

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.

Request Information

[Printer Friendly Version](#)

* Required before final submission

MHM Digital Equity Request for Proposal

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.

Request Information

* **Request Title**
Enter title for this request.

Multi-Year Request
Is this a multi-year request? Check if YES.

* **Project Start Date**
If awarded, this is the date when the funding period will begin. Enter the date or click on the calendar icon next to the space provided to select date.
NOTE: Date must start on first day of the month. (Example: 01/01/2024)

* **Project End Date**
If awarded, this is the date when the funding period will end. Enter the date or click on the calendar icon next to the space provided to select date.
NOTE: Date must end on last day of the month. (Example: 12/31/2025)

* **Grant Purpose**
In three sentences or less, provide the description of what the requested funding will support. "MHM funding will..."

Word count 0 of 70

* **Project Overview**
A brief narrative of how the proposed project will help achieve the funding opportunity outcome, as well as the overarching RFP goal of increasing internet adoption within MHM's service area.

Word count 0 of 200

* **Grant Location**
Indicate the counties where you will use MHM funds, such as on-site or off-site facilities where services for this funding 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."
***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)
 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)
 Aransas (Coastal Bend Region)

- Bee (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)
- Inon (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)

Target Zip Codes

If the request serves Bexar County, list which of the following zip codes are included, if any: 78211, 78207, 78221, 78228, 78237, 78214, 78201, 78224, 78225, 78222, 78204, 78217, 78226.

Population Served

Population Served

*** Individuals Served**

Provide the number of individuals the MHM request will serve.

*** Economic Status**

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

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

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

*** Population Served**

- 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.

*** Location for Population Served**

Of the estimate population served by the request, 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.

Total percentages must equal 100%. To enter a percentage, please select a county first.

- Aransas %
- Atascosa %
- Bandera %
- Bastrop %
- Bee %
- Bexar %
- Blanco %
- Brooks %
- Burnet %
- Caldwell %
- Calhoun %
- Cameron %
- Coke %
- Colorado %
- Comal %
- Concho %
- Crockett %
- DeWitt %
- Dimmit %
- Duval %
- Edwards %
- Fayette %
- Frio %
- Gillespie %
- Goliad %
- Gonzales %
- Guadalupe %
- Hays %
- Hidalgo %
- Irion %
- Jackson %
- Jim Hogg %
- Jim Wells %
- Karnes %
- Kendall %
- Kenedy %
- Kerr %
- Kimble %
- Kinney %
- Kleberg %
- La Salle %
- Lampasas %
- Lavaca %
- Live Oak %
- Llano %
- Mason %
- Matagorda %
- Maverick %

- McCulloch %
- McMullen %
- Medina %
- Menard %
- Mills %
- Nueces %
- Other %
- Reagan %
- Real %
- Refugio %
- San Patricio %
- San Saba %
- Schleicher %
- Starr %
- Sterling %
- Sutton %
- Tom Green %
- Travis %
- Upton %
- Uvalde %
- Val Verde %
- Victoria %
- Webb %
- Willacy %
- Wilson %
- Zapata %
- Zavala %

Request Amount and Budget

Request Amount and Budget

*** Total Project Budget**

Total cost of the project for the funding period (All funding sources combined, not just the MHM portion being requested).

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

*** Total Requested Amount**

Full amount requested for single or multi-year funding (sum of Year 1, Year 2, and/or Year 3).

Round up to the nearest dollar.

*** Year 1 Requested Amount**

Total amount for Year 1.

Round up to the nearest dollar.

Year 2 Requested Amount

Total amount for Year 2. Enter zero "0" if not requesting two years of funding.

Round up to the nearest dollar.

Year 3 Requested Amount

Total amount for Year 3. Enter zero "0" if not requesting three years of funding.

Round up to the nearest dollar.

*** Budget Narrative**

Please respond to the following:

- How many years of funding are you requesting?
- For those who are already offering these services, how will the additional funding expand or enhance this existing work?
- What other funders are supporting this project?
- What types of tools, materials, training, or other types of support would be helpful to make the project successful?

Word count 0 of 300

*** Application Upload: Budget Workbook**

Please complete and upload the MHM Digital Equity RFP Budget Workbook provided on the MHM website.

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

No file chosen

Goals and Evaluation

Goals

Program Goals

Identify the goals for the request. Include a maximum of five goals that capture the impact of the request. 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

* **Key Performance Indicators (KPIs) Evaluation**

For each of the proposed funding opportunity activities, please indicate:

- The key performance indicators (KPIs) you will use to measure the success of each activity.
- Proposed method for collecting these KPIs.

Word count 0 of 400

Organization Information

Organization Summary

* **Organization Summary**

Provide the following in the section below:

- A summary of the Respondent Organization or Respondent Team, indicating which funding opportunities and activities each organization will lead.
- A brief staffing plan and each staff member's relevant experience.
- A summary of the Respondent Organization or Respondent Team's experience serving the Target Populations and conducting community outreach.
- An explanation of interest in participation in this program. How will this serve your clients/community? How will it advance your organization?

Word count 0 of 400

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 the sponsor and the project or program governs the relationship; the funder holds the 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.

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 Main Phone Number Organization's Website URL
Format: xxx-xxx-xxxx Website address for organization, if any.

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 (Click on "Upload" after attaching document)
 No file chosen

* **Application Upload: W-9 Form**
Submit a completed copy of your W-9 form.
Acceptable Format: PDF (Click on "Upload" after attaching document)
 No file chosen

* **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 chosen

* **Organization's Annual Budget Amount**
Enter the organization's annual budget amount for current fiscal year.
Round up to the nearest dollar. *Do not use commas or dollar sign.*

Funding Opportunity Specific Questions

Funding Opportunity Specific Questions

* **Application Upload: Project Narrative** 
Provide your response to questions specific to one or more of the funding opportunities listed in the RFP. For more information, refer to the RFP on the [MIM website](#).
Acceptable Format: PDF; limit this document to 4 pages. (Click on "Upload" after attaching document)
 No file chosen

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 agreement if awarded, such as the CEO/President, Executive Director, Board Chair, etc.).

Prefix

First Name Last Name

Suffix

<None> ▾

Title

E-mail

Phone Number

Format xxx-xxx-xxxx

Primary Contact

Please provide information for the primary contact who will be the point person for any correspondence related to this request.

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