PRESS RELEASE

FOR IMMEDIATE RELEASE

September 28, 2026

THIRD ANNUAL COMMUNITY GRANT FUND OPEN TO SUPPORT MENTAL HEALTH IN THE REGION

The Region 2 Adult Mental Health Initiative (AMHI) will be accepting applications for grant funding from mental health and related service providers in Beltrami, Clearwater, Hubbard, and Lake of the Woods counties starting September 28th, 2026. This Community Grant Fund is supported by the Department of Human Services allotment received by the initiative as part of MN Comprehensive Mental Health Act. The Region 2 AMHI and their Community Grant Fund were established with the goal of supporting adults with mental illness by providing integrated services and community-based supports.

The deadline for applications is November 9th, 2026 and grant recipients will be announced November 20th, 2026. Applications are available by request sent to Kellsey Firehammer via email at kellsey.firehammer@hubbardcounty.gov or via phone call at 218-616-1749.

The Region 2 AMHI invites grant applications that address the growing needs of the region's residents in terms of mental health resources and community supports. Grants will be considered from any nonprofit organization or public agency whose project addresses one of the topics, which include transportation, housing, rural mental health access, and creative collaborations.

Yours Sincerely,

Kellsey Firehammer

Kellsey Firehammer
Region 2 Mental Health Grant Coordinator

Region 2 Adult Mental Health Initiative
Community Grant Fund RFP

RFP Overview

This Request for Proposals is from the Region 2 Adult Mental Health Initiative. We are seeking to partner with multiple providers who are part of or looking to become part of the mental health delivery system in our region. Review this overview and the Certification page closely before proceeding. Complete each application component clearly and concisely using the provided format. If something does not apply to you, please indicate with "NA".

Service Area:

Region 2 Adult Mental Health Initiative includes Beltrami, Clearwater, Hubbard, and Lake of the Woods counties as well as the Red Lake Tribal Nation. All services funded through this RFP should serve this area.

Priority Areas:

- Transportation
- Housing
- Rural Mental Health Access
- Creative Collaborations

Application Components:

- ❑ Provider Cover Sheet & Certification
- ❑ Program Narrative
- ❑ Financial Information
- ❑ Conflict of Interest Policy
- ❑ Community Grant Workplan (separate document)

RFP Timeline:

- September 28th, 2026: RFP released
- November 6th, 2026: Final Day for RFP consultation with Kellsey
- November 9th, 2026: RFP Due by 5:00PM
- November 20th, 2026: Provider selection announced
- Month of December 2026: Contract Development & Grant Orientation Meetings
- January 1st, 2027: Contract and services start

Submit questions and completed RFP to:

Kellsey Firehammer, Region 2 Mental Health Grant Coordinator
Phone: (218) 616-1749
Email: Kellsey.firehammer@hubbardcounty.gov

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Provider Cover Sheet

Organization Name:
Address:
Organization Identification # (NPI, FIN, etc.):
Type of Organization: ☐ Corporate for-profit ☐Non-profit 501(c)3 ☐Government Agency
☐ Tribal Agency ☐ Multi-agency Partnership ☐ Other: _____
Primary Contact Name:
Email and Phone #:
Financial Officer Name:
Email and Phone #:

Amount Requesting: $ _____

Service Area/s: ☐Bemidji ☐ Beltrami County (Outside Bemidji) ☐Clearwater County
☐Hubbard County ☐Lake of the Woods County ☐Red Lake Tribal Nation

Populations Currently Served
☐Families ☐Serious & Persistent Mental Illness ☐ Serious Mental Illness
☐Chemical Dependence ☐Medically Fragile ☐Elderly ☐Developmental Disability
☐Veterans ☐ Low Income ☐ Other _____

Existing Funding Sources
☐Medical Assistance Waiver
- ☐AC (Alternative Care)
- ☐ CAC (Community Alternative Care)
- ☐CADI (Community Alternatives for Disabled Individuals)
- ☐EW (Elderly Waiver)
- ☐MR/RC (Mental Retardation/Related Conditions)
- ☐TBI (Traumatic Brain Injury)

☐ Medical Assistance
☐ Private Pay Insurance
☐GRH (Group Residential Housing)
☐GRH with Difficulty of Care
☐Consolidated Chemical Dependency Treatment Fund (CCDTF)
☐ CCSA/County Levy Funds
☐State Grants (SILS, CSP, Mental Health Initiative, etc.)
☐Others (list):_____

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Certification

Please check the boxes below to ensure you meet the grant requirements and understand the terms of the grant funding.

- ❑ The target population for this funding is individuals with Serious and Persistent Mental Illness (SPMI) as defined by MN Statute section 245.462, subdivision 20, paragraph (c). All projects funded must serve in some capacity individuals that meet these criteria.

- ❑ Funding received must be used only to provide services in the Region 2 AMHI service area and for the 2027 calendar year.

- ❑ Funding received must be used as a payor of last resort. It is not be used to supplant current funding, including insurance billing/reimbursements.

- ❑ Region 2 AMHI requires all grantees or contracting agencies to have or obtain insurance in alignment with Minnesota Counties Intergovernmental Trust (MCIT) recommendations for Independent Contractors (exact amounts listed here). Proof of such insurance will be necessary prior to execution of a contract. Insurance costs can be built into your grant plan/budget under the 'Admin' category.

- ❑ Any funded organization will be required to furnish to Region 2 AMHI financial and statistical reports, including tracking and reporting on the number of clients served, and select demographic information, as requested for effective management of services and to evaluate the provider's performance.

- ❑ All grantees or contracting agencies are subject to state and federal laws pertaining to discrimination in employment and in the receipt of benefits from services and programs.

- ❑ All grantees or contracting agencies must conform to applicable local, state and federal laws, rules and regulations which pertain to their program and/or facility, including carrying appropriate and active licensure.

- ❑ It is understood and agreed by the applicant that any funds provided pursuant to this application are to be spent for the purposes set forth herein as approved by the Region 2 Adult Mental Health Initiative and in accordance with applicable laws and rules. Further, it is understood that the budget, expenditures and services may be subject to periodic review by the AMHI.

Signature of individual authorized to enter into contracts: _____

Name and position of authorized individual: _____

Date: _____

Region 2 Adult Mental Health Initiative
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Program Narrative

Please provide a narrative response to each of the following in the order listed. There are no word or character limits but 12-point font is preferred. Submit your narrative response as part of this application, or as a PDF attachment titled Application Narrative

1. **Organizational Description**
    a. Provide a brief overview of your organizational history, mission, service delivery area and number of clients served annually.
    b. Describe your organization's overall qualifications and capacity to provide mental health or related services to Region 2.
    c. Indicate the number and qualifications of employees trained and available to provide the required services. Describe your plan to hire and retain staff to ensure consistent quality. Include job descriptions for positions associated with this request.
2. **Client Details**
    a. Describe the individuals you are currently serving and hope to serve
    b. Explain how people learn about your services. How will the proposed program reach and support historically underserved people?
    c. Share any focus/priority populations served and how your organization's staffing, leadership and/or practices reflect that priority population/s
    d. What is your admission and discharge criteria?
    e. How will you verify SPMI eligibility?
3. **Project Design & Evaluation**
    a. Complete the attached Community Grant Workplan
    b. Describe the service/s your organization seeks to provide with this proposal.
    c. How will these services and changes impact the people you intend to serve?
    d. How will you collaborate with our AMHI board and/or County human service teams?
4. **Alignment with Priority Area/s:** Select which of the following priority areas your request aligns with (you may select more than one area). Explain how you will meet the needs of that priority area with the proposed service.

a. Transportation: Seeking providers with creative solutions to improve the transportation system for SPMI individuals in their community. This can include providers looking to offer transportation in their services to assist in or maintain mental health recovery by either expanding current bus/shuttle/driver routes, or providing other transportation options to and from sites such as employment, stores, services, and medical or non-medical appointments. This might include transit cards, care repairs, mileage reimbursement, and taxis.

b. Housing: Increase SPMI housing support and access through resource navigation, state and local advocacy, and/or supportive housing offerings. Could also include direct support for client rent, utility costs, deposits on housing, household furnishings, storage and moving costs.

