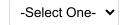




# **Eligibility Quiz**

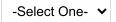
Welcome! The following questions will determine if your organization meets the minimum requirements to submit an application for this grant opportunity.

If awarded, will the grant primarily serve one or more of the counties in MHM's J, K, L or rural counties in the Areas of Strategic Opportunity Map? Refer to our Community Grants Library for a list of rural counties and map.



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

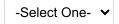
- Access to Care: Mental & Behavioral Health
- Access to Care: General
- Digital Equity
- Education and Workforce Development
- Food Security
- Housing



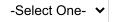
Does the request or organization for which you are seeking funds align with one or more of the objectives and priorities of the *MHM Community Investments Theories of Change*? Refer to the Theories of Change (TOC) documents in our Community Grants Library.

-Select One- ➤

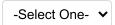
Has your organization or fiscal sponsor had its tax exemption or 501(c)(3) status for at least one year?



Is your organization's annual budget less than \$1 million?



Is your grant request amount between \$25,000 and \$100,000?



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

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



Submit



Contact Us

2026 MHM Application Form Request Information Population Served Goals Request Amount and Budget Organization Information Tax and Financial Status Contact Information Review My Form

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.

#### 2026 MHM Application Form

Printer Friendly Version

Required before final submission

#### 2026 MHM Small 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. 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

### Grant Start Date

If awarded, this is the date when the grant period will begin. 1/1/2026

#### **Grant End Date**

If awarded, this is the date when the grant period will end. 12/31/2026

### **Grant Type**

Select the type of funding you are seeking. Refer to the Grant Guidelines to review the request types.

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

<select one=""></select>	
* Request Title Enter the title for this request.	
Enter the the for this request.	
* Grant Purpose In three sentences or less, provide the description of what the grant funding will support. "MHM gran	at funding will"
Word count 0 of 70	
Word Count U of 70	
* Request Description Provide a description of how you will accomplish the goals of the grant request that includes the following the complex of the grant request that includes the following the complex of the grant request that includes the following the grant request that includes the grant request the grant request the grant request the grant request that the grant request the grant r	
Describe the request activities. For requests with multiple components or sequential compon     Roles of lead staff who will oversee and implement activities. Include whether they are new o     Decribe what success will look like at the end of the grant period.	ents, group the activities. r existing staff positions.
For general operating requests, please respond based on your overall organization.	
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.	
In what ways is this grant request filling a gap?     How will the grant address the need you described?	псе, аѕ арргорнате.
How will the grant address the need you described?	
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 servi NOTE: You will have the opportunity to tell us about where participants reside on the page la	ces for this grant will occur, NOT where participants reside. beled, "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 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.
opulation Served	
Population Served	

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

Economic Status Of those served by	the MHM grant, what percentage are economically disadvantaged? See Community Grants Library - CI Glossary for definition.
	sign. (Example: If response is 100%, then enter 100)
Identify the estima	ated target populations for this grant. If there is not a specific target population, select "General/ Not Specified."
Age Group	
General/ Not Sp	
☐ Infant and Todd	
☐ Children (4-12 y	
Young Adults (1	
Adults (27-64 ye	
Seniors (65+ ye	
Ethnicity	
American Indian	n and Alaska Native alone, non-Hispanic
Asian alone, no	n-Hispanic
	American alone, non-Hispanic
Hispanic	
☐ Multiracial, non-	нıspanic n and Other Pacific Islander alone, non-Hispanic
	ce alone, non-Hispanic
☐ White alone, no	
General/ Not Sp	
Population Served	1
☐ Individuals living	
	a substance use disorder
☐ Individuals with	
☐ LGBTQ+	eriencing homelessness
	ry.
u veterans/ Militai	
☐ Veterans/ Militar	
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Gonzales	0
Guadalupe	0 0
Hays	0 0
□ Hidalgo	0 0
☐ Irion	0
Jackson	0 0
☐ Jim Hogg	0
☐ Jim Wells	0 0
☐ Karnes	0
☐ Kendall	0
☐ Kenedy	0
☐ Kerr	0 0
□ Kerr	0
	0
Kinney	0
☐ Kleberg	
☐ La Salle	0 9
Lampasas	0 9
Lavaca	0 9
Live Oak	0 9
Llano	0 9
Mason	0 9
Matagorda	0 9
Maverick	0 9
☐ McCulloch	0 9
☐ McMullen	0 9
Medina	0 0
☐ Menard	0,
Mills	0 (
Nueces	0 (
Other	0
Reagan	0 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 0
□Webb	0
□Willacy	0 (
Wilson	0
Zapata	0 9
Zavala	0 (

#### Goals

Goals
Identify the goals to be accomplished within the grant period. The goals should support the Priority or Priorities for the Theory of Change your grant request addresses. A minimum of two (2) quantitative goals are required.\* Additional goals can be either quantitative or qualitative.

- 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.

Examples of how to enter the priority and goal into a field:

Priority: Create or sustain Digital Connector or Digital Navigator programs.

