



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.

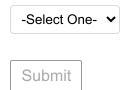
-Select One- ➤

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

-Select One- ∨

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





Contact Us

2026 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

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 Standard 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

Grant Start Date If awarded, this is the date when the grant period will begin. 1/1/2026	
★ Grant End Date The grant period shall be a single year or a three-year term, and must end on the last day of the calendar year.	
Enter 12/31/2026 or 12/31/2028.	
Multi-Year Request Are you requesting three years of funding? Check box if YES. If no, then leave blank and proceed to the next question	h.
★ Grant Type Select the type of funding you are seeking. Refer to the Grant Guidelines to review the request types. <select one=""></select>	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. "N	HM grant funding will"
Word count 0 of 70	
S. Dominat Description	
* Request Description Provide a description of how you will accomplish the goals of the grant request that include:	
Describe the request activities. For requests with multiple components or sequential Roles of lead staff who will oversee and implement activities. Include whether they a Decribe what success will look like at the end of the grant period.	components, group the activities. e 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 ot	ner evidence, as appropriate.
In what ways is this grant request filling a gap? How will the grant address the need you described?	
Flow will the grant address the need you described?	
Word count 0 of 400	
* Timeline	
Identify project or organizational milestones, such as anticipated start date of the project, hi	ing dates, enrollment targets, completion dates for post assessments, etc.
Word count 0 of 400	
1	

