



Instructions for Budget Template

General

- Enter information in non-shaded and yellow highlighted cells only.
- Cells that are shaded are locked due to formulas.
- Do not use formulas or cents. This will cause rounding errors and cause the form not to balance.
- Contact your Program Officer for any questions on the form.

Headings

- Enter Organization Name.
- Enter Project Title.
- Enter Amount Requested.
- Select Payment Frequency from drop down menu.

Program Revenue

- MHM Request will auto populate in Cell B13.
- Enter program revenue by source in column B.
- Contributed revenue is the amount of funds that the applying organization is going to contribute to the program.

Program Expenses - Salaries & Fringe

- Enter salaries & wages by position title in column A.
- Enter **total** program salaries in column B.
- Enter the % of time these positions are spent on the MHM grant in column C.
- The "MHM Request" and "Other Funding Sources" column will auto populate when entering the % of time spent on MHM grant.
- Enter total amount of fringe benefits for the **allocated** salaries amount in yellow box.
- Enter Justification for salaries and expenses beginning in Column F.
- **The budget is considered incomplete if the justification section is not filled out.**

Program Expenses

- List description of program expenses in column A.
- Enter the total budget for these expenses in Column B.
- Enter the % of expense funded by the MHM grant in Column C.
- The "MHM Request" and "Other Funding Sources" column will auto populate after entering the % of expenses funded by MHM grant in Column C.
- Enter Justification for expenses beginning in Column F.
- When entering justification, add detail including quantity, rates, duration, unit costs, and number of units as applicable.
- **The budget is considered incomplete if the justification section is not filled out.**

Indirect Cost

- Indirect costs are allowed up to 15% of total direct expenses. Indirect costs is not allowable on computers, software, or other capital items.
- Refer to MHM's indirect cost guidelines for more information.

Summary of Financial Request

- Enter the total organizational budget in the yellow box.
- The summary of financial request will automatically populate with the data previously entered for revenue and expenses.
- The program net income must equal \$0 (revenue = expenses).
- If revenue does not equal expenses, an error note will appear next to the program net income on Column C. Revisit revenue and expenses.



Organization Name: Methodist Healthcare Ministries
Project Title: Going the Extra Mile

Grant Period: 1/1/2026 - 12/31/2026
Amount Requested: \$450,000

Payment Schedule: Monthly

Program Revenue

Sources	
MHM Request:	\$ 450,000
Total	
Contributed	
	\$ 10,000
Subtotal	\$ 10,000
Government:	
NIH	\$ 81,250
DFPS	\$ 75,000
Subtotal	\$ 156,250
Foundation Grants:	
Greehey	\$ 25,000
Mays	\$ 5,000
SAAF	\$ 5,000
Subtotal	\$ 35,000
Program Fees:	
Fees	\$ 1,000
	\$ -
Subtotal	\$ 1,000
Donations:	
Corporations:	\$ 25,000
	\$ -
	\$ -
Total Individual	\$ 10,000
Subtotal	\$ 35,000
Special Events/Fundraising:	
Annual Gala	\$ 5,000
Subtotal	\$ 5,000
In Kind:	
Rent	\$ 5,000
Subtotal	\$ 5,000
Other:	
	\$ -
	\$ -
Subtotal	\$ -
Total Program Revenue	\$ 697,250

Program Expenses

Justification

Description	Total Program Salaries/Fringe Benefits	% of time spent on MHM Grant	MHM Request	Other Funding Sources	Justification
Salaries & Wages/Fringe Benefits (enter position title):					
Program Manager	\$ 100,000	50%	\$ 50,000	\$ 50,000	The Program Manager will work half the time on the MHM grant to be sure the program goals are being
Community Health Worker	\$ 85,000	75%	\$ 63,750	\$ 21,250	The Community Health Worker will visit clients on a weekly basis.
RN	\$ 150,000	50%	\$ 75,000	\$ 75,000	The RN will review patient data with the patient.
			\$ -	\$ -	
			\$ -	\$ -	
			\$ -	\$ -	
			\$ -	\$ -	
			\$ -	\$ -	
Total Salaries & Wages	\$ 335,000		\$ 188,750	\$ 146,250	
Fringe Benefits (for allocated salaries only)	\$ 33,750		\$ 33,750		
Total Fringe Benefits as a % of Salaries & Wages			18%		
Total Salaries & Fringe Benefits	\$ 368,750		\$ 222,500	\$ 146,250	

Program Expenses:	Total Program Other Expenses	% of expense funded by MHM Grant	MHM Request	Other Funding Sources	Justification
Lab & Diagnostic Test	\$ 150,000	50%	\$ 75,000	\$ 75,000	The medical staff will perform lab tests and funds are needed to get results. 2,000 lab tests at \$75/each.
Contract Labor	\$ 75,000	100%	\$ 75,000	\$ -	A consultant will help with the organizations strategic plan. The budget is for 8 months of work at \$9,375/month.
Office Supplies	\$ 20,000	50%	\$ 10,000	\$ 10,000	Office supplies are needed for general work at \$2,000/mo for 10 months.
Rent	\$ 5,000	0%	\$ -	\$ 5,000	Rent is provided as an in-kind expense.
EHR Software	\$ 22,000	50%	\$ 11,000	\$ 11,000	We are in need of a new software to keep track of patient data.
Computers	\$ 21,000	100%	\$ 21,000	\$ -	New computers are needed for office and field staff. 15 computers will be purchased at \$1,400/each.
Indirect Cost*			\$ -	\$ -	
* Indirect Costs may be included up to 15% of direct expenses. Indirect cost may not be allowable on computers, software, and other capital items. See Indirect Cost guidelines for more information.	\$ 35,500	100%	\$ 35,500	\$ -	
Total Program Expenses	\$ 328,500		\$ 227,500	\$ 101,000	
Total Personnel & Program Expenses	\$ 697,250		\$ 450,000	\$ 247,250	

Summary of Financial Request	
Total MHM Request	\$ 450,000
Program Net Income	\$ -
MHM Funding of Program Percentage	65%
Total Organizational Operating budget	\$ 5,000,000
% of org budget funded by MHM	9%



Organization Name:
Project Title:

Start Date: 1/1/2026 End Date: 12/31/2026

Grant Period:
Amount Requested:

Payment Schedule: Quarterly

Program Revenue

Sources	
MHM Request:	\$ -
Total	
Contributed	
	\$ -
	\$ -
	\$ -
Subtotal	\$ -
Government:	
	\$ -
	\$ -
	\$ -
Subtotal	\$ -
Foundation Grants:	
	\$ -
	\$ -
	\$ -
Subtotal	\$ -
Program Fees:	
	\$ -
	\$ -
	\$ -
Subtotal	\$ -
Donations:	
	\$ -
	\$ -
	\$ -
Subtotal	\$ -
Special Events/Fundraising:	
	\$ -
	\$ -
	\$ -
Subtotal	\$ -
In Kind:	
	\$ -
	\$ -
	\$ -
Subtotal	\$ -
Other:	
	\$ -

