



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" 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.

Request Information

Printer Friendly Version

- * Required before final submission

2023 MHM Grant Application

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. NOTE: 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.

Request Information

Request Title

Prepopulated with response from LOI; read-only

Grant Start Date Grant End Date

Prepopulated with response from LOI; read-only

* Request Need

Expand on the need you described in the LOI and include specific data to support the need in your community. Identify the sources for the data you provide.

Prepopulated with response from LOI; field can be revised/updated by applicant.

Word count 0 of 350

Request Summary

Summary of request, its overall goals, and anticipated impact.

Prepopulated with response from LOI; read-only

* Request Description

Refer to the summary above and expand on the request. Include request timeline, a description of activities, and the roles of lead staff. Describe how the funding from MHM will be used.

Word count 0 of 400

Collaboration

Identify the request's collaboration with other organizations, if applicable. Describe the role and responsibility of each partner. If your request is for capacity building, identify your organization's collaboration.

Word count 0 of 400

* Sustainability

How will your organization support the request beyond the grant period?

Word count 0 of 350

Root Causes, Systems, or Policy Change

How does the request address upstream strategies: improving community conditions by addressing root causes, laws, policies, and practices? Upstream interventions are focused on community (not individual) impact. Skip question if it is not applicable to your request.



Word count 0 of 400

Geographic Area Served

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 clients reside or come from.

Please note that your first selection will be designated as the PRIMARY county where the grant will serve.

- Bastrop (Capital Region)
- Burnet (Capital Region)
- Caldwell (Capital Region)
- Guadalupe (Capital Region)
- Hays (Capital Region)
- Lampasas (Capital Region)
- Travis (Capital Region)
- Aransas (Coastal Bend Region)
- Bee (Coastal Bend Region)
- Calhoun (Coastal Bend Region)
- Duval (Coastal Bend Region)
- Jim Wells (Coastal Bend Region)
- Karnes (Coastal Bend Region)
- Kleberg (Coastal Bend Region)
- Live Oak (Coastal Bend Region)
- Matagorda (Coastal Bend Region)
- Nueces (Coastal Bend Region)
- Refugio (Coastal Bend Region)
- San Patricio (Coastal Bend Region)
- Colorado (Crossroads Region)
- DeWitt (Crossroads Region)
- Fayette (Crossroads Region)
- Goliad (Crossroads Region)
- Gonzales (Crossroads Region)
- Jackson (Crossroads Region)
- Lavaca (Crossroads Region)
- Victoria (Crossroads Region)
- Brooks (El Valle Region)
- Cameron (El Valle Region)
- Hidalgo (El Valle Region)
- Jim Hogg (El Valle Region)
- Kenedy (El Valle Region)
- Starr (El Valle Region)
- Willacy (El Valle Region)
- Zapata (El Valle Region)
- Bandera (Hill Country Region)
- Blanco (Hill Country Region)
- Comal (Hill Country Region)
- Dimmit (Hill Country Region)
- Gillespie (Hill Country Region)
- Kendall (Hill Country Region)
- Kerr (Hill Country Region)
- Llano (Hill Country Region)
- Maverick (Hill Country Region)
- Medina (Hill Country Region)
- Real (Hill Country Region)
- Uvalde (Hill Country Region)
- Zavala (Hill Country Region)
- Atascosa (Las Misiones Region)
- Bexar (Las Misiones Region)
- Frio (Las Misiones Region)
- La Salle (Las Misiones Region)
- McMullen (Las Misiones Region)
- Webb (Las Misiones Region)
- Wilson (Las Misiones Region)
- Coke (West Region)
- Concho (West Region)
- Crockett (West Region)
- Edwards (West Region)
- Irion (West Region)
- Kimble (West Region)
- Kinney (West Region)
- Mason (West Region)
- McCulloch (West Region)

- Menard (West Region)
- Mills (West Region)
- Reagan (West Region)
- San Saba (West Region)
- Schleicher (West Region)
- Sterling (West Region)
- Sutton (West Region)
- Tom Green (West Region)
- Upton (West Region)
- Val Verde (West Region)

Population Served

Community

× Community Served

Describe the community your request will serve. How do you involve community members in developing and/or implementing the grant request?

Word count 0 of 350

Target Population

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

× Age Group

- Children (infant to 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

× 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

× Underserved Population

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

Other Underserved Population:

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

Goals and Evaluation

Goals

Goals

Identify the goals for the request. Include a maximum of five goals that capture the impact of the request. Your goals should be SMART (Specific, Measurable, Attainable, Relevant, Timebound).

✖ #1

Word count 0 of 200

#2

Word count 0 of 200

#3

Word count 0 of 200

#4

Word count 0 of 200

#5

Word count 0 of 200

Evaluation

✖ Evaluation

Describe how you will measure the short and long-term impact of your proposed request. What will indicate your progress? How will your organization know your request is successful?