* 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."		
If awarded, the grant should serve:		
 One or more of the 74-county service area of MHM; If serving Bexar County, only support one or more of the thirteen (13) MHM priority zip codes, and the Housing or Education & Workforce Development focus areas. 		
*Your first selection will be designated as the PRIMARY county where the grant will serve.		
Atlascosa		
☐ Bandera ☐ Bastrop		
Вехаг		
Blanco		
□ Brooks □ Burnet		
☐ Calhoun		
□ Cameron □ Coke		
Concho		
☐ Crockett ☐ DeWitt		
Dimnit		
□ Duval		
□ Edwards □ Farming the state of the state		
□ Fayette □ Frio		
Goliad		
☐ Gonzales ☐ Guadalupe		
□ Guadaupe		
Hidalgo		
Irion		
□ Jackson □ Jim Hogg		
Uin Wells		
□ Karnes		
☐ Kendall ☐ Kenedy		
Kelledy		
□ Kimble		
□ Kleberg □ La Salle		
Lampasas		
Lavaca		
□Live Oak □Llano		
Mason		
Matagorda		
□ Maverick □ McCulloch		
McMullen		
□Medina		
☐ Menard ☐ Mills		
Reagan		
☐ Refugio ☐ San Patricio		
Schleicher		
Sterring		
☐ Tom Green		
☐ Upton ☐ Uvalde		
□ Val Verde		
□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		
* Individuals Serve		
Provide the numb	per of individuals the MHM grant will serve.	
* Economic Status	s 🗓	
	by the MHM grant, what percentage are economically disadvantaged? See Community Grants Library - CI Glossary for definition.	
Do not use percei	nt sign. (Example: If response is 100%, then enter 100)	
Identify the estin	mated target populations for this grant. If there is not a specific target population, select "General/ Not Specified."	
* Age Group		
General/ Not		
	der (0.3 years old)	
☐ Children (4-12 ☐ Teens (13-17		
	(18-26 years old)	
Adults (27-64		
Seniors (65+		
* Ethnicity		
American Indi	iian and Alaska Native alone, non-Hispanic	
Asian alone, r		
	an American alone, non-Hispanic	
Hispanic	na Managaia	
☐ Multiracial, no	on-Hispanic iian and Other Pacific Islander alone, non-Hispanic	
	Race alone, non-Hispanic	
☐ White alone, r		
☐ General/ Not	Specified	
* Population Serve	ed .	
☐ Individuals livi	ring in colonias	
	ith a substance use disorder	
☐ Individuals wit		
☐ Inidividuals ex☐ LGBTQ+	xperiencing homelessness	
☐ Veterans/ Mili	itar.	
Other	uary	
☐ General/ Not	Specified	
Other Underserv	ved Population:	
Other Underserv If "Other" was sele	ved Population: lected for Population Served, please specify which other group(s) will be served by this request.	
Other Underserv If "Other" was sele	ved Population: lected for Population Served, please specify which other group(s) will be served by this request.	
If "Other" was sele	lected for Population Served, please specify which other group(s) will be served by this request.	
If "Other" was seld	red Population: lected for Population Served, please specify which other group(s) will be served by this request. pulation Served population served to account for the percentage of population where you anticipate the county will not be known or not listed below	w.
# Location for Pop Of the estimated p	ected for Population Served, please specify which other group(s) will be served by this request.	w.
# Location for Pop Of the estimated p Total percentages	lected for Population Served, please specify which other group(s) will be served by this request. pulation Served population Served 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 as must equal 100%. To enter a percentage, please select a county first.	N.
If "Other" was seld ** Location for Pop Of the estimated p Total percentages	lected for Population Served, please specify which other group(s) will be served by this request. pulation Served 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 a must equal 100%. To enter a percentage, please select a county first.	w.
If "Other" was seld ** Location for Pop Of the estimated in Total percentages Aransas Atascosa	lected for Population Served, please specify which other group(s) will be served by this request. pulation Served 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 a must equal 100%. To enter a percentage, please select a county first.	w.
If "Other" was seld ** Location for Pop Of the estimated p Total percentages	lected for Population Served, please specify which other group(s) will be served by this request. pulation Served 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 as must equal 100%. To enter a percentage, please select a county first.	w.
If "Other" was seld ** Location for Pop Of the estimated in Total percentages Aransas Atascosa	lected for Population Served, please specify which other group(s) will be served by this request. pulation Served 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 a must equal 100%. To enter a percentage, please select a county first.	w.
If "Other" was seld ** Location for Pop Of the estimated if Total percentages Aransas Atascosa Bandera	lected for Population Served, please specify which other group(s) will be served by this request. pulation Served 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 as must equal 100%. To enter a percentage, please select a county first.	w.
If "Other" was seld ** Location for Pop Of the estimated if Total percentages Aransas Atascosa Bandera Bastrop Bee	lected for Population Served, please specify which other group(s) will be served by this request. pulation Served 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 s must equal 100%. To enter a percentage, please select a county first. 0 % 0 % 0 % 0 %	N.
