

The following is an overview of the **Community Investments Standard 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

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▼ **Organization Information**

| | | |
|---|--------------------------------------|---------|
| Organization Name | Test Org Legal Name | |
| Department/Location <small>(if applicable)</small> | Test Org Legal Name - headquarters ▼ | |
| Program Contact | Tanya Testing ▼ | Add New |
| Signatory for Grant Agreement Contact | ▼ | Add New |
| Organization Contact <small>(Head of Organization)</small> | ▼ | Add New |
| Remittance Contact | ▼ | Add New |
| Employee | ▼ | Add New |

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

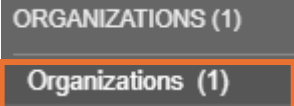
Confirm the following items on your organization profile are up-to-date. If additions or edits are needed, please update your details via the Organization subheading in the left navigation menu.

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.

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.

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

Board Member Involvement*

Describe the engagement level of your board members including the frequency of board meetings. Does your board include representation from the community it serves? Are board members required to contribute financially to your organization?

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This question only applies to General Operating Support grants.

▼ 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:

- Your Type of Support selection will drive some of the conditional questions and upload requirements on the form.
- 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

Grant End Date*

If awarded, this is the date when the grant will end. The grant period must be a 1-year or 3-year term. An organization must be a current MHM grantee to qualify for a 3-year term.

Enter one of the following dates:

12/31/2027

12/31/2029

The Grant Start Date will be preset by MHM.

The Grant End Date should be entered as noted for either 1 or 3 years of funding.

▼ 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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Timeline*

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

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▼ 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 for this project, in addition to the portion being requested from MHM.

Round up to nearest dollar.

Are you requesting 3 years of funding?*

You must be an active grantee to request 3 years of funding. Be sure your selection here aligns with the Start Date and End Date provided in the Request Information section above.

Amount Requested*

Enter full request amount. Round to the nearest dollar.

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

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

Year 1 Requested Amount*


If you are eligible and indicate you are **requesting 3 years of funding**, you will need to enter the years for Year 2 and 3 (2028 and 2029), and then enter the amount requested for each year.

Year 2 (yyyy): Select 2028 from the menu.

Year 2 Requested Amount*

Year 3 (yyyy): Select 2029 from the menu.

Year 3 Requested Amount*

 Total Amount Requested must equal Amount Requested that was entered above

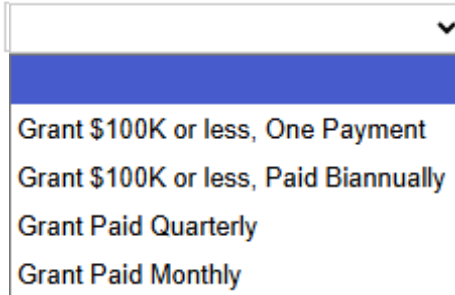
Click Save Before Continuing, as the Amount Requested will impact the fields displayed below.

Total Amount Requested: \$0.00

Request Amount and Budget section continued

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

Preferred Payment Schedule for Year 1, if awarded*



▼

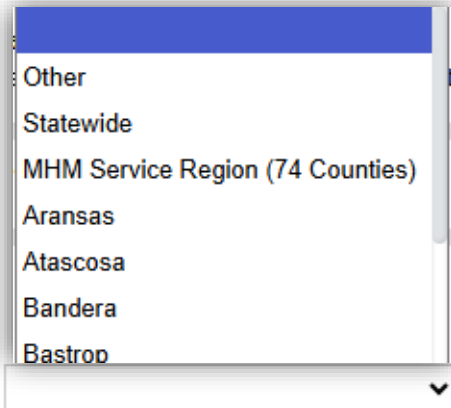
- Grant \$100K or less, One Payment
- Grant \$100K or less, Paid Biannually
- Grant Paid Quarterly
- Grant Paid Monthly

▼ 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

- **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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Open Call Standard Grants Sample

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 for the funding request.

- [MHM Single-Year Budget Template](#)
- [MHM Multi-Year Budget Template](#)

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

Project Budget Form for the Request +

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 +

Fiscal Year-End (FYE) Financial Statements*

If you received funding from MHM in the 2026 grant cycle:

Submit the most recent internal financial statements for the organization's fiscal year end. FYE refers to the organization's most recent fiscal year. This should be a 12-month period.

- * FYE Statement of Activities or Income Statement or Profit and Loss
- * FYE Statement of Financial Position or Balance Sheet

If you did not receive funding from MHM in the 2026 grant cycle:

Submit the two most recent internal financial statements for the organization's last two fiscal year end. FYE refers to the organization's two most recent fiscal year. This should be two 12-month periods.

- * FYE Statement of Activities or Income Statement or Profit and Loss
- * FYE Statement of Financial Position or Balance Sheet

NOTE: If you are unsure whether your organization received a 2026 Community Investments grant, review the funded partner list: <https://www.mhm.org/grantmaking/>

Fiscal Year-End Financial Statements +



Open Cycle Standard Grants Application Sample

Request Attachments section continued

Current Year to Date (YTD) Financial Statements*

Submit the most recent current YTD financial statements for the organization. YTD refers to the period from the beginning of the organization's current fiscal year up to the date of submission of the application to MHM.

* YTD Statement of Activities or Income Statement or Profit and Loss

* YTD Statement of Financial Position or Balance Sheet

Current YTD Financial Statements



Audit Report

Attach the most recent external audit report(s) based on the criteria below. If the organization is not audited, disregard this upload.

If you received funding from MHM in the 2026 grant cycle:

* Attach the most recent external audit report performed for the organization.

If you did not receive funding from MHM in the 2026 grant cycle:

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

NOTE: If you are unsure whether your organization received a 2026 Community Investments grant, review the funded partner list: <https://www.mhm.org/grantmaking/>

Audit Report



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, disregard this upload.

If you received funding from MHM in the 2026 grant cycle:

* Attach the most recent government grant audit report performed for the organization.

If you did not receive funding from MHM in the 2026 grant cycle:

* Attach the two most recent government grant audit reports performed for the organization.

If you are unsure whether your organization received a 2026 Community Investments grant, review the funded partner list: <https://www.mhm.org/grantmaking/>

Government Grant Audit Report



Request Documents



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.



Submit

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.*

| | |
|----------------------------------|----------------------|
| Street Address or PO Box* | <input type="text"/> |
| | can't be blank |
| Address 2 | <input type="text"/> |
| City* | <input type="text"/> |
| | can't be blank |

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


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 3 Financial Report | 59 KB | 100%  |

2 4 5 

Add files Start upload 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** 6   

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.