50,000 to support strategic, business, and sustainability planning. Do not apply for over \$50,000 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. Please note that the larger implementation awards are very competitive, and we receive many more applications than we can fund.



## Deadlines

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 application 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.

Opportunity Opens	Applications Due	Funding Decision	Projects Begin
January 16	March 15	May 30	June 15

## Eligibility Criteria

We only fund Montana-based organizations. "Montana-based" means that the organization is organized, incorporated, and has offices in Montana. Independent 501(c)(3) organizations that are Montana-based and are controlled by a Montana board but are part of a chain of related nonprofits that also conduct operations outside of Montana are eligible to apply for funding that is restricted to the Montana-based organization.

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 who may not meet these eligibility criteria.

**Please read the "Eligibility" section of our [Grant FAQ](#) page carefully for detailed information on the types of organizations eligible to apply for funding.**

## Selection Criteria

We recognize that each application 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 application.

*The MHCF Board of Trustees reserves the discretion to consider factors not explicitly described 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/or costs and impacts to families and communities.

**Need:** The project will fill 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, service contracts, or other approaches to generating revenue. Alternatively, the project's most important outcomes will endure beyond the grant term without requiring ongoing funding.

*The strongest proposals generally do not rely solely 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 and health-related organizations.*

**Focus on at-risk populations and health disparities:** The project serves a region or population of high need, as measured by 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 proposal conveys that effective, evidence-based interventions to address the problem exist but are not already being implemented. For grants outside of our initiatives, the project will support planning or pilot implementation of a new solution to a significant health issue. The grant will not be used to support the maintenance or expansion of an existing program.

**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 appropriate health authorities, such as the relevant tribal council(s), the health directors of the relevant tribes, or the relevant urban Indian health centers.



## What 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, section 4945(d)(1)
- Activities supporting political candidates or voter registration drives as defined in U.S. Internal Revenue Code, 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

Please [visit our grantee database](#) for examples of projects we have funded through our call for proposals.