If "Other" was seld ** Location for Pop Of the estimated if Total percentages Aransas Atascosa Bandera Bastrop Bee Bexar	lected for Population Served, please specify which other group(s) will be served by this request. pulation Served 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 s must equal 100%. To enter a percentage, please select a county first. 0 % 0 % 0 % 0 % 0 % 0 %	N.
If "Other" was seld ** Location for Pop Of the estimated it Total percentages Aransas Atascosa Bandera Bastrop Bee Bexar Blanco	lected for Population Served, please specify which other group(s) will be served by this request. pulation Served 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 as must equal 100%. To enter a percentage, please select a county first. 0 % 0 % 0 % 0 % 0 % 0 % 0 %	w.
If "Other" was seld ** Location for Pop Of the estimated Total percentages Aransas Atascosa Bandera Bastrop Bee Bexar Blanco Brooks	lected for Population Served, please specify which other group(s) will be served by this request. pulation Served 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 as must equal 100%. To enter a percentage, please select a county first. 0 % 0 % 0 % 0 % 0 % 0 % 0 % 0 % 0 %	м.
If "Other" was seld ** Location for Pop Of the estimated j Total percentages Aransas Atascosa Bandera Bastrop Bee Bexar Blanco Brooks Burnet	lected for Population Served, please specify which other group(s) will be served by this request. pulation Served 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 smust equal 100%. To enter a percentage, please select a county first. 0	N.
If "Other" was seld ** Location for Pop Of the estimated Total percentages Aransas Atascosa Bandera Bastrop Bee Bexar Blanco Brooks	lected for Population Served, please specify which other group(s) will be served by this request. pulation Served 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 as must equal 100%. To enter a percentage, please select a county first. 0 % 0 % 0 % 0 % 0 % 0 % 0 % 0 % 0 %	w.
If "Other" was seld ** Location for Pop Of the estimated j Total percentages Aransas Atascosa Bandera Bastrop Bee Bexar Blanco Brooks Burnet	lected for Population Served, please specify which other group(s) will be served by this request. pulation Served 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 smust equal 100%. To enter a percentage, please select a county first. 0	w.
If "Other" was seld ** Location for Pop Of the estimated Total percentages Aransas Atascosa Bandera Bastrop Bee Bexar Blanco Brooks Burnet Caldwell Calhoun	pulation Served population Served population Served pulation Served population Serve	N.
If "Other" was seld ** Location for Pop Of the estimated i Total percentages Aransas Atascosa Bandera Bastrop Bee Bexar Blanco Brooks Burnet Caldwell Calloun Cameron	lected for Population Served 1 1 1 1 1 1 1 1 1	N.
If "Other" was seld ** Location for Pop Of the estimated i Total percentages Aransas Atascosa Bandera Bastrop Bee Bexar Blanco Brooks Burnet Caldwell Calhoun Cameron Coke	putation Served please specify which other group(s) will be served by this request. putation Served of propulation 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 as must equal 100%. To enter a percentage, please select a county first. O % O % O % O % O % O % O % O % O % O	w.
If "Other" was seld ** Location for Pop Of the estimated i Total percentages Aransas Atascosa Bandera Bastrop Bee Bexar Blanco Brooks Burnet Caldwell Calhoun Cameron Coke Colorado	lected for Population Served please specify which other group(s) will be served by this request. Population Served Popula	w.
If "Other" was seld ** Location for Pop Of the estimated i Total percentages Aransas Atascosa Bandera Bastrop Bee Bexar Blanco Brooks Burnet Caldwell Calhoun Cameron Coke	putation Served please specify which other group(s) will be served by this request. putation Served of propulation 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 as must equal 100%. To enter a percentage, please select a county first. O % O % O % O % O % O % O % O % O % O	w.
If "Other" was seld ** Location for Pop Of the estimated i Total percentages Aransas Atascosa Bandera Bastrop Bee Bexar Blanco Brooks Burnet Caldwell Calhoun Cameron Coke Colorado	lected for Population Served please specify which other group(s) will be served by this request. Population Served Popula	w.
If "Other" was seld ** Location for Pop Of the estimated if Total percentages Aransas Atascosa Bandera Bastrop Bee Bexar Blanco Brooks Burnet Caldwell Calhoun Cameron Coke Colorado Comal	lected for Population Served. please specify which other group(s) will be served by this request. population Served	w.
If "Other" was seld ** Location for Pop Of the estimated protein and percentages Aransas Atascosa Bandera Bastrop Bee Bexar Blanco Brooks Burnet Caldwell Calhoun Comeron Coke Colorado Comal Concho Crockett	pulation Served. Peace specify which other group(s) will be served by this request. Description Company Compa	w.
If "Other" was sele Location for Pop Of the estimated protal percentages Aransas Atascosa Bandera Bastrop Bee Bexar Bianco Brooks Burnet Caldwell Calhoun Comeron Coke Coorado Comal Concho Crockett DeWitt	pulation Served. II 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 as must equal 100%. To enter a percentage, please select a county first. 0	w.
If "Other" was sele ** Location for Pop Of the estimated protal percentages Aransas Atascosa Bandera Bastrop Bee Bexar Blanco Brooks Burnet Caldwell Calhoun Cameron Coke Coonad Concho Crockett DeWitt Dimmit	population Served	w.