Programs & Partnerships

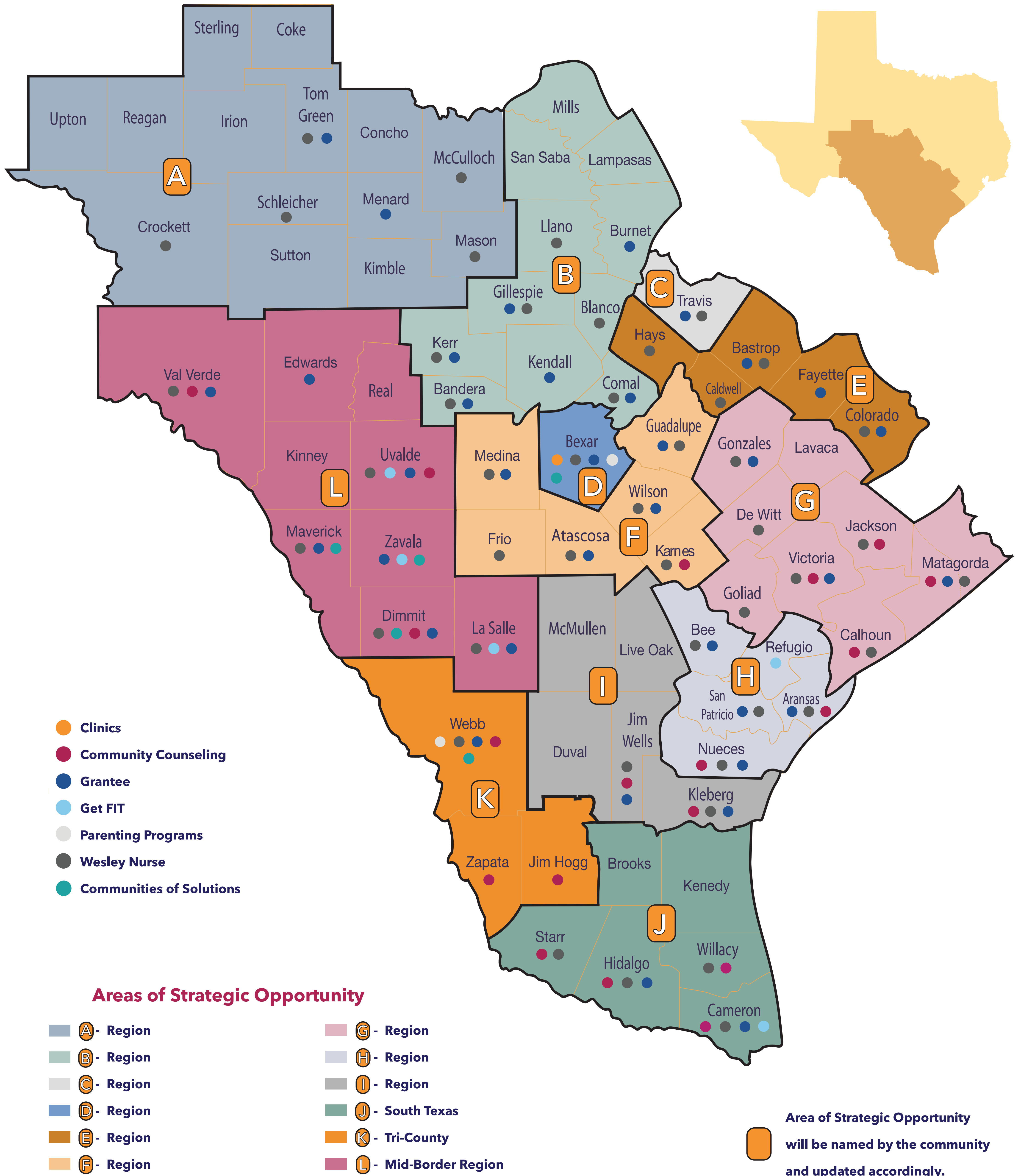
2025

Our Mission:

"Serving Humanity to Honor God."

Our Vision:

"To be the leader for improving wellness of the least served."



Community Investments

Glossary of Terms

Affordable Housing

Housing where the occupant is paying no more than 30 percent of gross income for gross housing costs, including utilities.

Source: [Texas Department of Housing and Community Affairs](#)

Capacity Building:

Capacity building is a process of working with individuals and organizations to help develop and strengthen their abilities. It supports organizational strengthening, building upon assets to increase their impact in community, and improve health equity. A capacity building grant is an investment in nonprofits' abilities to be more efficient, effective, and sustainable.

Source: MHM's Capacity Building Department

Collective Impact

Intentional way of working together in a cross-sector collaboration with a common agenda towards the purpose of solving a specific and complex social problem at scale.

Sources: <https://www.councilofnonprofits.org/tools-resources/collective-impact> <https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/collective-impact/main>

Digital Connectors

Digital Connectors are trusted guides who assist residents looking for resources, skills, and support to use the internet to achieve their goals. Adapted for MHM's communities from NDIA's tried and true Digital Navigator Model, Digital Connector services go beyond providing individualized support, and include ongoing assistance with affordable internet access, device acquisition, technical skills, and more, customized for MHM's mission, approach, and constituency. In addition to digital navigation training, Digital Connectors also receive orientation to MHM's core care, wellness, and health competencies and the unique needs and profile of its constituency—allowing Digital Connectors to provide support specifically to improve access to health services in South Texas.

Source: MHM's website- **Grantmaking**

Digital Equity

Digital equity is a condition in which all individuals and communities have the information technology capacity needed for full participation in our society, democracy, and economy. Digital equity is necessary for civic and cultural participation, employment, lifelong learning, and access to essential services.

Source: MHM's website- **Grantmaking**

Digital Inclusion

Digital Inclusion refers to the activities necessary to ensure that all individuals and communities, including the most disadvantaged, have access to and use of Information and Communication Technologies (ICTs). This includes five elements:

- Affordable, robust broadband internet service;

- Internet-enabled devices that meet the needs of the user;
- Access to digital literacy training;
- Quality technical support; and
- Applications and online content designed to enable and encourage self-sufficiency, participation and collaboration.

Source: MHM’s website- Grantmaking

Digital Inclusion Ecosystem

A Digital Inclusion Ecosystem is a combination of programs and policies that meet a geographic community’s unique and diverse needs. Coordinating entities work together in an ecosystem to address all aspects of the digital divide, including affordable broadband, devices, and skills.

Source: MHM’s website- Grantmaking

Digital Navigators

Digital navigators are trusted guides who assist community members with internet adoption and the use of computing devices. Digital navigation services include ongoing assistance with affordable internet access, device acquisition, technical skills, and application support.

Source: MHM’s website- Grantmaking

Economically Disadvantaged Individuals:

Any of the following are suitable to define economically disadvantaged for MHM Community Investment Grants.

Federal Poverty Level below ≤200%: A measure of income issued every year by the Department of Health and Human Services (HHS). Federal poverty levels are used to determine your eligibility for certain programs and benefits, including savings on Marketplace health insurance, and Medicaid and CHIP coverage.

According to the 2022 Federal Poverty Level, 200% annual income is defined as \$62,400 for a family of four.

