

METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC. INVITED APPLICATION FOR GRANT FUNDS

Organization: _____
Project Title: _____

Brief Narrative

MHM is a participant in the Common Grant Application of the San Antonio Funders' Group.



Narrative should not be long or elaborate (please, no fonts smaller than 12 point). Answer those questions relevant to your proposed program. **Attachment must be in Word format (please, no PDFs for the narrative).**

1. Problem or Need. (Limit: 250 words)

Describe the problem or need your program/project will address. (Note: The problem statement is *not* the same as the description of the population to be served; nor is this the place to describe your program.)

[Insert answer here]

2. People to be Served. (Limit: 200 words)

Describe the population to be served by this program/project (with information such as age, gender, ethnicity, geographic area(s), income and/or poverty level). Please be sure to mention any demographics or other conditions that are important to this funder (for example, if this funder specializes in a particular population, health condition, etc., be sure to address that).

[Insert answer here]

3. Program/Project Description (Limit: 250 words)

Describe the program/project for which funding is being requested and its primary purpose. Briefly describe how the funds will be used (including program/project activities).

[Insert answer here]

4. Answer one of these two bullet points, depending on whether your program/project is ongoing, or new to your agency (Limit: 250 words)

- If this is an *ongoing* program/project: What have been past indicators of success? What have been challenges to achieving success? Any recent enhancements?
- If this is a *new* program/project (new to your agency): What is the basis for expecting that the program/project will succeed? (Anecdotal information? Evidence-based practices? Literature review? Other?)

[Insert answer here]

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- 5. Do you plan to collaborate with any other organizations *on this program/project*?** If so, which ones and how? (If more than four agencies, state the number of agencies you collaborate with, and include an attachment listing their names.) (Limit: 200 words)

[Insert answer here]

- 6. How does this program/project fit with your organization's mission?** (Limit: 150 words)

[Insert answer here]

- 7. Any plans to sustain this program/project other than grants?** We assume most nonprofits will sustain/continue their programs/projects by seeking additional grants. (Limit: 100 words)

[Insert answer here]

- 8. Program/Project Evaluation.** (Limit: 400 words)

What change will occur in clients' lives as a result of this program/project, and how will you know that this has happened? (Identify the measurement tools you will use – qualitative or quantitative.) If your program/project does not produce lasting change in clients' lives, discuss other ways the program/project is making a difference.

[Insert answer here]

Organization Name:

Program Title:

Compliance Questions

*These questions are for **all** programs that provide direct services (report productivity)
Please respond to each question after the question. Do not skip a question.
If your response is "not applicable", please explain why.*

1. In 2013, thinking about your organization as a whole and all its programs:
 - a. what was the total number of uninsured clients served by your organization?
 - b. of that total, how many would be considered MHM funded clients?

2. Thinking about the program for which you are requesting funding (not the number served by your organization as a whole, unless they are the same):
 - a. how many clients will your MHM funded program serve?
 - b. how many of these clients will be paid for by MHM funding?
 - c. how do you determine whether MHM funding is covering your clients?

3. If you use Federal Poverty Level to determine cutoff eligibility for an MHM-funded patient, what percent do you use? (For example, below 200% FPL) Why did you choose this percentage?

If you do not use the Federal Poverty Level for eligibility, please describe eligibility requirements, if any, for an MHM-funded patient.

4. What are the insurance requirements for an MHM-funded patient? (In other words, do you require that they be completely uninsured? Underinsured? Other?)

5. How would you identify MHM funded patients in your system?

6. How will you select which patients will be on your itemized patient care report included in your disbursement request?

7. Once MHM reimbursement is received, how will you apply the payment to MHM patients in your system?

8. In your grant application, you projected a number of visits/encounters. Please describe what you are counting; for example, visits, encounters, mental health hours, applications, etc.

9. How do you gather the data indicating how many visits or encounters have been provided? Where and how is it recorded?

10. For your grant, you will be reporting outcome results. How will you gather the data to arrive at the percentage of the goal achieved?

11. Where and how is the data regarding outcomes recorded? If you use a survey instrument or scale, please describe.