If "Other" was sele ** Location for Pop Of the estimated protain percentages Aransas Atascosa Bandera Bastrop Bee Bexar Blanco Brooks Burnet Caldwell Calhoun Cameron Coke Coonad Concho Crockett DeWitt Dimmit Duval	pulation Served	w.
If "Other" was sele Location for Pop Of the estimated protal percentages Aransas Atascosa Bandera Bastrop Bee Bexar Blanco Brooks Burnet Caldwell Calhoun Cameron Coke Coonal Concho Crockett DeWitt Dimmit	population Served	м.
If "Other" was sele ** Location for Pop Of the estimated protain percentages Aransas Atascosa Bandera Bastrop Bee Bexar Blanco Brooks Burnet Caldwell Calhoun Cameron Coke Coonad Concho Crockett DeWitt Dimmit Duval	pulation Served	w.
If "Other" was sele Location for Pop Of the estimated of Total percentages Aransas Atascosa Bandera Bastrop Bee Bexar Blanco Brooks Burnet Caldwell Calhoun Cameron Coke Coonal Concho Crockett DeWitt Dimmit Duval Edwards	pulation Served population where you anticipate the county will not be known or not listed below served population Served population where you anticipate the county will not be known or not listed below served population Served population where you anticipate the county will not be known or not listed below served population Served population where you anticipate the county will not be known or not listed below served population Served population where you anticipate the county will not be known or not listed below served population Served population where you anticipate the county will not be known or not listed below served population Served population where you anticipate the county will not be known or not listed below served population Served population Served population where you anticipate the county will not be known or not listed below population Served population Served population Served population Served population Served population where you anticipate the county will not be known or not listed below population Served	w.
If "Other" was sele ** Location for Pop Of the estimated of Total percentages Aransas Atascosa Bandera Bastrop Bee Bexar Blanco Brooks Burnet Caldwell Calhoun Cameron Coke Colorado Comal Concho Crockett DeWitt Dimmit Duval Edwards Fayette Frio	pulstion Served population Served population Served propulation Served	w.
If "Other" was sele ** Location for Pop Of the estimated of Total percentages Aransas Atascosa Bandera Bastrop Bee Bexar Blanco Brooks Burnet Caldwell Calhoun Cameron Coke Colorado Cornal Concho Crockett DeWitt Dimmit Duval Edwards Fayette Frio Gillespie	pollution Served	w.
If "Other" was sele ** Location for Pop Of the estimated	pulstion Served pulsti	w.
If "Other" was sele ** Location for Pop Of the estimated of Total percentages Aransas Atascosa Bandera Bastrop Bee Bexar Blanco Brooks Burnet Caldwell Calhoun Cameron Coke Colorado Concho Crockett DeWitt Dimmit Duval Edwards Fayette Frio Gillespie Goliad Gonzales	pulstion Served pulsti	w.
If "Other" was sele ** Location for Pop Of the estimated i Total percentages Aransas Atascosa Bandera Bastrop Bee Bear Blanco Brooks Burnet Caldwell Calhoun Cameron Coke Colorado Comal Concho Corockett DeWitt Dimmit Duval Edwards Fayette Frio Gillespie Gonzales Guadalupe	sould for Population Served. Please specify which other group(e) will be served by the request. Supposed in Served. Please specify which other group(e) will be 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 before the percentage of population where you anticipate the county will not be known or not listed before the percentage of population where you anticipate the county will not be known or not listed before the percentage of population where you anticipate the county will not be known or not listed before the percentage of population where you anticipate the county will not be known or not listed before the percentage of population where you anticipate the county will not be known or not listed before the percentage of population where you anticipate the county will not be known or not listed before the percentage of population where you anticipate the county will not be known or not listed before the percentage of population where you anticipate the county will not be known or not listed before the percentage of population where you anticipate the county will not be known or not listed before the percentage of population where you anticipate the county will not be known or not listed before the percentage of population where you anticipate the county will not be known or not listed before the percentage of population where you anticipate the county will not be known or not listed before the percentage of population where you anticipate the county will not be known or not listed before the percentage of population where you anticipate the county will not be known or not listed before the county will not be known or not listed before the county will not be known or not listed before the county will not be known or not listed before the county will not be known or not listed before the county will not be known or not listed before the c	w.
If "Other" was sele ** Location for Pop Of the estimated of Total percentages Aransas Atascosa Bandera Bastrop Bee Bexar Blanco Brooks Burnet Caldwell Calhoun Cameron Coke Colorado Concho Crockett DeWitt Dimmit Duval Edwards Fayette Frio Gillespie Goliad Gonzales	pulstion Served pulsti	w.

