

The following is an overview of the **Community Investments Small Grants** application. Where applicable, we have included select list values and conditional questions to ensure visibility of all possible question combinations before you begin preparing your application responses.

## Test Organization Name

ID: R-2026-408887

Draft

Draft
Under Review
Grantee Edits
Approved
Granted

**NOTE: The system does not autosave. Be sure to save your work as you progress.**

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Required fields are in bold

▼ Table of Contents

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▼ Organization Information

Organization Name	Test Org Legal Name
Department/Location (if applicable)	Test Org Legal Name - headquarters ▼
Program Contact	Tanya Testing ▼ <a href="#" style="color: #000080; text-decoration: none;">Add New</a>
Signatory for Grant Agreement Contact	▼ <a href="#" style="color: #000080; text-decoration: none;">Add New</a>
Organization Contact (Head of Organization)	▼ <a href="#" style="color: #000080; text-decoration: none;">Add New</a>
Remittance Contact	▼ <a href="#" style="color: #000080; text-decoration: none;">Add New</a>
Employee	▼ <a href="#" style="color: #000080; text-decoration: none;">Add New</a>

If you have used the "Add New" option above to create additional contacts for your organization, please indicate below their name and title and if they are a new hire or replacing another contact at your organization so we can update our records accordingly.

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**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.

Does this grant include a Fiscal Sponsor? Yes ▼

No

- Select the correct contact for each role from the list of contacts for your organization.
- If the correct contact is not listed, use the **Add New** link to add the contact.
- Complete the details requested in the text area below regarding the contact details.

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May 2026v

## Fiscal Sponsor Details

If you indicate that you do have Fiscal Sponsor, a conditional section will open to collect the details for your sponsoring organization.

**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.

Does this grant include a Fiscal Sponsor?

Fiscal Sponsor Organization Name

Fiscal Sponsor Street Address

Fiscal Sponsor Street Address 2

Fiscal Sponsor City

Fiscal Sponsor State

Fiscal Sponsor Postal Code

Fiscal Sponsor Website

Fiscal Sponsor Phone Number

Fiscal Sponsor Contact Name, Title

Fiscal Sponsor Contact Email

### ▼ Organization Details

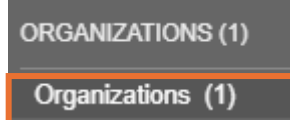
Confirm the following items on your organization profile are up-to-date. If additions or edits are needed, please update your details via the Organization subheading in the left navigation menu.

Organization's Tax ID:  
 Organization's Legal Name: Test Org Legal Name  
 Organization's DBA: Test Organization Name

Organization's Address:  
 4507 Medical Dr.,  
 San Antonio, Texas 78229

Organization's Main Phone Number: 210-692-0234  
 Organization's Website URL: <http://www.mhm.org>

- Confirm your organization details on file are complete and accurate.
- If updates are needed, **Save and Close** your application and navigate to your **Organization** profile to provide the updates required.



## Remittance Address

Provide the remittance address. This is the address your organization uses to receive payments.

Street Address or PO Box\*

Address 2

City\*

State\*

Postal Code\*

Provide the address to be used for payments if you are awarded a grant.

## ▼ Organization Summary

### 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.

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- Complete the details in the Organization Summary section.
- *Note: If your operating budget is greater than \$1m, you are not eligible for the Small Grants opportunity and must apply via the Open Cycle Standard application process.*

### 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 Organization's Annual Budget that is uploaded at the end of the application.

Dollar amount only; exclude cents.

**NOTE:** Small Grants require operating budgets of \$1m or less. Organizations with budgets over \$1m may apply via our Open Call-Standard application.

*The operating budget entered below should be that of the fiscal sponsor organization, not the project applying.*

### Organization Focus Area\*

Consider the mission of your organization. Select the primary focus area for your organization.

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

## ▼ Request Information

### Type of Support\*

Select the type of funding you are seeking. Refer to the [Grant Guidelines](#) to review the request types.

⚠ Capacity Building cannot be selected from the menu.

▼

- Capacity Building
- Capital/Renovation
- General Operating Support
- Project/Program Support

- *Note: Though listed in the dropdown, Small Grant awards cannot select Capacity Building as the primary type of support.*

### Grant Start Date\*

If awarded, MHM has set the grant start date to the following:  
January 1, 2027

1/1/2027 

### Grant End Date\*

If awarded, MHM has set the grant end date to the following:  
December 31, 2027

12/31/2027 

The Grant Start Date and Grant End Date will be prepopulated by MHM based on our standard one-year term for Small Grants

## ▼ Request Summary

### Request Title\*

### Grant Purpose\*

In three sentences or less, the description of what the grant funding will support.

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MHM grant funding will...

## Request Summary section continued

### Request Description\*

Provide an overview of the purpose of this project, including:

- \* descriptions of request activities. For requests with multiple or sequential components, group the activities together as applicable.
- \* roles of lead staff who will oversee and/or implement activities. Indicate whether the roles are new or existing positions.
- \* descriptions of what success will look like at the end of the grant period.