Source: [Federal Poverty Guidelines](#) & <https://www.medicaidplanningassistance.org/federal-poverty-guidelines/>

Economically disadvantaged individuals are socially disadvantaged individuals whose ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially disadvantaged.

Source: [HUD](#)

Low- and very low-income: limits are defined in Section 3(b)(2) of the Housing Act of 1937 and are determined annually by HUD. These limits are typically established at 80 percent and 50 percent of the area median individual income.

Source: [HUD](#)

Evidence-Based

Body of information, drawn from routine statistical analyses, published studies and “grey” literature, which tells us about factors affecting health. (Ex: studies which demonstrate links between damp cold housing and respiratory disease and increasingly the links between high quality housing and quality of life (Thomson et al., 2001)).

Source: World Health Organization

Food is Medicine

The phrase “Food is Medicine” has been used in connection with a broad array of concepts, products, and services. The idea that food is central to health is a tenet of many cultures.

Source: [Food is Medicine Research Action Plan page 24](#)

Food Security

Food security means access by all people at all times to enough food for an active, healthy life.

Source: Defined by the U.S. Department of Agriculture (USDA)

Health Equity

Health Equity is both the process and goal by which Methodist Healthcare Ministries seeks to carry out that purpose. Health Equity is a framework of thought and action that strives to reduce racial and socio-economic disparities and create fair and just opportunity for every person to reach their full potential for health and life and contribute to that of others.

Source: MHM’s Website

Indirect Cost

Indirect costs are expenditures that are shared across multiple projects or programs within an organization and therefore are difficult or impossible to attribute to a specific project or program. These expenditures would exist regardless of the programs run within an organization. Examples include utilities, administrative staff salaries and benefits, legal services, and rent.

Source: MHM’s Indirect Cost Policy

MHM’s Funding Philosophy Statement

Our mission of “Serving Humanity to Honor God” calls us to do all we can to enhance well-being of the people and places in our service area so health equity is achievable, and ALL can thrive. Since our inception, Methodist Healthcare Ministries has believed that caring for health means caring for the whole person, and we recognize and affirm that health begins in community. We reinvest and steward our resources to work alongside the people in the places we serve, promoting lifelong well-being in body, mind, and spirit. We advance our mission through innovative and transformative approaches designed to address root causes and shift power through engaging in co-creation, influencing systems change, and strengthening communities.

Source: MHM’s Funding Philosophy

Person with Current Lived Experience

Someone who is currently experiencing or recently experienced an inequity (within the last 5 years) will have more timely expertise.

Source: MHM’s Website - 2023 Prosperemos Juntos/ Thriving Together Learning Collaborative.

Person with Lived Experience

A person with lived experience is someone who has lived (or is currently living) with the issues the community is focusing on and who may have insight to offer about the system as it is experienced by consumers (e.g., a woman who was formerly or is currently experiencing homelessness who can offer insight into that experience). They will have:

- Expertise that doesn’t come from training or formal education.
- Knowledge from an experience with an issue or challenge.
- Direct experience with a system, process or issue, or trying to engage with a resource.
- Awareness of what works, what doesn’t work, and what resources (formal or informal) are available in the community.

Source: [Community Commons](#)

Policy and Advocacy

Methodist Healthcare Ministries believes all Texans, regardless of their economic status, deserve access to quality, affordable health care. Legislative advocacy is one important way we use data and evaluation to empower Texans of all backgrounds to obtain optimal health. As a faith-based organization, Methodist Healthcare Ministries' public policy agenda and advocacy efforts are guided by the Social Principles of The United Methodist Church.

Methodist Healthcare Ministries' public policy and advocacy efforts at the state level encompass the following objectives:

- Increase access to primary care and mental health services in both the public and private sectors.
- Increase state efforts at addressing the prevention of chronic illnesses—particularly obesity and diabetes—through health care education initiatives.
- Promote state policies that increase the healthcare workforce for the least served.
- Promote policies that strengthen the social, educational, and economic opportunities that improve health outcomes for families.

Source: MHM's website - Advocacy

Redlining: Federally sanctioned discrimination

The redlining maps originated in the aftermath of the Great Depression, when the federal government set out to evaluate the riskiness of mortgages in major metropolitan areas of the country. Maps were created by the federal Home Owners' Loan Corporation color-coded neighborhoods by credit worthiness. Areas in the map with African-Americans and immigrants were almost always considered the highest risk, and they were marked in red on maps... hence, "redlining."

Source: NPR, In U.S. Cities, The Health Effects Of Past Housing Discrimination Are Plain To See; example: National Community Reinvestment Coalition Redlining and Health Interactive Maps

Safety Net

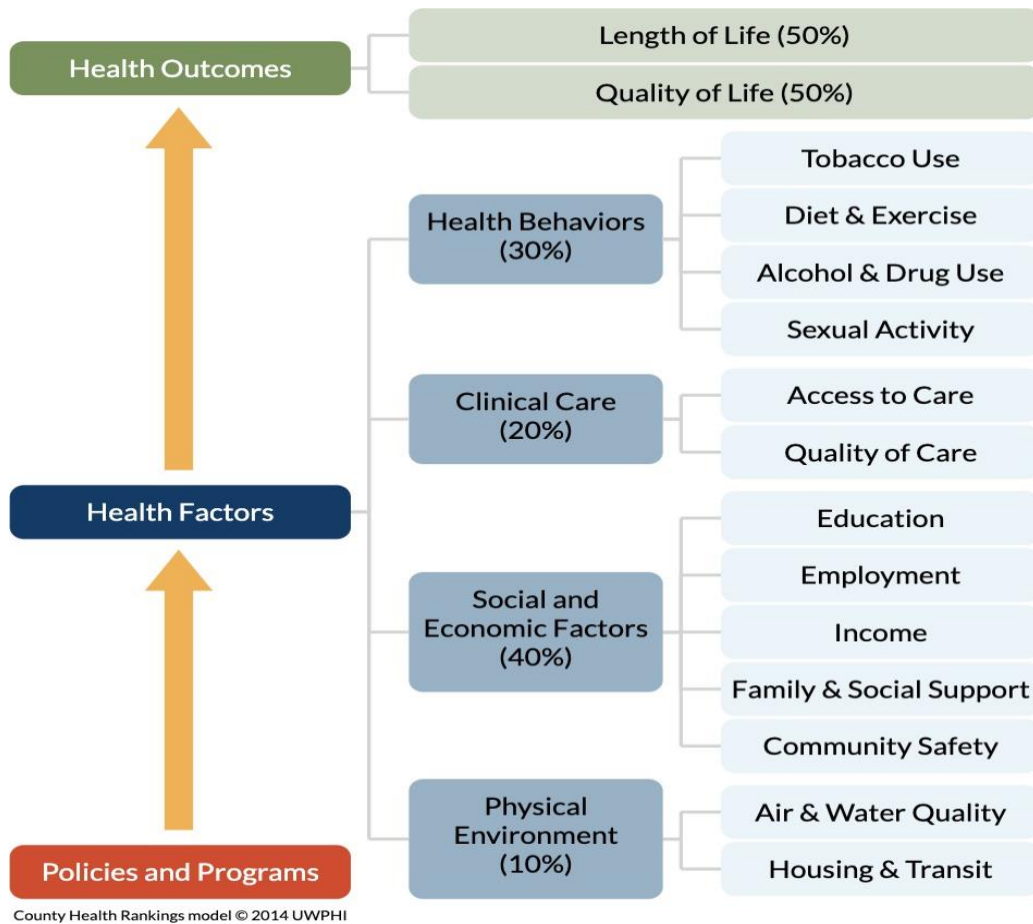
Safety Net is a term used to define providers that organize and deliver a significant level of health care and other needed services to uninsured, Medicaid and other vulnerable patients (Lewin & Altman, 2000). The Institute of Medicine identifies "core safety net providers" as providers that maintain an "open door" to patients regardless of ability to pay and whose case mix primarily includes uninsured, Medicaid, and other vulnerable patients. Methodist Healthcare Ministries' Community Grants uses the term 'Safety Net' to distinguish between Federally Qualified Health Centers; these terms are not interchangeable.

