Eligibility Quiz

Welcome! The following questions will determine if your organization meets the minimum requirements to submit an application for this grant opportunity.

If awarded, will the grant serve one or more of the 74-county service area of MHM? Counties can be found in our Community Grants Library - MHM Areas of Strategic Opportunity Map.

-Select One- ▾

Will the request or organization for which you are seeking funds address one or more of the focus areas of MHM Community Investments?

- **Access to Care: Mental & Behavioral Health**
- **Access to Care: General**
- **Digital Equity**
- **Education and Workforce Development**
- **Food Security**
- **Housing**

-Select One- ▾

Does the request or organization for which you are seeking funds align with one or more of the objectives and priorities of the *MHM Community Investments Theories of Change*? Refer to the Theories of Change (TOC) documents in our Community Grants Library.

-Select One- ▾

Is the request for one or more of the following? (List of ineligible requests)

- **Endowments**
- **Financial deficits or debt reduction**
- **Fundraising events**
- **Grants or scholarships to individuals**
- **Insurance (unless for a capacity building or capital grant)**
- **Land**
- **Legal fees**
- **Lobbying on behalf of a political candidate**

-Select One- ▾

Has your organization or fiscal sponsor had its tax exemption or 501(c)(3) status for at least one year?

-Select One- ▾

Submit

2025 MHM Application Form   Request Information   Population Served   Alignment to Strategy   Goals   Request Amount and Budget   Organization Information   Tax and Financial Status   Contact Information   **Review My Form**

Contact Us |

An organization does not have to complete their information in one session. You can review information provided to date and make necessary modifications at a later date. To do so, click the "Save & Finish Later" button located at the bottom of this page. To return to this form and complete for submission, please go to your "My Account" page and select your form in progress from the list on the page. If you're satisfied with the contents, click "SUBMIT" in order to forward for consideration. Your information has NOT been submitted until you take this final step.

2025 MHM Application Form

Printer Friendly Version

*   Required before final submission

2025 MHM Grant Application, Open Cycle

Please submit information about the request that MHM may be interested in funding. Submission of information is not an indication that your request will be funded.

TIPS:
- Your information is saved whenever you click the "Next" or "Save & Finish Later" buttons at the bottom of each page.
- The "Save & Finish Later" button will save the application to your online account and exit out of the form. A confirmation email will be sent to you, along with a link to get back to the saved form.
- In order to prevent loss of work, we strongly suggest drafting responses in MS Word or similar program, then copy/paste the content into this form when you are ready to submit.
- Use the navigation buttons located on top of each page to direct you to a specific page of the application form.

Organization Summary

INSTRUCTIONS FOR THIS SECTION:
Provide information for your organization. Please note: If using a fiscal sponsor, provide information about the organization that will be sponsored.

* Organization Summary
- Provide a brief overview of your organization including its history, mission, and core services/programs.
- Describe the impact of your organization and services in your community. Please include the successes and challenges your organization has faced in providing services.
- Identify any key collaborations or partnerships for your organization.

Word count 0 of 450

* Organization Focus Area
Consider the mission of your organization. Select the primary focus area for your organization.

Your first selection will be marked as the primary focus area for your organization, though you may choose additional focus areas that your organization addresses.

☐ Access to Care: Mental & Behavioral Health
☐ Access to Care: General
☐ Digital Equity
☐ Food Security
☐ Housing
☐ Education & Workforce Development

Request Information

Request Information

Grant Start Date
If awarded, this is the date when the grant period will begin.
1/1/2025

* Grant End Date
Enter the end date of the grant period or click on the calendar icon next to the space provided to select date. The grant period shall either be single year or three-year term.

NOTE: Date must end on the last day of a calendar year (Enter 12/31/2025 or 12/31/2027).

[_____] 📅

Multi-Year Request
Are you requesting three years of funding? Check if YES.
☐

* Grant Type
Select the type of funding you are seeking. Refer to the Grant Guidelines to review the request types.
[<Select One> ▾]

Grant Type selection:
- Project/Program Support
- Capital/Renovation
- Capacity Building

* Request Title
Enter the title for this request.
[_____]

* Grant Purpose
In three sentences or less, provide the description of what the grant funding will support. "MHM grant funding will..."