Word count 0 of 400

Budget and Request Amount

Budget and Request Amount

Amount Requested from MHM

Round up to the nearest dollar. Format: XXX,XXX

Prepopulated with reponse from LOI; read-only

Projected Budget Amounts

How much of the request amount do you plan to spend each quarter in the grant period? If multi-year request, then please project the amounts for first year.

✖ Budget Q1 Amount (Jan.-Mar.)

✖ Budget Q2 Amount (Apr.-June)

✖ Budget Q3 Amount (July-Sept.)

✖ Budget Q4 Amount (Oct.-Dec.)

✖ Application Upload: Budget Form for the Request 

Please complete and upload the MHM operational budget form template that was provided.

Format: MS Excel (Click on "Upload" after attaching document)

No file selected.

*** Grant Payment Schedule**

If awarded, select preferred payment schedule from the drop-down menu.

Organization Information

Organization Budget

Provide information about your organization.

NOTE: If using a fiscal sponsor, please provide information about the fiscal sponsor for this section.

*** Organization's Tax ID**

Prepopulated w/ reponse from LOI; can be edited.

Organization's Name or DBA

Prepopulated w/ reponse from LOI; read-only

Organization's Legal Name, if different from above

Prepopulated w/ reponse from LOI; read-only

Organization's Annual Budget

Prepopulated w/ reponse from LOI; read-only

*** 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)

No file selected.

Board Member Information

Provide information about your organization.

NOTE: If using a fiscal sponsor, please provide information about the organization that is being sponsored (not the fiscal sponsor).

*** Board Involvement**

Describe the engagement level of your board members. Does your board include representation from the community it serves?

Word count 0 of 200

*** Application Upload: List of Board Members**

Provide a list of board members and their affiliations.

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

No file selected.

Application Attachment (OPTIONAL): Organization's Strategic Plan

Most current strategic plan for your organization. If using a fiscal sponsor, this would apply to the organization that is being sponsored.

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

No file selected.

Tax and Financial Status

Tax and Financial Status

NOTE: If using a fiscal sponsor, please provide documentation for the fiscal sponsor.

✖ 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)

No file selected.

✖ Application Upload: Financial Statements

Submit the most recent internal financials for fiscal year end and 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.

No file selected.

✖ Application Upload: Audit Report

If you received funding from MHM in the 2022 grant cycle:

- Attach the most recent external audit report performed for your organization. If an audit is not available, provide your most recent 990 form.

If you did not receive funding from MHM in the 2022 grant cycle:

- Attach the two most recent external audit reports performed for your organization. If an audit is not available, provide your two most recent 990 forms.

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.

No file selected.

Application Upload: Government Grant Audit Reports

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 to the next page.

If you received funding from MHM in the 2022 grant cycle:

- Attach the most recent single audit report performed.

If you did not receive funding from MHM in the 2022 grant cycle:

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

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.

No file selected.

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 Prepopulated with response from LOI; can be edited.

Please give details of the head of this organization (usually person who will sign the grant agreement if awarded, such as the CEO/President, Executive Director, Board Chair, etc.).

Prefix

First Name

Last Name

Suffix

Title

E-mail

Phone Number

Format xxx-xxx-xxxx

Primary Contact **Prepopulated with reponse from LOI; can be edited.**

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

Prefix

First Name

Last Name

Suffix

Title

E-mail

Phone Number

Format xxx-xxx-xxxx

Disbursement Contact

Please provide details for the person who will be responsible for preparing and submitting information regarding disbursement requests. This individual will be responsible for clarifying any financial questions that will be available for on-site questions during MHM audits.

* Prefix

* First Name

* Last Name

Suffix

* Title

* E-mail

* Phone Number

Format xxx-xxx-xxxx

Finance Contact

Please provide information for the organization's finance contact. The finance contact must have authority to sign disbursement requests submitted to MHM.

* Prefix

* First Name

* Last Name

Suffix

* Title

* E-mail

* Phone Number

Format xxx-xxx-xxxx

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

Other Attachments

Attachments (OPTIONAL):

Please upload any additional attachments you would like to provide. Additional attachments may include brochures, client testimonials, flyers, links to YouTube videos, etc. By submitting these materials, you authorize MHM to use in various external and internal channels to include, but not limited to, MHM website, social media sites, and other marketing material.

Browse to choose a file, then click on "Upload" to attach a document. If you are ready to submit this form, proceed to last page to review your application. The "Submit" button is located at bottom of the Review page.

The maximum size for all attachments combined is 1,024 MB. Please note that files with certain extensions (such as ".exe", ".com", ".vbs", or ".bat") cannot be uploaded.

Save & Finish Later

Submit