

Eligibility Quiz

Welcome! Below you will find the eligibility quiz that will help determine if your organization meets the minimum requirements to submit a Letter of Interest (LOI) for this grant opportunity.

If awarded, will this grant serve in one or more of MHM's 74-county service area? Counties can be found in our [Documents and Resources 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- ▼

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

- Access to Care: Mental & Behavioral Health
- Access to Care: General
- Digital Inclusion and Broadband Infrastructure
- Food Security
- Economic Mobility: Financial Independence
- Housing
- Education and Workforce Development

-Select One- ▼

Is the request for one or more of the following?

- Endowments
- Financial deficits or debt reduction
- Fundraising events
- Grants or scholarships to individuals
- Insurance, including general liability, professional liability, etc.
- Land
- Legal fees
- Lobbying on behalf of political candidates

-Select One- ▼

Submit

[LOI Information](#) [Alignment and Request Amount](#) [Organization Information](#) [Contact Information](#) [Review My Form](#)

An organization does not have to complete their information in one session. You can review information you have 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.

LOI Information

[Printer Friendly Version](#)

- * Required before final submission

2023 MHM Letter of Interest Form

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 LOI 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 LOI form.


Referral Information

- * **Referral Type**
Please identify where you learned about the MHM grant opportunity.

Request Information

- * **Request Title**
Enter title for this request.
- * **Type of Support**
Select one of the following:
 - Capital/ Renovation - Entire request is only for capital/renovation.
 - Capacity Building - Entire request is only for capacity building.
 - Project/ Program Support - Select for all other type of requests, which can have some components of capital/renovation and/or capacity building.
- Multi-Year Request**

Multi-year requests are only available to MHM grantees currently funded through the Community Investments Department. Please contact us if you are uncertain. Skip to next question if this does not apply to your organization.

Is this a multi-year request? Check if YES.
- Grant Start Date**
If awarded, this is the date when the grant period will begin.
1/1/2023
- * **Grant End Date** 
Enter the end date of grant period or click on the calendar icon next to space provided to select date.
NOTE: Date must end on last day of a calendar year (Example: 12/31/2023).
- * **Request Need**
Describe the need the request addresses in the community and why your organization is best suited to addressing it. If your request is for capacity building, describe the need for your organization in the community.
 ✓
Word count 0 of 200
- * **Request Summary**
Provide a summary of the request, its overall goals, and anticipated impact.
 ✓
Word count 0 of 200

Number Served

✖ Individuals Served

Provide the number of individuals this request will serve.

✖ Economic Status

What percentage of those individuals are economically disadvantaged? (See our [Documents and Resources Library](#) for definition.)

Do not use percent sign. (Example: If response is 100%, then enter 100)

Alignment and Request Amount

Alignment

✖ Request Focus Area

Select the primary focus area for this request. You may choose additional focus areas that will be addressed by this request; however, please note that the system will designate your first selection as the primary focus area.

- Access to Care: Mental and Behavioral Health
- Access to Care: General
- Digital Inclusion & Broadband Infrastructure
- Food Security
- Economic Mobility: Financial Independence
- Housing
- Education & Workforce Development

✖ Request Focus Area Alignment

Describe how your request addresses one or more of the MHM focus areas.



Word count 0 of 200

✖ Request Stream

Please select the primary stream for your request. (See our [Documents and Resources Library](#) for definitions.)

✖ Health Equity

Does the request address health equity? If so, how? Enter N/A if not applicable. (See our [Documents and Resources Library](#) for definition.)



Word count 0 of 200

Request Amount and Budget Summary

✖ Amount Requested from MHM

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

✖ Request/Project Total Budget

Total cost of the request/project for the grant period (All funding sources combined, not just the MHM portion).

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

✖ Budget Summary

Briefly describe how the funds will be used to support the request need.



Word count 0 of 200

Organization Information

Fiscal Sponsorship

About a Fiscal Sponsorship: The IRS requires fiscal sponsors to exercise control of funding and disburse to the project or program in accordance to submitted budget; a fiscal sponsor agreement between sponsor and the project or program govern the relationship; funder holds fiscal sponsor legally responsible to use funding as intended.

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.

Organization Information

INSTRUCTIONS FOR THIS SECTION:

Provide information about your organization. Please note: If your organization is using a fiscal sponsor, provide information about the fiscal sponsor (i.e., organization that is applying on behalf of your organization).

* Organization's Tax ID

* Organization's Name or DBA

Organization's Legal Name, if different from above

* Address

Main address for the organization.

* City

* State

* Zip Code

* County for Address Listed Above

* Organization's Annual Budget

The budget most recently approved by your board for operation of the organization. Round up to nearest dollar.

Do not use commas or dollar sign.

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

1. Provide a brief overview of your organization including its history, mission, and core services/programs.
2. Describe the impact of your organization and services on your community. Please include the successes and challenges your organization has faced in providing services.



Word count 0 of 400

* Organization Focus Area

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

You may choose additional focus areas that your organization addresses; however, please note that the system will designate your first selection as the primary focus for your organization.

- Access to Care: Mental & Behavioral Health
- Access to Care: General
- Digital Inclusion & Broadband Infrastructure
- Food Security
- Economic Mobility: Financial Independence
- Housing
- Education & Workforce Development

✖ **Organization Stream**

Consider the mission of your organization. Select the primary stream for your organization. (See our [Documents and Resources Library](#) for definitions.)

<Select One> ▾

✖ **Organization Size - Paid Staff**

Provide the number of full-time and part-time staff who support your organization throughout the year.

✖ **Organization Size - Volunteers**

Provide the estimated number of volunteers who support your organization throughout the year.

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

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

Prefix

<Select One> ▾

First Name

Last Name

Suffix

<None> ▾

Title

E-mail

Phone Number

Format xxx-xxx-xxxx

Primary Contact

Please give details of person we should contact regarding the information provided on this form.

Prefix

<Select One> ▾

First Name

Last Name

Suffix

<None> ▾

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.

Save & Finish Later

Submit