



Application ID: 2022-3215-G

Application Type: Call for Proposals

Organization:

Primary Contact:

Application ID: 2022-3215-G

Project Title:

2022 Call for Proposals Overview and Instructions

We are happy to announce our competitive 2022 Call for Proposals (2022 CFP). The 2022 Call for Proposals 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.

The 2022 CFP offers grants between \$10,000 and \$50,000 for one-year projects and up to \$100,000 for two-year projects. 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.

Each year we host a webinar to review the types of projects we fund and to answer commonly asked questions. You can register for this year's webinar [here](#). For more information about the 2022 CFP, please visit our [website](#) or contact us at info@mthcf.org.

Our grant cycle opens **February 1** and proposals are due **March 11**. We will announce funding decisions May 31 and projects will begin June 15.



Organization Information

Eligibility Criteria

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

I have read MHCF's [Selection Criteria](#).

I have read and agree to comply with [MHCF's Guidelines on Supplanting](#).

Organization Description and Mission

Please briefly describe your organization and mission.

Organization EIN or TIN Number

Please enter your organization's EIN or TIN Number.

Organizational Budget

Please enter the dollar amount of your organization's total operational or department budget.

Executive Director, Chief Executive Officer, or Tribal Chairperson



Executive Director, Chief Executive Officer, or Tribal Chairperson Email

Primary Project Manager

Project Manager Email

Primary Fiscal Contact

Fiscal Contact Email

Staffing

List the most important personnel for this project including leadership, clinical, and identify the overall project manager. For each position, list the name of the staff member and provide one to two sentences describing their qualifications for this project. If you are hiring new staff, please describe the responsibilities of the position and list "to be hired."

I confirm that my leadership team and all staff listed have read this proposal and are willing to perform project tasks.

Board List

If applicable, please upload a list of the names and affiliations of your organization's governing body (health board, board of directors, or Tribal council).

Permission to Share Information



We believe in strong partnerships. If there are other funders who may be interested in supporting your project or other grantees working on similar projects who might benefit from collaboration, we may share your organization and project topic. We will not share your detailed proposal without your permission.

Please note that some of our grants require grantees to partner with a technical assistance provider. If technical assistance is required for your project, we will share your application with the provider so they can help you to achieve your project goals.

By submitting your application, you are agreeing to share this information. Please contact us if you have any questions or concerns.

Project Information

Title

Please provide a short, descriptive title for your project.

Planning or Implementation Grant

If your project is in the planning phase, we offer one-year planning grants of up to \$25,000 to support strategic and business or sustainability planning. Please do not apply for a grant over \$25,000 if your project is currently in the planning phase. If your project already has a strong business and sustainability plan, you may apply for up to \$100,000 for implementation. Please select your project type below.

Project Summary

Your project summary is an overview of your project. We may edit and share your project summary on our website if your proposal is funded. Examples of project summaries can be found in our [Grantee Library](#). Project summaries should include four or five sentences that incorporate the following:

1. What is your goal for this project?
2. How will you accomplish your project goal?
3. Who are your partners for this project? Please only include partners who have confirmed their commitment.
4. How will grant funds be used to support the project?

Project Description

Your project description outlines how your project will be implemented. Project descriptions should include four or five paragraphs that incorporate the following:

1. An overall description of the project: what will you build or accomplish?
2. The steps you will take to implement the project and your estimated timeline for completion.
3. The of roles key staff and partner organizations (you will be asked to provide more detail on staff and partnerships below).
4. A summary of how this project relates to other work that is currently in progress or planned by your organization. Will this grant contribute to related work that has additional sources of funding? If so, what key accomplishments will be achieved with our funds that would not be possible otherwise?

Health Problem

We fund projects that address important health issues, as defined by the prevalence in the population, severity of the outcomes, and costs to families and communities. In a couple of paragraphs, please describe the health issue your project seeks to address. Please include the following elements into your response:

1. What is the population or geographic area your project will serve?
2. What are the risk factors or challenges that contribute to the health issue(s)?
3. What is the prevalence and severity of the health issue(s) in the population your project will serve?
4. What is the cost of the health issue to the individuals, families, and communities your project will serve?
5. Will your project fill a need not met by other resources?

Partners

We fund projects that create or advance new partnerships resulting in more effective use of resources and collaboration between organizations. Please refer to our [Selection Criteria](#) on creating partnerships. Please list any partners who are essential to successfully implementing your project. How have you gained their support? What will each partner contribute to the project?

Challenges

Please briefly describe any challenges, barriers, and risks that might make it hard for you to accomplish your project goal. How will you overcome these challenges?



I confirm that all partners listed have read this proposal and are willing to perform project tasks.

Montana Geographic Regions Served

Please select the [geographic regions](#) your project will serve.

Montana Counties Served

Please select the county or counties your project will serve.

American Indian Reservations or Urban Indian Populations Served

Will your project focus on an American Indian reservation or urban Indian population? Please select any community that your project will serve.

Demographic Information for Populations Served

Will any of the following populations be a central focus of your project?

Letters of Support

Applicants may provide up to three letters of support.