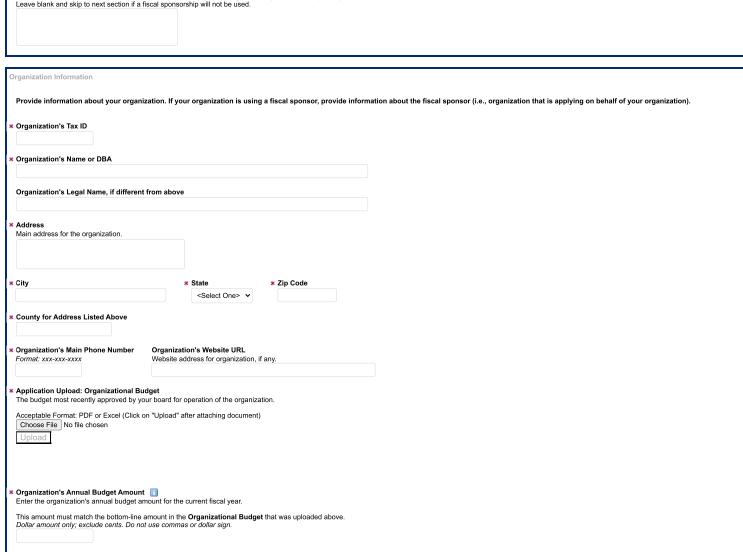
Goal (Quantitative): During the grant period, 250 participants will be trained by 2 digital navigators across the 3 target counties for this project.

<u>Priority</u> : Create or sustain Digital Connector or Digital Navigation programs. <u>Goal</u> (Qualitative): During the grant period, participants trained by digital navigators will provide test	imonies on how they apply what they learned in digital skill classes in their daily lives and how they share learnings with others.
# #1 Priority/Goal (Quantitative)	
Word count 0 of 200	
* #2 Priority/Goal (Quantitative)	
Word count 0 of 200	
#3 Priority/Goal (Qualitative or Quantitative)	
Word count 0 of 200	
#4 Priority/Goal (Qualitative or Quantitative)	
Word count 0 of 200	
#5 Priority/Goal (Qualitative or Quantitative)	
Word count 0 of 200	
equest Amount and Budget Request Amount and Budget	
* Total Project Budget	
Total cost of the project for the grant period. Include all funding sources combined, not only the MH	M portion being requested. For general operating requests, provide the organization's annual budget amount.

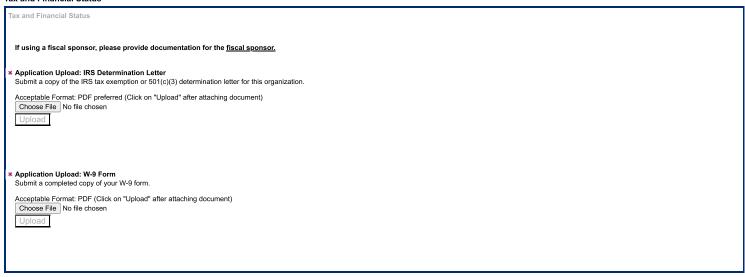
\* Total Requested Amount Intermediate Enter full request amount (MHM portion).

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

* Year 1 - Request Amount for 2026  Request amount for Year 1. Enter the same amount as above for "Total Requested Amount."	
Round up to the nearest dollar.	
* Application Upload: Budget Form for the Request Upload the project budget used for the request. It is not necessary to use the MHM budget template. For general operating requests, upload the most recent Board approved budget for your organization.	
Format: PDF, MS Excel or Word (Click on "Upload" after attaching document)  Choose File  Upload	
* Payment Schedule If awarded, select the preferred payment schedule from the drop-down menu. Refer to the Grant Guidelines to review additional information about the Payment Schedule.	Payment Schedule selection: - Grant Paid Monthly - Grant Paid Quarterly - Grant \$100K or less, One Payment - Grant \$100K or less, Paid Biannually
Organization Information	
Fiscal Sponsorship	
Fiscal Spoilsoiship	
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; project or program governs the relationship; the funder holds the fiscal sponsor legally responsible to use funding as intended.	; a fiscal sponsor agreement between the sponsor and the
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.	

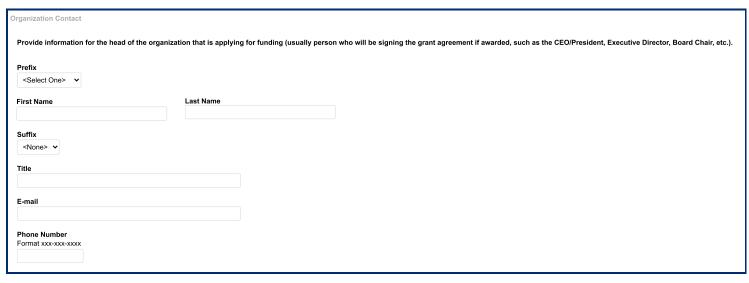


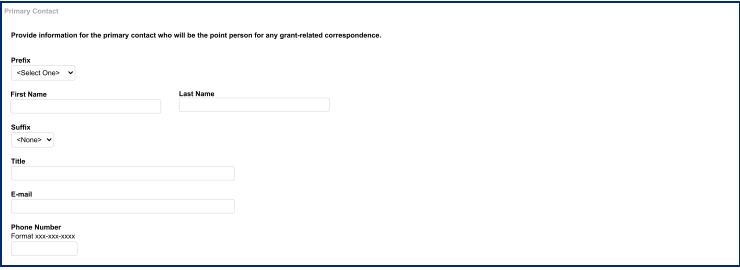
### Tax and Financial Status



#### **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.





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=""></select>



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