Word count 0 of 70

* Request Description

Provide a description of how you will accomplish the goals of the grant request that includes the following:

- Describe the request activities. For requests with multiple components or sequential components, group the activities.
- Roles of lead staff who will oversee and implement activities. Include whether they are new or existing staff positions.
- Decribe what success will look like at the end of the grant period.

Word count 0 of 500

* Challenge Addressed

Describe the need or gaps in the community the grant is addressing. Include any data or other evidence, as appropriate.

- In what ways is this grant request filling a gap?
- How will the grant address the need you described?

Word count 0 of 300

* Timeline

Identify project or organizational milestones, such as anticipated start date of the project, hiring dates, enrollment targets, completion dates for post assessments, etc.

Word count 0 of 400

* Grant Location

Indicate the counties where you will use MHM funds, such as on-site or off-site facilities where services for this grant will occur, NOT where participants reside.
NOTE: You will have the opportunity to tell us about where participants reside on the page labeled, "Population Served."

*Your first selection will be designated as the PRIMARY county where the grant will serve.

- ☐ Aransas
- ☐ Atascosa
- ☐ Bandera
- ☐ Bastrop
- ☐ Bee
- ☐ Bexar
- ☐ Blanco
- ☐ Brooks
- ☐ Burnet
- ☐ Caldwell
- ☐ Calhoun
- ☐ Cameron
- ☐ Coke
- ☐ Colorado
- ☐ Comal
- ☐ Concho
- ☐ Crockett
- ☐ DeWitt
- ☐ Dimmit
- ☐ Duval
- ☐ Edwards
- ☐ Fayette
- ☐ Frio
- ☐ Gillespie
- ☐ Goliad
- ☐ Gonzales
- ☐ Guadalupe
- ☐ Hays

- [ ] Hidalgo
- [ ] Irion
- [ ] Jackson
- [ ] Jim Hogg
- [ ] Jim Wells
- [ ] Karnes
- [ ] Kendall
- [ ] Kenedy
- [ ] Kerr
- [ ] Kimble
- [ ] Kinney
- [ ] Kleberg
- [ ] La Salle
- [ ] Lampasas
- [ ] Lavaca
- [ ] Live Oak
- [ ] Llano
- [ ] Mason
- [ ] Matagorda
- [ ] Maverick
- [ ] McCulloch
- [ ] McMullen
- [ ] Medina
- [ ] Menard
- [ ] Mills
- [ ] Nueces
- [ ] Reagan
- [ ] Real
- [ ] Refugio
- [ ] San Patricio
- [ ] San Saba
- [ ] Schleicher
- [ ] Starr
- [ ] Sterling
- [ ] Sutton
- [ ] Tom Green
- [ ] Travis
- [ ] Upton
- [ ] Uvalde
- [ ] Val Verde
- [ ] Victoria
- [ ] Webb
- [ ] Willacy
- [ ] Wilson
- [ ] Zapata
- [ ] Zavala

Target Zip Codes
If the grant will serve Bexar County, are there priority zip codes for your organization? If so, list them below.

Population Served

Population Served

* **Individuals Served**
Provide the number of individuals the MHM grant will serve.

* **Economic Status** ℹ
Of those served by the MHM grant, what percentage are economically disadvantaged? See Community Grants Library - CI Glossary for definition.

Do not use percent sign. (Example: If response is 100%, then enter 100)

Identify the <u>estimated</u> target populations for this grant. If there is not a specific target population, select "General/ Not Specified."

* **Age Group**
- [ ] General/ Not Specified
- [ ] Infant and Toddler (0-3 years old)
- [ ] Children (4-12 years old)
- [ ] Teens (13-17 years old)
- [ ] Young Adults (18-26 years old)
- [ ] Adults (27-64 years old)
- [ ] Seniors (65+ years old)

* **Ethnicity**
- [ ] American Indian and Alaska Native alone, non-Hispanic
- [ ] Asian alone, non-Hispanic
- [ ] Black or African American alone, non-Hispanic
- [ ] Hispanic
- [ ] Multiracial, non-Hispanic
- [ ] Native Hawaiian and Other Pacific Islander alone, non-Hispanic
- [ ] Some Other Race alone, non-Hispanic
- [ ] White alone, non-Hispanic
- [ ] General/ Not Specified

* **Population Served**

☐ Immigrants/ Refugees
☐ Individuals living in colonias
☐ Individuals with a substance use disorder
☐ Individuals with disabilities
☐ Inidividuals experiencing homelessness
☐ LGBTQ+
☐ Migrant workers
☐ Undocumented Individuals
☐ Veterans/ Military
☐ Other
☐ General/ Not Specified

Other Underserved Population:
If "Other" was selected for Population Served, please specify which other group(s) will be served by this request.

[ ]

* Location for Population Served ℹ️
Of the estimate population served by the grant, indicate the estimated counties and percentages where participants may reside. Select "Other" to account for the percentage of population where you anticipate the county will not be known or not listed below.

Total percentages must equal 100%. To enter a percentage, please select a county first.

☐ Aransas [0] %
☐ Atascosa [0] %
☐ Bandera [0] %
☐ Bastrop [0] %
☐ Bee [0] %
☐ Bexar [0] %
☐ Blanco [0] %
☐ Brooks [0] %
☐ Burnet [0] %
☐ Caldwell [0] %
☐ Calhoun [0] %
☐ Cameron [0] %
☐ Coke [0] %
☐ Colorado [0] %
☐ Comal [0] %
☐ Concho [0] %
☐ Crockett [0] %
☐ DeWitt [0] %
☐ Dimmit [0] %
☐ Duval [0] %
☐ Edwards [0] %
☐ Fayette [0] %
☐ Frio [0] %
☐ Gillespie [0] %
☐ Goliad [0] %
☐ Gonzales [0] %
☐ Guadalupe [0] %
☐ Hays [0] %
☐ Hidalgo [0] %
☐ Irion [0] %
☐ Jackson [0] %
☐ Jim Hogg [0] %
☐ Jim Wells [0] %
☐ Karnes [0] %
☐ Kendall [0] %
☐ Kenedy [0] %
☐ Kerr [0] %
☐ Kimble [0] %
☐ Kinney [0] %
☐ Kleberg [0] %
☐ La Salle [0] %
☐ Lampasas [0] %
☐ Lavaca [0] %
☐ Live Oak [0] %
☐ Llano [0] %
☐ Mason [0] %
☐ Matagorda [0] %
☐ Maverick [0] %
☐ McCulloch [0] %
☐ McMullen [0] %
☐ Medina [0] %
☐ Menard [0] %

☐ Mills   `0` %
☐ Nueces   `0` %
☐ Other   `0` %
☐ Reagan   `0` %
☐ Real   `0` %
☐ Refugio   `0` %
☐ San Patricio   `0` %
☐ San Saba   `0` %
☐ Schleicher   `0` %
☐ Starr   `0` %
☐ Sterling   `0` %
☐ Sutton   `0` %
☐ Tom Green   `0` %
☐ Travis   `0` %
☐ Upton   `0` %
☐ Uvalde   `0` %
☐ Val Verde   `0` %
☐ Victoria   `0` %
☐ Webb   `0` %
☐ Willacy   `0` %
☐ Wilson   `0` %
☐ Zapata   `0` %
☐ Zavala   `0` %

Alignment to Strategy

Alignment

* Request Focus Area
Select the primary focus area for this request. ***NOTE: Although your request may address additional focus areas, choose the area where funding will have the most impact.***

○ Access to Care: Mental & Behavioral Health
○ Access to Care: General
○ Digital Equity
○ Food Security
○ Housing
○ Education & Workforce Development

Goals

Goals

Goals
Identify the goals for the request within the grant period. The goals should support the Priority or Priorities for the Theory of Change your grant request addresses. Goals may include a mix of quantitative and qualitative goals, with at least two (2) quantitative.

In the fields below, provide the following:
- Copy and paste the "Priority" each goal will address from the Theories of Change for a specific focus area. (see Community Grants Library – TOC Documents).
- Then add your qualitative or quantitative goal.

Example of a goal entered into a field:
Priority: Create or expand Digital Connector/Navigator programs.
Goal: During the grant period, participants trained by digital navigators will report how they share and apply what they learned in digital skill classes in their daily lives.

* #1 Priority/Goal

Word count 0 of 200

* #2 Priority/Goal

Word count 0 of 200

#3 Priority/Goal

Word count 0 of 200

#4 Priority/Goal

Word count 0 of 200

#5 Priority/Goal

Word count 0 of 200

Request Amount and Budget

* Total Project Budget
Total cost of the project for the grant period, either for the single year or three-year term (Include all funding sources combined, not only the MHM portion being requested).

Round up to nearest dollar. *Do not use commas or dollar sign.*

* Total Requested Amount
Enter full request amount (MHM portion).

Round up to nearest dollar. *Do not use commas or dollar sign.*

* Year 1 - Request Amount for 2025
Request amount for Year 1.

Round up to the nearest dollar.

Year 2 - Request Amount for 2026
If requesting grant funding for three years, include amount for Year 2. Otherwise, enter zero "0" in the space provided.

Round up to the nearest dollar.

Year 3 - Request Amount for 2027
If requesting grant funding for three years, include amount for Year 3. Otherwise, enter zero "0" in the space provided.

Round up to the nearest dollar.

* Application Upload: MHM Budget Form for the Request
Complete and upload the MHM budget template available on the Community Grants Library. Only MHM's budget template will be accepted.

Format: MS Excel (Click on "Upload" after attaching document)
[Choose File] No file chosen
[Upload]

Payment Schedule selection for Year 1:
- Grant Paid Monthly
- Grant Paid Quarterly
- Grant $100K or less, One Payment
- Grant $100K or less, Paid Biannually

* Payment Schedule
If awarded, select preferred payment schedule for **Year 1** from the drop-down menu. Refer to the Grant Guidelines to review additional information about the Payment Schedule.
<Select One>

Organization Information

Complete this section if you are using a fiscal sponsor. If not, skip to the next section.

About a Fiscal Sponsorship: The IRS requires fiscal sponsors to exercise control of funding and disburse to the project or program in accordance to the submitted budget; a fiscal sponsor agreement between the sponsor and the project or program governs the relationship; the funder holds the fiscal sponsor legally responsible to use funding as intended.

Fiscal Sponsor
Is your organization using a fiscal sponsor? (i.e., another organization is applying for this grant opportunity on behalf of your organization)

Check box if YES. If no, then leave blank and skip to next section.
☐

Sponsored Organization
Enter the name, main address, and phone number of the sponsored organization (**not** the fiscal sponsor).
Leave blank and skip to next section if a fiscal sponsorship will not be used.

Provide information about your organization. If your organization is using a fiscal sponsor, provide information about the fiscal sponsor (i.e., organization that is applying on behalf of your organization).

* Organization's Tax ID

* Organization's Name or DBA

Organization's Legal Name, if different from above

* Address
Main address for the organization.

* City   *** State**   *** Zip Code**
               <Select One>

* County for Address Listed Above

* Organization's Main Phone Number   **Organization's Website URL**
Format: xxx-xxx-xxxx   Website address for organization, if any.

* Application Upload: Organizational Budget
The budget most recently approved by your board for operation of the organization.

Acceptable Format: PDF or Excel (Click on "Upload" after attaching document)

Choose File | No file chosen

Upload

* Organization's Annual Budget Amount
Enter the organization's annual budget amount for the current fiscal year.

This amount must match the bottom-line amount in the **Organizational Budget** that was uploaded above.
Dollar amount only; exclude cents. Do not use commas or dollar sign.

[   ]

Tax and Financial Status

Tax and Financial Status

If using a fiscal sponsor, please provide documentation for the <u>fiscal sponsor.</u>

* Application Upload: IRS Determination Letter
Submit a copy of the IRS tax exemption or 501(c)(3) determination letter for this organization.

Acceptable Format: PDF preferred (Click on "Upload" after attaching document)
Choose File | No file chosen

Upload

* Application Upload: W-9 Form
Submit a completed copy of your W-9 form.

Acceptable Format: PDF (Click on "Upload" after attaching document)
Choose File | No file chosen

Upload

* Application Upload: Fiscal Year-End Financial Statements
Submit the most recent internal financials for fiscal year end based on the criteria below. (Statement of Activities and Statement of Financial Position)

If you received funding from MHM in the 2024 grant cycle:

- Attach the most recent internal financial statements for fiscal year end.

If you did not receive funding from MHM in the 2024 grant cycle:

- Attach the **two** most recent internal financial statements for the last two fiscal years.

NOTE: If you are not sure if your organization received a 2024 Community Investments grant, review the funded partner list: https://www.mhm.org/grantmaking/

Format: PDF preferred (Only one upload is allowed; combine all documents into one PDF and upload as one document.)
Click on "Upload" after attaching document.
Choose File | No file chosen

Upload

* Application Upload: Monthly Financial Statements
Submit the most recent monthly financials at time of submission. (Statement of Activities and Statement of Financial Position)

Format: PDF preferred (Only one upload is allowed; combine all documents into one PDF and upload as one document.)
Click on "Upload" after attaching document.
Choose File | No file chosen

Upload

Application Upload: Audit Report
Attach the external audit report(s) based on the criteria below. If the organization is not audited, skip to the next question below.

If you received funding from MHM in the 2024 grant cycle:

- Attach the most recent external audit report performed for your organization.

If you did not receive funding from MHM in the 2024 grant cycle:

- Attach the **two** most recent external audit reports performed for your organization.

NOTE: If you are not sure if your organization received a 2024 Community Investments grant, review the funded partner list: https://www.mhm.org/grantmaking/

Format: PDF preferred (Only one upload is allowed; combine all documents into one PDF and upload as one document.)
Click on "Upload" after attaching document.
Choose File | No file chosen

Upload

Application Upload: Government Grant Audit Report
If your organization is required to have a single audit as a result of receiving governmental grant dollars, please attach the documentation as instructed below. If this does not apply to your organization, then skip and move on to next page.

If you received funding from MHM in the 2024 grant cycle:

- Attach the most recent single audit report performed.

If you did not receive funding from MHM in the 2024 grant cycle:

- Attach the **two** most recent single audit reports performed for your organization.

If you are not sure if your organization received a 2024 Community Investments grant, review the funded partner list: https://www.mhm.org/grantmaking/

Format: PDF preferred (Only one upload is allowed; combine all documents into one PDF and upload as one document.)
Click on "Upload" after attaching document.
Choose File | No file chosen

Upload

Contact Information

Provide contact information on this page. Even if some entries are redundant, it is important to fill out each one to ensure that we have the correct information for each contact role.

Organization Contact

Provide information for the head of the organization that is applying for funding (usually person who will be signing the grant agreement if awarded, such as the CEO/President, Executive Director, Board Chair, etc.).

Prefix
<Select One> ▾

First Name   **Last Name**

Suffix
<None> ▾

Title

E-mail

Phone Number
Format xxx-xxx-xxxx

Primary Contact

Provide information for the primary contact who will be the point person for any grant-related correspondence.

Prefix
<Select One> ▾

First Name   **Last Name**

Suffix
<None> ▾

Title

E-mail

Phone Number
Format xxx-xxx-xxxx

Finance Contact

Provide information for the organization's finance contact. The finance contact must have knowledge of the grant budget and expenditures.

* **Prefix**
<Select One> ▾

* **First Name**   * **Last Name**

Suffix
<None> ▾

* **Title**

* **E-mail**

* **Phone Number**
Format xxx-xxx-xxxx

If you are ready to submit this form, proceed to the last page to review your application form. The "Submit" button is located at bottom of the Review page.

Save & Finish Later   Submit