Letters of support are not required for most proposals, but they 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. 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 to the project, the letter of support should describe their contribution.

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 councils or health boards, the health directors of the relevant Tribes, or the relevant urban Indian health centers.

Additional Information

Is there any more information or materials that will help us better understand your project (like a brochure, background research paper, or other resources)?

Project Goal

In this section you will describe how you will measure the impact of your project and the effectiveness of your implementation process. All responses should reflect your project goal.

Project Goal

In one to two sentences, please state your overall project goal. The project goal should clearly describe the most important, big-picture result that you are hoping to achieve with this grant.

Work Plan

Your work plan provides an outline of how you will achieve your project goal. Please identify three to five important milestones in your project and provide their expected completion dates. If your proposal is funded, you will report on these specific work plan items. Examples of work plan items include: hiring staff, completing surveys or strategic plans, publishing reports, implementing a new service or program, or other key steps in implementing your project.

Work Plan Item 1

Work Plan Item 2

Work Plan Item 3

Work Plan Item 4

Work Plan Item 5

Work Plan Evaluation

Your work plan outlines the process for how you will achieve your project goal. The work plan evaluation identifies what worked well in implementing your work plan, the challenges you encountered, and what you did to address them. Please describe how you will evaluate the process of implementing your work plan. If your proposal is funded, you will report on this work plan evaluation in your interim and final reports.

Outcomes

Outcomes are measurable indicators of your progress toward achieving your primary goal. Please identify three to five outcomes you will measure. If your proposal is funded, you will report on these specific outcomes. Examples of outcomes include: changes in relevant health indicators, health care and social service cost savings, and revenue generated.

Outcome Item 1

Outcome Item 2

Outcome Item 3

Outcome Item 4

Outcome Item 5

Outcome Evaluation

Outcome evaluation measures the outcomes of your project. Please describe how you will measure the outcomes listed above. Do you have adequate data systems and analytic skills in place to capture key outcomes of the project? If not, how will you address your outcome evaluation needs?

Project Budget

CFP Budget Instructions

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 24-month timeframe.

Funding Requested

In this section, please provide a budget narrative and a detailed budget table for your grant funding request. Your budget will be divided into three major categories: personnel salaries, direct project expenses and indirect project expenses. You can view a full glossary of budget categories and line items [here](#).

All funding requests must meet the following criteria:

- Fringe benefits may not exceed 30% of the total personnel salaries funded.
- Indirect project expenses may not exceed 10% of the total salaries, fringe benefits, consultants, and contracts line items funded. Indirect costs are not project specific but support the organization, such as general administrative costs.

Personnel Salaries Budget Narrative:

This category includes the cost of salaries and fringe benefits for personnel who will work directly on the project. Please provide the following information in your narrative:

Please list the personnel salaries that will be funded under this grant.

- What amount is allocated to each salary?
- What percentage of fringe benefits will the grant cover for each salary?
- For each staff member, what percentage of a full-time equivalency (FTE) will be dedicated to the project?

Direct Project Expenses Budget Narrative:

This category includes expenses directly related to the project. Please provide the following information in your narrative:

Please list the consultants and contracts you will pay for using this grant.

- Who is the contracting agency?
- What amount will be allocated to each contract?
- What work will be performed under each contract?
- What is the dollar amount of each contract?

Please describe the travel or meetings that will be conducted as part of this project. What activities and supplies will be covered? How were these costs estimated?

Please describe the other direct project expenses (project supplies, marketing, etc.) included in this request. What activities and supplies will be covered? How were these costs estimated?



Funding Requested from MHCF

Number of Full-Time Employees Paid by MHCF Funds

Total Funding Request

Your total funding request amount will display the total from the table above.

Project Term

Projects must be completed within 12 or 24 months. Please select your grant term below.

Total Project Budget

In this section you will provide detail on your total project budget, including items not funded by MHCF.



Project Revenue (If Applicable)

Other Revenue Sources

Project Expenses

Net Project Surplus or Deficit

Number of Full-time Project Employees

Sustaining the Project

We do not provide ongoing funding for projects beyond the grant term. The strongest proposals demonstrate a clear, feasible plan to sustain the project through non-grant sources of revenue, or other impacts that will endure beyond the grant term. Please refer to our [selection criteria](#) on sustaining the project.

1. Describe your plans to sustain your project after the grant term.
2. Is there potential to fund part of the program through revenue from insurance or other forms of reimbursement for services?
3. Do you expect the project will generate savings for the health system by improving health outcomes? If so, how will you work with the potential beneficiaries of those savings (such as hospitals, clinics, or insurance carriers) to advocate for funding or changes in reimbursement that would allow your program to continue?
4. Are there impacts from your project that will endure beyond the grant term?

Note: If this is a planning grant with a budget of \$25,000 or less, you may answer, "This is a planning grant; sustainability will be addressed during the planning phase."

Matching Funds and Other Support Description

If you are expecting matching funds for this project, please describe the following:

1. The sources of matching funds or additional support you expect to receive.
2. The status of these funds (if they are pending grant applications or funds currently available for the project).
3. A general narrative description of how these funds will be used.

Contractor Organization: