



Mental Health Fund
Notice of Funding Availability (NOFA)
Fiscal Year 2026

I. OVERVIEW

Grant Opportunity Description

Through funds designated by the Missoula Board of County Commissioners, the Mental Health Fund supports an emergency mental health system capable of providing crisis intervention and stabilization services to children and adults in crisis.”¹

Eligibility

Eligible entities are 501(c)3 nonprofit organizations or governmental agencies that provide emergency crisis intervention and stabilization services to children or adults. Eligible costs include operations, personnel, direct services, planning, and training.

Project Period

The project period begins July 1, 2025, and ends June 30, 2026. Funds may not be expended or obligated prior to July 1, 2025.

Funding

Fiscal year 2026 projected funding for the Mental Health Fund is \$132,838. It is the purview of the Board of County Commissioners to determine the final amount available for funding. Availability of funds is not guaranteed. Missoula County will make no more than two awards for the full amount of available funding to the applicants with the highest scores on their applications.

Proposal Review

Applications will be reviewed through a competitive process for completeness and responsiveness addressing the purpose of the Mental Health Fund and other requirements as set forth in this Notice of Funding Availability (NOFA). Note the scores associated with each of the application sections.

Submission Process

Submit the completed application packet by emailing all nine items to Grants & Community Resources, at grants@missoulacounty.us.

¹ Description of Fund 2271 excerpted from Missoula County budget



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Application Deadline

All application materials are due by **5 p.m. Mountain Time on Friday, May 23, 2025**. Late and/or incomplete applications will not be accepted.

II. APPLICATION

There are nine (9) components that comprise an application packet for FY26: (A) Executive Summary, (B) Program Need, (C) Capacity, (D) Partnerships, (E) Workplan, (F) Budget, (G) Budget Narrative, (H) Certificate of Insurance, and (I) Supplemental Questions.

Submit the completed application packet by emailing all nine items in one email to Grants & Community Resources, at grants@missoulacounty.us. Items A-E can be saved and sent as one pdf and the rest can be included as separate attachments.

(A) Executive Summary *(5 points, one-two paragraphs)*

Summarize the crisis stabilization or crisis intervention program for which you are seeking funds. Be concise, but make sure the content can stand on its own if it were to be separated from the rest of the application. Briefly state the problem or need, what your goal is and explain how your proposed program will meet the purpose of the Mental Health Fund – **to support an emergency mental health system capable of providing crisis intervention and stabilization services to children and adults in crisis**. Be clear who will be implementing the program, who the beneficiaries are, and what is to be accomplished.

(B) Program Need *(30 points; one-two pages maximum)*

- Brief statement of problem or need to be addressed.
- Describe how the proposed program provides or will provide emergency mental health crisis intervention and/or stabilization services to children and/or adults in Missoula County
- Target population – what is the population you are planning to serve and why?
Approximately how many unduplicated participants will your program serve during the grant project period?



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(C) Capacity *(10 points; two-three paragraphs)*

Describe your organization's capacity, including experience and expertise of project-specific staff, for implementing the proposed program.

(D) Partnerships *(10 points; two-three paragraphs)*

List organizations your agency has collaborated with on this program and describe each partnership. If new collaborations will be formed, provide an explanation of the involved parties and the intended outcomes. How does your organization ensure there is no duplication of effort?

(E) Workplan *(20 points; no maximum pages)*

Provide a workplan that includes the goal(s), objective(s), action steps/activities, responsible party who will carry out the activity, and timeframe during which the proposed Mental Health Fund-supported activities will take place. Provide no more than two goals and a maximum of three objectives per goal. (for tips on writing goals/objectives – see [Native Connections Setting Goals and Developing Specific, Measurable, Achievable, Relevant, and Time-bound Objectives](#))

NOTE: if you are a successful candidate and are awarded funding, you will report on these goals, objectives, and activities on each semi-annual progress report.

(F) Budget *(10 points; separate Excel file)*

Complete the Budget Detail Worksheet (attached Excel file). This is where you will provide a list of all revenue and project expenses, including Missoula County funds. You will also provide project costs that are direct costs associated with delivering the services for the project you are proposing. **NOTE:** The projected budget amount available for grant funding from the Mental Health Fund is \$132,838.

(G) Budget Narrative *(15 points; no maximum pages)*

Detail how the costs requested were arrived at for each line item in the project expenses listed in the Budget Detail Worksheet. Use the preferred layout in the example below as a guide of what information to include. **NOTE:** The Budget Narrative needs to be submitted as a Word document. No page limits.



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SALARIES AND WAGES

Casey Smith, Program Manager

Position -- 1 FTE (2080 hr/year) @ \$20.00 per hour = \$41,600

Missoula County funding -- .25 FTE (520 hr/year) @ \$20.00 per hour = \$10,400

Other funding source A (name) -- .5 FTE (1040 hr/year) = \$20,800

Other funding source B (name) -- .25 FTE (520 hr/year) = \$10,400

OTHER EXPENSES

Other Expenses: Mental Health referral packets, telephone charges

Mental Health referral packets – 100 packets of 20 double-sided pages @
\$1.83 per page = \$183/month x 12 months = \$2196

Cellphone charge of \$41.90/month x 12 months = \$502.80

Missoula County funding = \$2,698.80

Total Missoula County request = \$13,098.80

(H) Certificate of Insurance *(no points, but required; submit as pdf)*

A certificate of insurance must be provided that includes the following: Minimum \$1 million per occurrence and \$2 million in the aggregate for general liability coverage plus workers compensation as required by state law. If automobiles are used in carrying out the service provided under contract, \$500,000 in auto liability is required. **IMPORTANT:** Missoula County must be an Additional Insured and a Certificate Holder. Use this address: Missoula County; 200 W. Broadway; Missoula, MT 59802.

(I) Supplemental Questions *(no points, but required; submit as pdf)*

Your answers in this section have no impact upon the review and scoring of your application, but the information provided may help us better understand the evolving grant landscape and identify future funding gaps.

Does your organization anticipate a reduction in federal funding in the next fiscal year (July 1, 2025 – June 30, 2026)? **Yes or No**

If yes, please provide detail about the projected loss in revenue (as a percentage) and identify the programs that might be impacted.



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III. REPORTING REQUIREMENTS

The successful agency that is awarded county funds from the Mental Health Fund must agree to the following:

1. Submit a quarterly Progress **Report** with narrative text and data to demonstrate the goal(s) and objectives proposed in the application are being met.
2. Submit a quarterly Financial **Report** detailing expenditures associated with each of the Project Costs presented in the Budget Detail Worksheet. *NOTE: If Salaries and Wages are included in the Project Costs, timesheets must be maintained on-site to track actual time worked on the project described in the application and must be available for review by Missoula County staff.*
3. Both the Progress Report and the Financial Report must be submitted within 20 days after the end of each quarter (October, January, April, July) of the fiscal year in which the funds were provided. These reporting forms will be provided when the contract is signed.

NOTE: If the applicant is granted an award yet fails to provide the reports as described above or meet other conditions of the contract, funding may be rescinded.

Missoula County Contact

If you have questions about this NOFA, contact Grants & Community Resources, at grants@missoulacounty.us.