☐ Irion	0 %
Jackson	0 %
Jim Hogg	0 %
Jim Wells	0 %
Karnes	0 %
Kendall	0 %
Cenedy	0 %
err	0 %
limble	0 %
Kinney	0 %
(leberg	0 %
a Salle	0 %
ampasas	0 %
avaca	
ve Oak	
ano	0 %
lason	0 %
atagorda	
Maverick	
1cCulloch	0
lcMullen	0 % 0 %
ledina lenard	
Mills	0 %
ueces	0 %
ther	0 %
eagan	0 %
eal	
efugio	
an Patricio	0 %
an Saba	0 %
chleicher	0 %
tarr	0 %
terling	0 %
utton	0 %
om Green	0 %
ravis	0 %
Jpton	0 %
valde	0 %
al Verde	0 %
ictoria	0 %
/ebb	0 %
/illacy	0 %
Vilson	0 %
Zapata (0 %
Zavala (0 %
ont to Strate	
nent to Strate	,
uest Focus Are	us area for this request. NOTE: Although your request may address additional focus areas, choose the area where funding will have the most impact.
	ental & Behavioral Health

Goals

O Food Security

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.

O Education & Workforce Development

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:
<u>Priority</u>: Create or sustain Digital Connector or Digital Navigator programs.
<u>Goal</u> (Quantitative): During the grant period, 250 participants will be trained by 2 digital navigators across the 3 target counties for this project.

Priority: Create or sustain Digital Connector or Digital Navigation programs. <u>Goal</u> (Qualitative): During the grant period, participants trained by digital navigators will provide testimonies 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	
Manager (Control of the Control of t	
##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)	
#5 Priority/Goal (Qualitative or Quantitative)	
Word count 0 of 200	
equest Amount and Budget	
Request Amount and Budget	
k 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).
Total cost of the project for the grant period, either for the single year or three-year term (Include all Round up to nearest dollar. Do not use commas or dollar sign.	танану зовноез солнанев, настопу и е мілм рачалі венну requestea).
·	
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 2026 Request amount for Year 1.

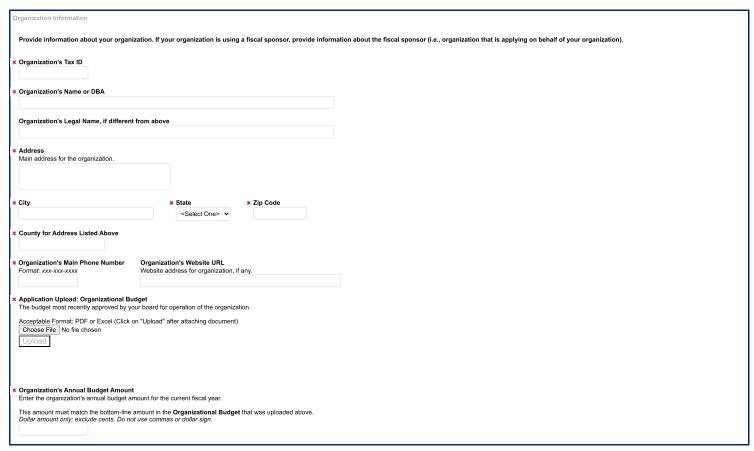
Round up to the nearest dollar.

Round up to the nearest dollar.

Year 2 - Request Amount for 2027
If requesting grant funding for three years, include amount for Year 2. Otherwise, enter zero "0" in the space provided.

Year 3 - Request Amount for 2028 [] 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 single-year budget template or the multi-year budget template. 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 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=""> V</select>	Payment Schedule selection for Year 1: - Grant Paid Monthly - Grant Paid Quarterly - Grant \$100K or less. One Payment - Grant \$100K or less. Paid Blannually

Organization Information



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)



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	on 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=""> ✓</select>	
First Name	Last Name
Suffix <none> ✓</none>	
Title	

E-mail
Phone Number Format xxx-xxxx-xxxx
Primary Contact
Provide information for the primary contact who will be the point person for any grant-related correspondence.
Prefix
<select one=""> v</select>
First Name Last Name
Suffix
<none> ✓</none>
Title
E-mail
Phone Number Format xxxx-xxxx-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=""> ▼</select>
* First Name * Last Name
Suffix
<none> ✓</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.