For general operating support requests, please respond based on your overall organization.

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### Challenges Addressed\*

Describe the need(s) or gap(s) in the community that the grant is seeking to address.

- \* Include data or evidence highlighting the need(s), as appropriate.
- \* How will the grant-funded work address the need(s) or fill the gap(s)? Be specific in listing the ways that your work will be responsive in addressing these community challenges.

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## ▼ Request Amount and Budget

### Total Project Budget\*

Total cost of the project for the grant period. Include all funding sources for this project, in addition to the portion being requested from the MHM.

Round up to nearest dollar.

### Amount Requested\*

Enter full request amount. Round to the nearest dollar.

**Amount Requested** cannot exceed 20% of your organization's operating budget and should equal the Year 1 Requested Amount entered on the next page.

Amount Requested cannot exceed 20% of the organization's operating budget for that year.

## Request Amount and Budget section continued

Year 1 (yyyy): Select 2027 from the menu.\*

Year 1 Requested Amount\*

Click SAVE before continuing, as the Amount Requested will impact the fields displayed below.

Refer to the [Grant Guidelines](#) to review additional information about the Payment Schedule.

Preferred Payment Schedule for Year 1, if awarded\*

▼

- Grant \$100K or less, One Payment
- Grant \$100K or less, Paid Biannually
- Grant Paid Quarterly
- Grant Paid Monthly

## ▼ Grant Location

Primary Grant Location\*

Indicate the counties where you will use MHM funds, such as on-site facilities where services for this grant will occur, NOT where participants reside.

NOTE: You will have to opportunity to tell us about where participants reside under the "Population Served" section on this application.

▼

- Other
- Statewide
- MHM Service Region (74 Counties)
- Aransas
- Atascosa
- Bandera
- Bastrop

- **Select the Primary Grant Location** from the dropdown list.
- **Statewide and MHM Service Region selections are not allowed; a named county must be selected.**

## Grant Location section continued

### Additional Grant Locations

If applicable, select one or more additional grant locations from the list below.

The following locations have been selected:  
Bastrop, Brooks

- Aransas
- Atascosa
- Bandera
- Bastrop
- Bee
- Bexar
- Blanco
- Brooks
- Burnet
- Caldwell
- Calhoun
- Cameron
- Coke
- Colorado
- Comal
- Concho

- **If applicable, select the Additional Grant Locations** from the list of MHM counties
- After you Save your application, the counties chosen will show in the summary box above the list.

### Target ZIP Codes

Bexar County has been selected as the Primary Grant Location. Are there priority ZIP codes for your organization? If so, list them below.

- **If you selected Bexar as a Grant Location county**, list the ZIP codes where grant activities will be taking place.

## ▼ Populations Served

### Individuals Served Goal\*

Provide the anticipated number of individuals who will be directly served by the MHM grant.

### Economically Disadvantaged %\*

Of those served by the MHM grant, what percentage are economically disadvantaged? See [Community Investments Glossary of Terms](#) for definition.

## Population Served section continued

### Age Group\*

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

• Select one or more **Age groups** from the list

### Ethnicity\*

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

• Select one or more **Ethnicity groups** from the list

### Population Served\*

- |  |  |
|--|--|
| <input type="checkbox"/> Ages 19 - 64                              | <input type="checkbox"/> LGBTQ+                        |
| <input type="checkbox"/> Children and Youth                        | <input type="checkbox"/> Low-income and/or uninsured   |
| <input type="checkbox"/> Families                                  | <input type="checkbox"/> Other                         |
| <input type="checkbox"/> General/ Not Specified                    | <input type="checkbox"/> Other/Not for Direct Services |
| <input type="checkbox"/> Healthcare Workforce                      | <input type="checkbox"/> Seniors                       |
| <input type="checkbox"/> Individuals experiencing homelessness     | <input type="checkbox"/> Unrestricted - Any Ages       |
| <input type="checkbox"/> Individuals living in colonias            | <input type="checkbox"/> Veterans/ Military            |
| <input type="checkbox"/> Individuals with a substance use disorder |  |
| <input type="checkbox"/> Individuals with disabilities             |  |

## Location of Population Served %

Indicate the estimated counties and percentages where participants may reside of the estimated population served by the grant. 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%.

The following counties and percentages have been entered:

- Bexar - 50%

Aransas	<input type="text"/>
Atascosa	<input type="text"/>
Bandera	<input type="text"/>
Bastrop	<input type="text"/>
Bee	<input type="text"/>
Bexar	50
Blanco	<input type="text"/>
Brooks	<input type="text"/>
Burnet	<input type="text"/>
Other	<input type="text"/>

- Enter the % for each county served.
- After you Save your application, the percentages entered will show in the summary box above the list.

