

2025 Strategic Focus Area-Mental Health Grant

Horizon Foundation

Overview

The Foundation remains committed to strengthening mental health systems in the county. While we continue to invest in services like school based mental health and crisis expansion work, we recognize that our community is facing a moment of deep angst. Mental health challenges and treatments are not experienced in the same way by all residents. There is still a gap in awareness and acceptance of existing and effective services, particularly among certain populations. In the face of budget cuts and funding changes (locally and nationally), it is crucial that we continue to elevate the mental health needs of our children and families to ensure services are sustained.

To build on our progress of recent years and bring a healing lens to our mental health work, Horizon Foundation is seeking to partner with community organizations to strengthen our collective resilience.

The Foundation specifically seeks partners to:

- Uplift narratives from the community to better understand how our residents are facing mental health challenges and how they are experiencing our mental health system
- Convene community and increase awareness and acceptance of existing services
- Advocate for additional mental health resources and services and help identify future policy needs

We expect to fund at least 6 committed organizations between \$15,000-\$20,000 each to engage partners in deepening community resilience. We seek partners who are most connected to and serve low-income and historically marginalized communities, including those who may not have previously engaged with the Foundation.

The grant period is from January 1, 2026 to December 31, 2026.

Eligibility Criteria

NonProfit Organization*

Is your organization determined as charitable under Section 501(c)(3) of the Internal Revenue Code, or is it another entity that meets IRS charitable guidelines?

Choices

Yes

No

Service Area*

Does your organization deliver services to Howard County residents and/or greater Maryland?

Choices

Yes

No

Non-Discriminatory Status*

Does your organization provide programs and services to the intended beneficiaries without discrimination on the basis of race, color, gender, national origin, religion, disability, medical condition, marital status, sexual orientation, gender identity, veteran or military status, pregnancy, ancestry, age or any other characteristic protected by federal, state, county or local laws, regulations or ordinances.

Choices

Yes

No

Organizational Overview

Organization's Mission and Vision*

What is your organization's Board approved mission and vision?

Character Limit: 2000

Organization Activities*

Describe your organization's main activities and programs, and how they support your mission.

Character Limit: 2000

Total Staff*

How many total staff (full and part-time) does your organization have?

Character Limit: 250

What percentage (%) of your organization's full-time staff are non-White or of Hispanic ethnicity?*

Enter "UNKNOWN" if not known.

Character Limit: 25

What percentage (%) of your organization's board members are non-White or of Hispanic ethnicity?*

Enter "UNKNOWN" if not known.

Character Limit: 25

Does your president/CEO/executive director identify as non-White or of Hispanic ethnicity?*

Choices

Yes

No

What are the communities in Howard County that you serve?*

Character Limit: 2000

If awarded a grant, email communications should be sent to:*

Please indicate 1-2 contacts to receive communication. Include names and email addresses.

Character Limit: 250

If awarded a grant, the check should be made payable to:*

Please indicate a name and address.

Character Limit: 205

If awarded a grant, the check should be mailed to:*

Please confirm the mailing address to where a check should be sent if a grant is awarded.

Character Limit: 250

Social Media*

Please include any social media accounts, handles or websites where you will post information regarding your campaign efforts (e.g. Facebook, Instagram, Twitter, LinkedIn, etc.).

If you do not use social media, please type "N/A".

Character Limit: 250

Racial Equity Experience

What does racial equity mean to your organization?

*

Character Limit: 2000

What does embedding racial equity in your organization's work look like? (Provide examples)*

Character Limit: 2000

Describe your experience in working with and/or serving communities of color?

*

Character Limit: 2000

What trainings/opportunities has your organization participated in to shape its racial equity knowledge?

*

Character Limit: 2000

Advocacy Experience

Has your organization participated in advocacy before?*

Please select one choice.

Choices

Yes

I'm not sure

No

If yes or I'm not sure, please provide a brief description of your advocacy experience.*

If you answered no write "N/A" below.

Character Limit: 2000

When it comes to building community power, what do you think your organization brings to the table?*

Character Limit: 2000

What experience do you have building a base of members/leaders and engaging them in structured community or leadership activities?*

Character Limit: 2000

What trainings/opportunities has your organization participated in to shape its advocacy knowledge?*

Character Limit: 2000

Mental Health Interest and Experience

The Foundation seeks organizational partners to co-create solutions and strengthen community resilience by:

1. Uplifting narratives from community
2. Convening community and increasing awareness of existing services
3. Advocating for mental health resources and identifying future policy needs

Project Name*

Please add your organization name_2025 Mental Health Applicant (i.e. "Horizon Foundation_2025 Mental Health Applicant")

Character Limit: 100

Mental Health Interest and Experience*

The Foundation seeks organizational partners to co-create solutions and strengthen community resilience by:

Choices

Uplifting narratives from community

Convening community and increasing awareness of existing services

Advocating for mental health resources and identifying future policy needs

Convening Community*

How might you convene community through this grant to provide insight into the mental health experience and use of existing services?

Character Limit: 2000

Narrative Sharing Experience*

Please describe any storytelling or narrative sharing events you've held on any topic.

Character Limit: 2000

Stronger Communities*

How would a storytelling event help to uplift narratives from your members and community?

Character Limit: 2000

Existing Partnerships*

List the top three organizations/groups/people you work with and describe your partnership.

Character Limit: 2000

New Partnerships*

List up to three organizations you wish to work with in the future? Why?

Character Limit: 2000

Grantee Acknowledgement

As an applicant I agree and understand the following Horizon Foundation Grantmaking Principles:*

- **Co-Creation:** Together, selected grantees and the Foundation will develop equitable decision-making approaches to advance mental health solutions in the county.

- **Flexible Funding:** All selected grantees will be awarded an operating grant to allow for more innovation, emergent action and sustainability.
- **New Grantee Experience:** Selected grantees will participate in a collaborative learning journey with other grantees to help foster a stronger sense of community and a deeper learning of racial equity and organizing advocacy principles. All grantees will be expected to participate in 3 convenings that will include the following:
 - Racial equity & anti-racism coaching/activities
 - Community organizing training/activities

Each selected grantee will complete a racial equity and advocacy assessment to help determine organizational strengths and challenges.

Additionally, on demand technical assistance and coaching will be provided in areas uplifted by each grantee throughout the project period.

Please agree by selecting the statement below:

Choices

I agree to and understand the above Horizon Foundation Grantmaking Principles.

Additional Information

Please include any additional information you feel is relevant for your application.

Character Limit: 2000

Electronic Signature

Terms of Application Submission

By entering your full name below, you are agreeing to the following:

- The information contained in this application and its attachments are complete and accurate.
- The Foundation reserves the right not to award a grant.
- Should an award be made, the funds will be used exclusively for the purpose outlined in the application.
- Should an award be made, you will be asked to sign a grant agreement and be required to submit a post award report.

Electronic Signature*

The application must be signed by the CEO, Board Chair, or an authorized officer of the organization. To sign the application, please type your first and last name.

Character Limit: 50

Signatory's Title*

Character Limit: 250