



MENTAL & BEHAVIORAL HEALTH REQUEST FOR FUNDING APPLICATION

MISSION STATEMENT

To support the charitable health needs of the community through enhanced philanthropy and community collaboration.

RFP INFORMATION

The Portage Health Foundation (PHF) has undertaken a series of community health forums focused on the topic of mental and behavioral health (including substance abuse). Our goal has been to develop collaborative input, prioritize healthcare needs, and build consensus toward innovative interventions and solutions to address the mental and behavioral health (MBH) needs within our communities. Leading the discussion at two of these forums was guest speaker, Tim Cusack, who helped us identify some of the top MBH needs and solutions, which were:

Needs

- Increased access to MBH services
- Increased funding for MBH services
- Additional crisis intervention services
- Additional child services
- More psychiatrists and addiction specialists
- Access to tele-psychiatry services
- Additional psychiatric beds
- More prevention services
- Reduce stigma associated with seeking help

Solutions

- Early education
- Community awareness
- Mentorship
- Increase the number of local MBH providers
- Increase the number of psychiatric beds
- Expand MBH services
- Focus on prevention
- Organizations collaborating to address capacity, services, funding, and coordinated care issues

Based on discussions held at these forums as well as information obtained from other community-based listening sessions, PHF has concluded that many of our MBH needs and solutions generally fall within four categories: (1) increased access to care; (2) early childhood intervention and prevention; (3) mobile mental health services; and (4) education and intervention programs for educators and service providers. Therefore, PHF is seeking grant applications for programming or projects focused on one or more of these four areas.

An important aspect to any request for funding made to PHF is that the application is collaborative in nature. This can be addressed by organizations working together on a project and/or multiple funding partners jointly supporting a program.

Applications are due by 3:30 p.m. on Friday, August 26, 2016. PHF will not consider late or incomplete applications.

Please carefully review the directions and complete the application found on the attached pages. If you have any questions, please contact us at:

Portage Health Foundation
400 Quincy Street, 4th Floor
PO Box 299
Hancock, MI 49930

P: 906-523-5920
F: 906-523-5925
E: info@phfgive.org

**MENTAL & BEHAVIORAL HEALTH
REQUEST FOR FUNDING APPLICATION****APPLICANT INFORMATION**

Organization Name: _____

Organization Website: _____

Organization Type: Non-Profit School Government Other: _____Organization Address: _____
*Street City State Zip*Project Contact: _____
*Name E-mail Telephone*Member authorized to submit application: _____
Name Position

Authorized member's signature: _____

*PHF is unable to provide funding for individual or family fundraisers.***PROPOSAL INFORMATION**

Project Name: _____ Application Date: _____

Project Start/End Dates: _____ Is this an existing project? Yes No

Amount Requested: \$ _____ Date funding is needed by: _____

Are you willing to accept partial funding? Yes NoIs there additional funding for this project available from other sources? Yes NoIf yes, please specify: _____
*(Please attach additional page if necessary)*Is this request needed to match another grant? Yes NoIf yes, please describe the other grant and match requirements? _____
(Please attach additional page if necessary)

Please select all the funding priorities that apply to this request:

 Access to Care Community Health Health Education
 Health Research Healthcare Leaders Other: _____This project: Addresses an unmet community need
 Is duplicated in the community
 Is a collaborative effortAnticipated Number of Persons Served: _____ per Month per Annum

TARGET POPULATION

Please select any special needs population targeted for this project:

- Broader Community Low Income Cultural and Ethnic Minorities
 Person with Disabilities Uninsured/Underinsured Other: _____

Gender: All Female Male Other: _____

Age Group: All Infants Children Teens Adults Senior Citizens

County Served: Baraga Houghton Keweenaw Ontonagon

City/Township/Village Served: _____

HOW DID YOU HEAR ABOUT PHF?

- Website Radio TV Newspaper Mail E-mail Word of Mouth Social Media

Would you like to receive PHF e-mails? No Yes, e-mail: _____

PROPOSAL NARRATIVE

All applicants must submit a grant proposal narrative that addresses the following items:

- 1) Describes the opportunity, challenge, issue, or need;
- 2) Provides evidence for the opportunity, challenge, issue, or need;
- 3) Describes how the project connects to and advances PHF's mission;
- 4) Describes the specific activities for which you seek funding;
- 5) Identifies who will carry out these activities;
- 6) Project timelines (please attach a time-phased work plan or project documentation)
- 7) Statement of the project's measurable goals; and
- 8) Long-term funding strategies to sustain this project.

ADDITIONAL INFORMATION TO SUBMIT

All applicants must also submit the following documentation:

- 1) Proposal budget (please see next page);
- 2) Organization's most recent financial information (balance sheet and income statement); and
- 3) Copy of organization's 501(c)(3) letter or proof of tax exemption.

PROPOSAL PRESENTATION

A presentation by the requesting applicant to the PHF Fund Development Committee and/or the PHF Board of Directors may be required if the committee and/or board deems it necessary.

An invitation to present a proposal is not an implied guarantee of funding.

PROPOSAL BUDGET

Total Amount Requested: \$ _____

Revenue Sources (do not include amount requested from PHF):

Earned Income:	\$	
Corporate/Government Contracts:	\$	
Other, please specify: _____	\$	
_____	\$	
_____	\$	
_____	\$	
_____	\$	

Total Revenue: \$ _____

Expense Items:

Salaries/Wages (please breakdown by individual position and attach additional pages if necessary)	\$		FTE	<input type="checkbox"/>	PTE	<input type="checkbox"/>
	\$		FTE	<input type="checkbox"/>	PTE	<input type="checkbox"/>
	\$		FTE	<input type="checkbox"/>	PTE	<input type="checkbox"/>
	\$		FTE	<input type="checkbox"/>	PTE	<input type="checkbox"/>
	\$		FTE	<input type="checkbox"/>	PTE	<input type="checkbox"/>
	\$		FTE	<input type="checkbox"/>	PTE	<input type="checkbox"/>
Insurance, Benefits, and related Taxes:	\$					
Consultants/Professional Fees:	\$					
Travel:	\$					
Supplies:	\$					
Printing/Copying:	\$					
Telephone/Fax:	\$					
Postage/Delivery:	\$					
Rent/Utilities:	\$					
Depreciation:	\$					
Indirect Costs, please specify: _____	\$					
_____	\$					
_____	\$					
_____	\$					
_____	\$					
_____	\$					
Other, please specify: _____	\$					
_____	\$					
_____	\$					
_____	\$					
_____	\$					

Total Expenses: \$ _____

Revenue Over/Under Expense: \$ _____

If awarded funding, any expenditure variance(s) to the proposed budget will require an awardee to submit a Grant Amendment Request form.

APPLICATION CHECKLIST

Please make sure to submit the following documents as PHF will not consider incomplete applications:

- | | |
|--|---|
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposal Narrative |
| <input type="checkbox"/> Financial Information | <input type="checkbox"/> Proof of 501(c)(3)/tax exemption |
| <input type="checkbox"/> Proposal Budget | |

APPLICATION SUBMISSION

All application requests must be submitted on the Mental & Behavioral Health Request for Funding Application form and received in the PHF office by 3:30 p.m. on Friday, August 26. All electronic submissions must be in PDF format. Return completed applications to:

Portage Health Foundation	P: 906.523.5920
400 Quincy St., PO Box 299	F: 906.523.5925
Hancock, MI 49930	E: info@phfgive.org (as a PDF)

Submission of an application is not an implied guarantee of funding.

PHF RECOGNITION & FOLLOW-UP REPORTING

All awardees are required to recognize PHF as a funding provider on all printed materials and publicity for the project. Please contact the PHF office if in need of our logo.

If awarded funding, all grantees are required to submit interim progress reports (e.g., first six months and then every three months) and a final report. Reports are due to PHF no later than seven (7) days after the reporting period ends (e.g., the first six months ends 6/30/16 – report is due 7/7/16; annual period ends 12/31/16 – report is due 1/7/16). PHF reserves the right to revoke a grant award and/or deny subsequent requests for funding if PHF does not receive follow-up reports.

DO NOT COMPLETE – PHF USE ONLY

Proposal Approved: Yes No

Approved by: _____ Date: _____

Signature: _____ Title: _____

Grant Amount: \$ _____ Check #: _____ Check Sent: _____

Notes: _____