Source: MHM's Strategic Plan

Social Determinants of Health

Conditions in which people are born, grow, live, work, and age. They may enhance or impede the ability of individuals to attain their desired level of health.

Source: MHM's website - Strategy



Source: [Measures & Data Sources | County Health Rankings Model. County Health Rankings & Roadmaps. Accessed September 8, 2020.](#)

Stable Housing

Individuals or families are not experiencing housing instability. Housing instability encompasses a number of challenges, such as having trouble paying rent, overcrowding, moving frequently, or spending the bulk (more than 30% of their income) of household income on housing.

Source: adapted from [Healthy People 2030](#)

Streams of Care

Upstream: Improving community conditions. Upstream interventions are focused on community (not individual) impact.

One tactical example is pursuing laws, policies, and regulations that create community conditions supporting health for all people. Another example is grantmaking – including collaborative funding – focused on changing the community conditions that make people sick.

The strategic framework also allows the organization to build upon its legacy of providing high quality access to care and commit to expanding its “upstream” work. That means Methodist Healthcare Ministries will intentionally address conditions and circumstances across entire

communities that affect the health and well-being of patients and clients before they might reach Methodist Healthcare Ministries or its partners for assistance.

Midstream: Addressing individuals' social needs. Midstream efforts are focused on individual impact.

A tactical example is patient screening questions about social factors like housing and food access – using data to inform care and provide referrals. Another example is social workers, community health workers, and/or community-based organizations providing direct support/assistance to meet patients' social needs.

Downstream: Providing or ensuring access to clinical care.

Medical interventions are a tactical example.

Source: MHM's website - Strategy

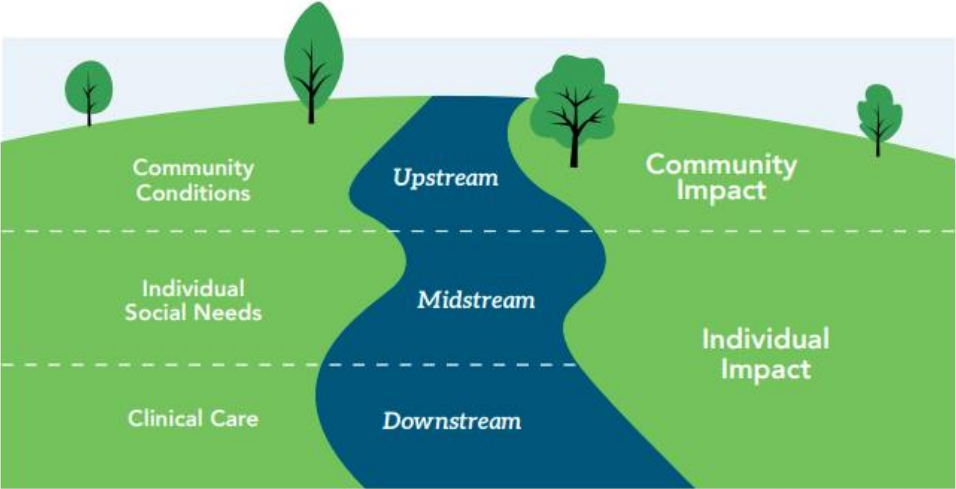


Figure 1. Making Shifts to Move Upstream
(source: <https://shelterforce.org/2019/04/09/meeting-individual-social-needs-falls-short-of-addressing-social-determinants-of-health/>)

Source: [Brian C. Castrucci & John Auerbach's Definition](#) & [MHM's website-Strategy](#)

Note: For additional information on streams, see the Theory of Change definition.

Theory of Change (ToC)

A Theory of Change is a conceptual model delivered as a concrete product to help strengthen strategies and maximize results by charting out the work ahead, what success looks like, and how to get there.

Source: adapted from [The Annie E. Casey Foundation, Developing a Theory of Change](#)

Unsheltered Homelessness

Individuals experiencing unsheltered homelessness, means they have had “a primary nighttime residence” that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

Source: adapted from [HUD](#)

Methodist Healthcare Ministries
2026 Grant Year
Application FAQs

About MHM

1. What is MHM's definition of health equity?
2. What is MHM's geographic service area?
3. Is a *Community Investments (CI)* grant different from *Prosperemos Juntos/Thriving Together* funding opportunities?

CI Grants

4. How do the Social Determinants of Health (SDOH) fit into MHM's grantmaking strategy to achieve health equity?
5. What are MHM's grantmaking focus areas?
6. What geographies are prioritized for funding?
7. What zip codes in Bexar County are eligible to apply for a grant?
8. How much money does MHM expect to award in the 2026 grant cycle?
9. What types of grants does MHM fund?
10. What does MHM not fund?
11. What is the duration of the grant period (e.g., one year, multi-year, etc.)?
12. When should an organization apply for a capital grant or a capacity building grant as opposed to a program/project grant?

Capacity Building Grants

13. What is MHM's definition of capacity building grants?
14. What is the difference between a capacity building grant and capacity building services that MHM provides to funded partners?
15. What kinds of organizational capacity-building areas are considered for funding?
16. What staff roles can be included in a capacity building request?

Grant Eligibility

17. What organizations are eligible to apply for a 2026 MHM Grant?

18. Can my organization apply for more than one grant?
19. What type of IRS designations do organizations need to be eligible for a grant?

Application

20. What is the process of applying for a grant?
21. What are the grant application deadlines?
22. How will I know if my application was received?
23. What is the minimum and maximum amount an organization can apply for within a grant cycle?
24. Does MHM allow indirect costs?
25. Can I include fiscal sponsor fees in the proposed budget?

Award Decision

26. How does MHM decide whether to fund a grant proposal?
27. If a proposal is not funded for the 2026 grant year, will the organization be eligible to apply for future MHM grant opportunities?
28. If a proposal is not funded for the 2026 grant year, is there someone I can speak with to better understand why?
29. When will applicants know if their proposal will be funded?
30. When will funded partners receive their grant disbursements?

Reporting Requirements for Funded Proposals

31. What are the narrative reporting requirements for 2026 MHM grants?
32. Does MHM conduct site visits with funded partners?
33. What are the financial reporting requirements for 2026 MHM grants?

General

34. Who can I speak to if I have additional questions?

About MHM

1. What is MHM’s definition of health equity?

Health Equity means that everyone has a fair and just opportunity to be healthy.

Health Equity is both the process and goal by which MHM seeks to carry out its mission of “Serving Humanity to Honor God.” MHM recognizes there are inherent inequities within communities that contribute to poor health outcomes.

MHM believes advancing health equity requires a framework of thought and action that strives to reduce racial and socio-economic disparities and create fair and just opportunities for every person to reach their full potential for health and life and contribute to that of others.

Source: Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What Is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017.

2. What is MHM’s geographic service area?

MHM serves 74-counties throughout west, south, central, and coastal Texas.

Refer to the MHM [Areas of Strategic Opportunity Map](#) for the counties included. Priority Geographies for grant funding include Areas J, K, and L as well as rural counties throughout our service area.

3. Is a *Community Investments* grant different from *Prosperemos Juntos/Thriving Together (PJTT)* funding opportunities?

The MHM CI grant and the PJTT funding support are unique and distinct programs.

The MHM CI grants were originally focused on supporting access to care. Over the years, MHM broadened its definition of healthcare and transitioned to supporting the Social Determinants of Health through an annual grants award cycle. Grant awards are made directly to tax-exempt non-profit organizations working to advance specific SDOH that are identified as CI grantmaking focus areas.

The MHM PJTT program’s purpose is to sponsor and support local, community-based, and health-focused coalitions that are composed of organizations and people with lived experience. PJTT funds and supports coalitions within the 74-county service area as they develop emergent strategies and shift power to address root causes of health inequities in their communities.

About MHM Grantmaking

4. How do the Social Determinants of Health (SDOH) fit into MHM’s grantmaking strategy to achieve health equity?

As MHM strives to achieve health equity and break the cycle of intergenerational poverty, we will seek to support organizations, projects, and collaboratives working to address root causes and the conditions in which we are born, grow, live, and work, otherwise known as the Social Determinants of Health (SDOH). For the 2026 grant cycle, MHM will direct funding toward six key focus areas of the SDOH.

Review the [CI Grants Glossary](#) for information on the SDOH.

5. What are MHM’s grantmaking focus areas?

MHM’s goals are to continue to invest in direct service efforts and increase grant investments that address root causes and seek to improve community conditions in six key areas:

- Access to Care - General
- Access to Care - Mental & Behavioral Health
- Digital Equity
- Food Security
- Housing
- Education & Workforce Development

6. What geographies are prioritized for funding?

Funding will be prioritized for efforts designed to serve individuals or address community conditions in [rural counties](#) or within **J, K, and L** of MHM's [Areas of Strategic Opportunity](#).

7. What zip codes in Bexar County are eligible to apply for a grant?

Bexar County funding will only be awarded for efforts focused on serving the following zip codes: 78201, 78204, 78207, 78211, 78214, 78217, 78221, 78222, 78224, 78225, 78226, 78228, 78237

8. How much money does MHM expect to award in the 2026 grant cycle?

Approximately \$4M will be awarded through the 2026 Open Cycle, and \$2M through the Cornerstone grants. Cornerstone grants are awarded by invitation only. Contact your program officer if you receive an email about a Cornerstone grant application.

9. What types of grants does MHM fund?

MHM funds three types of grants: project/program, capacity building and capital grants. Applicants will submit either an Open Cycle (standard or small) or an invitation-only Cornerstone proposal.

Open Cycle-Standard Grants can be requested by Open Cycle applicants if the amount requested is equal to or less than \$100,000, the organization's budget is equal to or less than \$1,000,000, and the organization serves in [rural counties](#) or **zones J, K, and L** of MHM's [Areas of Strategic Opportunity](#).

Open Cycle-Small Grants can be for project/program, capacity building, or capital grants, or applicants can choose to apply for unrestricted general operating support.

- Applicants are allowed to submit their organization's program/project budget
- If awarded, grantees will only be required to submit a year-end report
- Small grants are awarded for a single-year of funding only

Cornerstone proposals are accepted by invitation only. Grant applicants should refer to their invitation email for guidance on grant type.

Grant Types

Project / Program Grants that establish or sustain new, existing, or expanded programs or projects.

- May include capital/renovation costs associated with the project or program, or support for capacity building related to the project or program.
- The *capacity building line item* included in a program or project proposal cannot exceed 20% of the total grant request.
- The *capital/renovation line item* included in a program or project proposal cannot exceed 50% of the total grant request.
 - a. Example: An organization requests a program grant to hire a facilitator and purchase materials for a nutrition program within one of its new locations. The location may require a room to be updated with new flooring, lighting, and paint.

Capacity Building Grants include organizational strengthening funds to help develop competencies, strategies, systems, and structures that improve effectiveness and contribute to long-term sustainability.

- Capacity building grants only include support to build capacity, and do not include capital or project/program expenses, such as program staff roles.
- Only Open Cycle applicants may apply for this type of grant.
- Example: A collaborative has been in existence for one year. The organizations participating have different requirements for sharing data. The collaborative will submit a grant request for a consultant to build a data sharing agreement for the organizations and identify a tool or software for the collaborative to capture data.

Capital Grants include funds designated for investments in facilities or infrastructure that enable organizations to acquire, construct, or renovate physical assets that contribute to long-term sustainability.

- Capital grants do not include program/project or capacity building expenses
- If awarded, a current certificate of insurance must be submitted to MHM.
- Only Open Cycle applicants may apply for this type of grant.
- Example: An organization has purchased a new building. The organization submits a grant request to replace the roof.

10. What does MHM not fund?

- Endowments
- Financial deficits or debt reduction
- Fundraising events
- Individual requests for grants or scholarships
- Insurance (unless for a capacity building or capital grant)
- Land
- Legal fees (litigation related)
- Lobbying on behalf of a political candidate

MHM does not award grants to organizations that willfully discriminate against a particular class of individuals. To be eligible for funding, organizations must abide by all applicable local, state, and federal anti-discrimination laws in hiring, employment practices, and providing services.

11. What is the duration of the grant period (e.g., one-year, multi-year, etc.)?

Single-year funding is available for a 12-month period, which covers the calendar year from January through December.

Multi-year funding is available for a three-year period for organizations who are 2025 CI grantees and are currently in good standing (no significant unspent funds, good overall financial and program standing).

- We encourage Open Cycle multi-year applicants to reach out to their program officer to discuss their proposal.
- Cornerstone grants are typically funded for a three-year period.

12. When should an organization apply for a capital grant or a capacity building grant as opposed to a program grant?

Applicants should determine the best grant for their organization based on their needs and priorities. A capacity building request should focus on strengthening the organization beyond a specific program. Questions can be directed to CommInvestments@mh.org.

Capacity Building Grants

13. What is MHM’s definition of capacity building grants?

Capacity building is an investment in the effectiveness and future sustainability of a nonprofit. It is the process of building and strengthening the systems, structures, cultures, skills, resources, and power that organizations need to advance their missions and serve their communities.

An MHM capacity building grant seeks to support organizational strengthening that ensures long-term sustainability and builds upon existing assets to enhance the nonprofit’s ability to improve lives and promote health equity, thereby increasing their impact in the community.

Sources: <https://www.councilofnonprofits.org/tools-resources/what-capacity-building>

Nishimura, A., Sampath, R., Le, V., Sheikh, A. M., & Valenzuela, A. (2020). Transformational Capacity Building. *Stanford Social Innovation Review*, 18(4), 30–37.

14. What is the difference between a capacity building grant and capacity building services that MHM provides to funded partners?

The capacity building grant is a grant type available to organizations applying through the annual Open Cycle. Community Investments Capacity Building services are reserved for funded partners.

15. What kinds of organizational capacity-building areas are considered for funding?

Capacity-building areas include, but are not limited to, the following:

- Accounting/finance
- Assistance/consultation in a specific organizational area
- Board development
- Business planning for sustainability
- Communications/marketing
- Cybersecurity assessments
- Data management
- Development of a strategic plan
- Executive coaching
- Financial analysis
- Fundraising/development
- Governance
- Grant writing
- Human resources
- Impact measurement and evaluation
- Information technology
- Leadership
- Marketing/social media
- Merger and integration planning
- Organizational development
- Organizational assessments
- Professional development/staff training
- Program evaluation
- Strategic planning

- Succession planning
- Technical skills development to improve organizational effectiveness

16. What staff roles can be included in a capacity building request?

- For all capacity building requests, internal or external staff (i.e. consultants) supporting the organization to increase its capacity or leading capacity building work can be included.
- For program/project grant requests that include a capacity building line item, staff not directly involved in the program/project that are supporting capacity building can be included in the request.
- Capacity building grants are not intended to cover additional staff roles to expand existing programs/projects. Program Staff salaries can be included in program/project grant requests.

Grant Eligibility

17. What organizations are eligible to apply for a 2026 MHM Grant?

An organization is eligible to receive funding if:

- The organization or its fiscal sponsor have had 501(c)(3) or tax-exempt status for at least one year.
- The organization will serve one or more counties in [MHM's 74-county service area](#).
- The organization's mission aligns with MHM strategic priorities including outcomes that are consistent with the MHM Community Investments focus area Theories of Change.
 - Review the Theories of Change in our [Community Grants Library](#).
 - Review the [MHM Strategic Plan](#).

Organizations with an existing Community Investments grant for 2026 are not eligible to apply for the 2026 grant cycle. If you are unsure if your organization has a 2026 grant, contact CommInvestments@mhm.org or your Program Officer. Organizations with an existing Digital Equity MOA are eligible to apply.

18. Can my organization apply for more than one grant?

MHM will only accept **one** grant application per organization.

Fiscal sponsors may submit multiple applications if they are serving as a fiscal sponsor for multiple organizations or applying for another organization and on their own behalf.

19. What type of IRS designations are required for an organization to be eligible for a grant?

Organizations or fiscal sponsors that have maintained 501(c)(3) or tax-exempt status for at least one year are eligible to apply for an MHM grant.

Application

20. What is the process of applying for a grant?

1. Review MHM Community Investment Grant Materials.
2. Attend/Watch the 2026 Grant Cycle Informational Webinar
3. Access the MHM Grants Portal to begin your application.
4. Submit an application, including a proposed budget using the MHM template, and all other required documents on the MHM Grants Portal by the deadline. Required documents will vary by application type (Open Cycle-Standard, Open Cycle-Small Grants, or Cornerstone).

21. What are the grant application deadlines?

The deadline for Open Cycle applications is 5:00 pm on August 15, 2025.

The deadline for Cornerstone applications is 5:00 pm on August 8, 2025. Applications will not be accepted after the deadlines.

22. How will I know if my application was received?

After submitting your application through the MHM Grants Portal, you will receive a confirmation message on the portal and via email. If you do not see a confirmation message, confirm that you have clicked on the “Submit” button. Your confirmation email may be sent to your spam folder.

If you submitted an application via the MHM Grants Portal but did not receive a confirmation message or confirmation email, please contact the MHM Community Investments staff at CommInvestments@mhm.org.

23. What is the minimum and maximum amount an organization can apply for within a grant cycle?

MHM does not fund any amount over 20% of an organization’s overall budget. The minimum award amount is \$25,000, and the average grant award size is between \$220,000 and \$250,000.

24. Does MHM allow indirect costs?

Indirect costs are:

- Allowed to be included in a grant at a maximum rate of 15% of the direct costs.
- Allowed to be included for universities/colleges up to 10%.
- Not allowed for government agencies or municipalities.
- Not applicable for General Operating grants.
- Not allowed for capital expenses, equipment purchases, or bulk computer purchases.
- Only allowed to be included at time of application.

Review MHM’s [Indirect Cost Guidelines](#) for guidance as you prepare the grant application and budget.

25. Can I include fiscal sponsor fees in the proposed budget?

Yes, fiscal sponsorship administrative fees can be included in the proposed budget. If you are applying with a fiscal sponsor, contact MHM Community Investments staff (CommInvestments@mhm.org) for guidance on allowable fiscal sponsor fees.

Award Decision

26. How does MHM decide whether to fund a grant proposal?

MHM will use a scoring rubric to determine which applications to fund. Criteria include:

- Alignment to the focus areas Theories of Change
- Located within priority geographies (rural areas, Zones J, K, and L)
- Financial and organizational sustainability
- Program or project design
- The extent to which the proposed activity includes:
 - Collaboration
 - Community perspectives
 - Efforts to serve the least served, including those who are [economically disadvantaged](#), live in disadvantaged geographies, or have been historically disenfranchised
 - Efforts to address root causes that address community conditions

27. If a proposal is not funded for the 2026 grant year, will the organization be eligible to apply for future MHM grant opportunities?

Yes, an organization will be considered for funding based on MHM's eligibility requirements and alignment with funding priorities for a future grant cycle.

28. If a proposal is not funded for the 2026 grant year, is there someone I can speak with to better understand why?

Yes, all organizations whose applications are declined will receive an email from MHM Communities Investment staff with an opportunity to discuss the reasons why.

29. When will applicants know if their proposal will be funded?

Organizations selected for a grant award will be notified by November 2025.

30. When will funded partners receive their grant disbursements?

Initial grant funds are disbursed based on the payment schedule selected during the application process. Grant funds are disbursed on the same schedule but contingent on meeting all grant reporting requirements and maintaining good standing (no significant unspent funds, good overall financial and program standing).

Reporting Requirements for Funded Proposals

31. What are the narrative reporting requirements for 2026 MHM grants?

Open Cycle and Cornerstone funded partners will be expected to submit mid-year and year-end narrative reports via the MHM Grants Portal. Open Cycle-Simple funded partners will submit only a year-end report. Narrative reports include an update on progress toward grant goals, challenges, successes, testimonials, and grant highlights.

32. Does MHM conduct site visits with funded partners?

Yes, in addition to formal reports, funded partners may be asked to participate in one in-person or virtual site visit with their Program Officer and other MHM staff.

33. What are the financial reporting requirements for 2026 MHM grants?

Open Cycle and Cornerstone funded partners will be expected to submit mid-year and year-end financial reports via the MHM Grants Portal using the MHM Budget Template provided. Open Cycle-Simple Grants funded partners will submit only a year-end financial report. Financial reports will include a budget-to-actual report (actual expenditure compared to approved grant budget) with explanations for variances.

Underspent funds at reconciliation will be reduced from the following grant payments.

- Single-year grants are reconciled at mid-year and year-end reporting.
- Multi-year grants are reconciled at mid-year and year-end reporting for year 1, and at year-end reporting for years 2 and 3.

At the end of the grant period, MHM may request any funds that remain unspent be returned to MHM.

MHM does not require the submission of transactional documentation (such as receipts or general ledgers) for funded partners to receive their payment. However, MHM reserves the right to conduct an audit of all funds received and expended during the grant period.

General

34. Who can I speak to if I have additional questions?

Contact MHM's Community Investments staff at CommInvestments@mhm.org.

Digital Equity

COMMUNITY INVESTMENTS THEORY OF CHANGE

Commitment to Health Equity

Methodist Healthcare Ministries of South Texas, Inc. believes that to improve the wellness of the least served and fully live out its mission of "Serving Humanity to Honor God," it must recognize the inequities inherent in its communities that contribute to poor health outcomes. **Health Equity is both the process and goal by which Methodist Healthcare Ministries seeks to carry out that purpose.** Health Equity is a framework of thought and action that strives to reduce racial and socio-economic disparities and create fair and just opportunities for every person to reach their full potential.

Current State

- 2.8 million Texas households do not have access to high-speed broadband
- 5.6 million households do not have quality internet
 - 20.9% of households within MHM's 74-County Region have no internet access
- 3.8 million Texas residents face digital literacy challenges
- Every day that a person is not connected to the internet, America loses \$2.16 of potential economic activity
- The digital divide currently costs our country over \$130 million a day in economic activity

Desired Future State

All people in MHM service region have access to reliable, affordable broadband service and the skills and opportunities to use this technology safely and effectively to support economic, health and social needs.

Vision

To be the leader for improving wellness of the least served.



Objective 1

Increase reliable broadband connectivity and affordability to achieve desired future state

- #### STRATEGIES
1. Support community led broadband plans, assessments and coalitions
 2. Promote low cost internet and online benefit enrollment
 3. Support organizational capacity to access philanthropic, state, and federal funding

Objective 2

Increase access to free or affordable devices and computer hubs to achieve desired future state

- #### STRATEGIES
1. Create and deploy device refurbishment training
 2. Develop public computer centers or Wi-Fi hubs in underserved communities
 3. Facilitate bulk purchasing and distribution

Objective 3

Increase digital skills to achieve desired future state

- #### STRATEGIES
1. Create or sustain Digital Connector/Navigator programs
 2. Develop and implement culturally appropriate outreach and training
 3. Promote online safety to avoid security threats and preserve privacy

*MHM investments prioritize efforts serving economically disadvantaged, geographically underserved, and historically disenfranchised populations

OBJECTIVE 1: Increase Reliable Broadband Connectivity and Affordability to Achieve Desired Future State

Strengthen digital equity ecosystem to increase adoption of affordable broadband services and address infrastructure gaps.
Increase number of households in MHM service with access to high speed broadband internet

Priority	<p>Support community led broadband plans, assessments and coalitions Efforts should identify opportunities and recommend improvements of broadband access and affordability</p> <p>Metrics:</p> <ul style="list-style-type: none">• Increased number of community members and other community organizations engaged in decision-making, strategy implementation and service• Number of community plans created and strategies implemented with the support of various stake-holders including but not limited to businesses, nonprofits, faith based, and other community groups
Priority	<p>Promote low cost internet and online benefit enrollment (Medicaid, Supplemental Nutrition Assistance Programs (SNAP), reduced-cost internet programs, etc.) Support outreach tailored to barriers faced by local residents and increase enrollment of eligible families</p> <p>Metrics:</p> <ul style="list-style-type: none">• Households who have newly adopted an internet access public benefit with the support of Digital Connectors• Households who have newly adopted other public benefits, such as SNAP and Medicaid with the support of Digital Connectors
Priority	<p>Support organizational capacity to access state and federal funding Facilitate coordination of local and regional planning efforts through collaborations and coalitions</p> <p>Metrics:</p> <ul style="list-style-type: none">• Amount of federal funding invested in community/programs• Number of applications funded by improving organizational programs, infrastructure, and systems to manage federal funding

OBJECTIVE 2: Increased Access to Free or Affordable Devices and Computer Hubs to Achieve Desired Future State

Increase the number of individuals who have access to a device that meet their needs.

Priority	<p>Create and deploy device refurbishment training Efforts should establish or sustain device refurbishment programs</p> <p>Metrics:</p> <ul style="list-style-type: none">• Number of participants trained to complete device repairs or refurbishments• Number of devices repaired or refurbished• Number of low-cost, high-quality devices distributed
Priority	<p>Develop public computer centers or Wi-Fi hubs in underserved communities Increase computer and telehealth access to individuals in un/underserved areas</p> <p>Metrics:</p> <ul style="list-style-type: none">• Number of computer labs or telehealth spaces created• Track usage of computer labs and telehealth space
Priority	<p>Facilitate bulk purchasing and distribution Source low cost, high quality devices at scale throughout a specific location/region</p> <ul style="list-style-type: none">• Number of low cost devices sourced and distributed

OBJECTIVE 3: Increase Digital Skills to Achieve Desired Future State

Improve digital literacy skills to enable individuals to use the internet to meet their needs and maintain online safety and wellness

Priority	<p>Create or sustain Digital Connector/Navigator programs Support programs located in community hubs, trusted community organizations and health clinics</p> <p>Metrics:</p> <ul style="list-style-type: none">• Number of Digital Connectors hired and trained
Priority	<p>Develop and implement culturally appropriate outreach and training Facilitate, administer, and conduct outreach events to raise awareness of digital navigation services and digital skills programming</p> <p>Metrics:</p> <ul style="list-style-type: none">• Number of individuals served by digital navigation skills• Digital skills and achievement reached based on program performance metrics
Priority	<p>Promote online safety to avoid security threats and preserve privacy Efforts should increase awareness and provide skills to foster safe internet use in vulnerable populations.</p> <p>Metrics:</p> <ul style="list-style-type: none">• Classes provided• Certifications or digital badges earned

Commitment to Health Equity

Methodist Healthcare Ministries of South Texas cree que para mejorar el bienestar de los más desfavorecidos y vivir plenamente su misión de "Servir a la Humanidad para Honrar a Dios", debe reconocer las desigualdades inherentes en las comunidades que contribuyen a los malos resultados de salud. **La equidad de la salud es tanto el proceso como la meta mediante Methodist Healthcare Ministries of South Texas busca lograr dicho propósito.** La equidad de la salud es un marco de pensamiento y acción que busca reducir las disparidades raciales y socioeconómicas y crear oportunidades justas para que cada persona alcance su potencial máximo.