**▲ Total percentages must equal 100%**

**Total Population Location:**

50

- The list will calculate as you enter values.
- You will receive a warning if the entries do not total 100%

## ▼ Goals

Identify goals that describe what you aim to accomplish with the requested funds within the grant period. The goals and metrics must be aligned to the Theories of Change, grant application, and proposed budget (if applicable). Each application requires a minimum of two quantitative goals and additional goals can be either quantitative or qualitative.

In the application, you will first copy and paste a priority from a Theory of Change, then you will write your goal and metric(s) as demonstrated by the quantitative example below.

### **Example is based on the "Access to Care-General" Theory of Change:**

Priority: Provide outreach and education around healthy behavior

Goal: Within a 3-month period, 90% of people attending the diabetes self-management classes will participate in experiential learning that promotes best practices for diabetes self-management by exhibiting at least 4 of the following self-care behaviors over the course of the 6-week program: personal blood glucose check; track carbohydrates; identify carbohydrates, proteins, and fats; participate in exercise; practice a stress relieving activity. Activities will be tracked through participant logs collected on a weekly basis.

For additional guidance on developing goals and metrics, see the [Goals and Metrics Applicant Handout](#).

### #1 Priority/Goal (Quantitative)\*

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- Enter at least 2 Priority/Goal responses.
- Be sure to follow the example. Refer to the Goals and Metrics Applicant Handout as needed.
- Entries 3 – 5 are optional

### #2 Priority/Goal (Quantitative)\*

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### #3 Priority/Goal (Qualitative or Quantitative)

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The following attachments are required as part of your application. See the “Working with Attachments” page at the end of this document for detailed instructions on completing the upload process.

## Request Attachments

Click on the “+” button aligned with each of the document titles below to initiate the upload process. The documents will appear in the Request Attachments section below.

### Project Budget Form for the Request\*

Complete and upload the MHM budget template or submit your organization's existing program or project budget for the funding request.

Project Budget Form for the Request

Provide the organization documents requested below for your fiscal sponsor organization.

A **Project Budget Form** is not required for General Operating Support requests.

### Organization's Annual Budget\*

Upload the budget most recently approved by your board for operation of the organization.

Organization's Annual Budget



### W-9 Form\*

Submit a completed copy of your W-9 form.

W-9 Form



Request Attachments



When all answers have been provided and attachments uploaded, be sure to complete BOTH of the following steps:

- Click the **Save and Close button** in the bottom right corner of the portal window.
- You will then return to the summary view of the report. Be sure to **click the Submit button** to ensure MHM receives notification that your report has been completed.



If you happen to skip any of the required questions, you will receive a prompt guiding you to the missing information when you try to submit your report.

You may use the “Jump to new error” link to navigate to the missing details.

### Errors were found. Error messages are displayed near each form field below.

- Street Address or PO Box\* can't be blank.
- City\* can't be blank.
- State\* can't be blank.
- Postal Code\* can't be blank.
- Organization summary can't be blank. Field may not appear on form.
- Org annual budget can't be blank. Field may not appear on form.
- Organization focus area can't be blank. Field may not appear on form.

The required field(s) will also display a “can't be blank” note under the related question(s).

Street Address or PO Box\*

can't be blank

Address 2

City\*

can't be blank


## Working with Required Attachments

The following outlines the steps for working with required attachments as part of your application and post award reporting requirements.

### Finance


The year-end financial report will use the same spreadsheet as mid-year. Use the last tab of financial report to fill out the year-end report. If you need a copy of the mid-year financial report submitted at mid-year, email your Program Officer.

Click the plus sign (+) below to upload the completed MHM Financial Report.

Financial Report 1 

### Attachments



**Additional Documents**  
Upload any photos or documents you'd like to share to help describe the impact of this grant on your organization's work during the reporting period. By submitting these materials, you authorize MHM to use these materials in various external and internal channels, including but not limited to, the MHM website, social media sites, and other marketing materials.


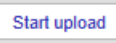
Report Attachments 1 

1. Click on the plus sign aligned with a specific document prompt, or in the general Report Attachments section to begin the upload process
2. **Drag and drop** your file(s) into the Upload files window or click the **Add files button** to search for the file needed.

### Upload files


Select or drag files then start upload

Filename	Size	Status
2025 MHM Financial Report FINAL (2).xlsx <span style="border: 1px solid orange; padding: 2px;">3 </span>	59 KB	100% 

2  4  59 KB 0%

3. You will see the file listed. If the file type is not automatically assigned, use the dropdown list to select a document description.
4. Once all documents have been added, click the **Start upload** button.
5. When the **Status** for each document reaches **100%**, **click the X in the upper right** corner to close the Upload files wind.

### 6 Report Attachments

 **2025 MHM Financial Report FINAL (2).xlsx**   

Financial Report  
Added by Patty Testing at 2:58 AM on December 19, 2025

6. The documents will be **displayed in the Attachments** section of the form.