La Situación Actual

- 2.8 millones de hogares en Texas no tienen acceso a banda ancha de alta velocidad
- 5.6 millones de hogares no cuentan con Internet de calidad
 - El 20.9% de los hogares de la región de 74 condados de MHM no tienen acceso a Internet
- 3.8 millones de residentes de Texas enfrentan de retos de alfabetización digital
- Cada día que una persona no está conectada a Internet, Estados Unidos pierde 2.16 dólares en actividad económica potencial.
- La brecha digital le cuesta actualmente al país más de 130 millones de dólares diarios en actividad económica

Situación Deseada

Todas las personas de la región atendida por MHM tienen acceso a un servicio de banda ancha confiable y asequible, así como a las habilidades y oportunidades para utilizar esta tecnología de manera segura y efectiva para satisfacer sus necesidades económicas, de salud y sociales.

Visión

Ser líderes en mejorar el bienestar de las personas más desatendidas.



Objetivo 1

Aumentar el acceso a banda ancha confiable y asequible para lograr la situación deseada en el futuro.

ESTRATEGIAS

1. Apoyar planes, evaluaciones y coaliciones de banda ancha lideradas por la comunidad
2. Promover el acceso a Internet de bajo costo y los beneficios disponibles en línea
3. Apoyar la capacidad organizativa para acceder a la financiación filantrópica, estatal y federal

Objetivo 2

Aumentar el acceso a dispositivos y centros de computadoras gratuitos o asequibles para alcanzar la situación deseada.

ESTRATEGIAS

1. Crear e implementar entrenamiento sobre el reacondicionamiento de dispositivos.
2. Desarrollar centros de computadoras públicos o puntos de acceso Wi-Fi en comunidades desatendidas.
3. Facilitar la compra y distribución a gran escala

Objetivo 3

Aumentar las habilidades digitales para lograr la situación deseada.

ESTRATEGIAS

1. Crear o mantener programas de conexión digital/navegación.
2. Desarrollar e implementar actividades de divulgación y capacitación culturalmente adecuadas.
3. Promover la seguridad en línea para prevenir amenazas a la seguridad y proteger la privacidad.

*Las inversiones de MHM dan prioridad a los esfuerzos destinados a las poblaciones económicamente desfavorecidas, geográficamente desatendidas e históricamente marginadas.

OBJECTIVO 1: Aumentar el acceso de banda ancha confiable y asequible para alcanzar la situación deseada en el futuro.

Fortalecer el ecosistema de equidad digital para aumentar la adopción de servicios de banda ancha asequibles y resolver las deficiencias en la infraestructuras. Incrementar el número de hogares atendidos por MHM que cuentan con acceso a Internet de banda ancha de alta velocidad.

Prioridad	<p>Apoyar los planes, evaluaciones y coaliciones de banda ancha lideradas por la comunidad. Los esfuerzos deben identificar oportunidades y recomendar mejoras en el acceso y la asequibilidad de la banda ancha.</p> <p>Métricas:</p> <ul style="list-style-type: none">• Aumento del número de miembros de la comunidad y otras organizaciones comunitarias que participan en la toma de decisiones, la implementación de estrategias y la prestación de servicios.• Número de planes comunitarios creados y estrategias implementadas con el apoyo de diversas partes interesadas, incluyendo, entre otras, empresas, organizaciones sin fines de lucro, grupos religiosos y otros colectivos comunitarios.
Prioridad	<p>Promover el acceso de Internet a bajo costo y la inscripción en línea a los beneficios sociales. (Medicaid, Programas de Asistencia Nutricional Suplementaria (SNAP), programas de Internet a costo reducido, etc.) Apoyar las actividades de alcance adaptadas a las barreras que enfrentan los residentes locales y aumentar la inscripción de las familias elegibles</p> <p>Métricas:</p> <ul style="list-style-type: none">• Numero de hogares que han adoptado recientemente un beneficio público de acceso a Internet con el apoyo de los Conectores Digitales• Numero de hogares que han adoptado recientemente otros beneficios públicos, como SNAP y Medicaid, con el apoyo de los Conectores Digitales
Prioridad	<p>Apoyar la capacidad organizativa para acceder a la financiamiento estatal y federal. Facilitar la coordinación de los esfuerzos de planificación local y regional a través de colaboraciones y coaliciones.</p> <p>Métricas:</p> <ul style="list-style-type: none">• monto de financiamiento federal invertida en la comunidad/programas.• Número de solicitudes financiadas gracias a la mejora de los programas organizativos, la infraestructura y los sistemas para gestionar el financiamiento federal.

OBJECTIVO 2: Aumentar el acceso a dispositivos y centros de computadoras gratuitos o asequibles para lograr una situación deseada en el futuro

Aumentar el número de personas que cuentan con a un dispositivo que satisfaga sus necesidades.

Prioridad	<p>Crear e implementar formación sobre el reacondicionamiento de dispositivos Se deben establecer o mantener los programas de reacondicionamiento de dispositivos</p> <p>Métricas:</p> <ul style="list-style-type: none">• Número de participantes capacitados para realizar reparaciones o reacondicionamientos de dispositivos• Número de dispositivos reparados o reacondicionados• Número de dispositivos de bajo coste y alta calidad distribuidos
Prioridad	<p>Desarrollar centros de computadores publicos o puntos de acceso Wi-Fi en comunidades desatendidas. Aumentar el acceso a computadoras y a la telesalud para las personas de zonas sin servicio o con servicio deficiente.</p> <p>Métricas:</p> <ul style="list-style-type: none">• Número de laboratorios informáticos o espacios de telesalud creados.• Realizar un seguimiento del uso de computadoras informáticos y los espacios de telesalud.
Prioridad	<p>Facilitar la compra y distribución a gran escala. Adquirir dispositivos de bajo coste y alta calidad a gran escala en una ubicación o región específica.</p> <p>Métricas: Número de dispositivos de bajo costo adquiridos y distribuidos.</p>

OBJECTIVO 3: Aumentar las competencias digitales para alcanzar una situación deseada en el futuro

Mejorar las competencias digitales para que las personas puedan utilizar Internet para satisfacer sus necesidades y mantener la seguridad y el bienestar en línea.

Prioridad	<p>Crear o mantener programas de conectores digitales/navegadores Apoyar programas ubicados en centros comunitarios, organizaciones comunitarias de confianza y clínicas de salud</p> <p>Métricas: Número de conectores digitales contratados y capacitados</p>
Prioridad	<p>Desarrollar e implementar actividades de alcance comunitario y formación culturalmente adecuadas. Facilitar, administrar y llevar a cabo eventos de alcance comunitario para promover los servicios de navegación digital y los programas de capacitación en competencias digitales.</p> <p>Métricas:</p> <ul style="list-style-type: none">• Número de personas que han recibido capacitación en competencias de navegación digital.• Competencias digitales y logros alcanzados según los indicadores de desempeño del programa.
Prioridad	<p>Promover la seguridad en línea para prevenir amenazas a la seguridad y proteger la privacidad Se deben redoblar los esfuerzos para crear conciencia y proporcionar habilidades que fomenten el uso seguro de Internet en las poblaciones vulnerables.</p> <p>Métricas:</p> <ul style="list-style-type: none">• Numero de clases.• Certificaciones o insignias digitales obtenidas