c. Rural Mental Health Access: For providers looking to expand their service area, increase presence, or attract high quality mental health staff in rural areas throughout the region. This could include part time office space in a neighboring area and/or mileage reimbursement for traveling services. It could also address rural mental health stigma through early intervention and messaging to encourage people to seek help and recognize early mental health symptoms while increasing community acceptance.

d. Creative Collaborations: Projects that involve multiple entities working together to serve SPMI individuals. Including but not limited to, law enforcement, tribal affiliates, medical staff, peer recovery support, and basic needs providers

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Financial Information

Please provide a detailed project budget using the format below. Be sure to include salary breakdown and other rate calculations. Submit your financial information as part of this application, or as a PDF attachment titled Financial Information.

Line Item	Amount Requested	Explanation (rate/justification)
Personnel		
Benefits		
Travel (Staff)		
Travel (Client Transportation)		
Materials and Supplies		
Equipment		
Facility Costs		
Admin (10% max.)		
Other:		
TOTAL		

Please use the space below to include any additional details about your proposed budget.

TITLE: Region 2 AMHI Conflict of Interest Policy
PURPOSE: To address potential conflicts of interest within the Region 2 AMHI including matters of a material financial interest, or situations involving a private interest or for personal benefit
EFFECTIVE: 9/10/2025
POLICY:
No Region 2 Adult Mental Health Initiative Executive Committee member, staff, or grantee shall derive any personal profit or gain, directly or indirectly, by reason of their participation with the Region 2 AMHI. When assessing for conflict of interest, one should consider the following affiliations:

- Business
- Nonprofit
- Family
- Significant other
- Employer
- Close associates

Each member has a duty to disclose any personal interest which they may have in any matter pending before the organization via the attached disclosure statement. Upon disclosure, the Executive Committee will arrange a discussion of the matter. If the Executive Committee determines that a potential conflict of interest exists, they will determine what action, if any, is warranted.

Potential action/responses to conflict of interest disclosure include but are not limited to:

- The member shall refrain from participation in any discussion or decision on such matter
- The member is not allowed to vote on decisions related to such matter
- Prior to entering into a transaction or exchange, consider alternatives that do not include conflicted parties
- If moving forward with transactions, approve them by a vote of majority and document in writing the basis for approval

All discussions and decisions regarding the application of this policy shall be recorded in the minutes, including:

- the name of the interested party and the nature of the interest
- the decision as to whether the interest presented a conflict of interest
- any alternatives to a proposed contract or transactions considered
- if the transaction was approved, the basis for the approval

Conflict of Interest Disclosure Statement

By signing below, I affirm that:

- I have received and read a copy of the Conflict of Interest Policy
- I agree to comply with the policy
- I have no actual or potential conflicts as defined by the policy or if I have, I have previously disclosed them or am disclosing them below
- If a conflict of interest becomes apparent, I will disclose the conflict immediately to the AMHI Executive Committee

Disclose here, to the best of your knowledge:

- Any entity in which you participate (as a director, officer, employee, owner, or member) with which Region 2 AMHI has a relationship
- Any transaction in which the Region 2 AMHI is a participant as to which you might have a conflicting interest
- Any other situation which may pose a conflict of interest

List affiliations, positions, employment, financial interest, or circumstances here:

Member Name:
Member Affiliation: ☐ Executive Committee Member ☐Staff ☐ Grantee
Member Signature:
Date:

ATTACHMENT A: REGION 2 ADULT MENTAL HEALTH INITIATVE

COMMUNITY GRANT WORKPLAN

Organization Name:			
Project/Program/Service Name:			
Grant Year:			
Goal and Goal Description *(What broad outcome do you want to achieve for your target population?)*	**Objectives (*What measurable steps will accomplish this goal? Include who, what, how many, by when.*) Include at least 2 objectives per goal.**	**Description of Task/Duties (*What specific activities must be completed to achieve this objective?)* Consider what you are requesting funding for – this is where you will show exactly how the funding will be used**	**Measures (*How will you measure success? Include specific data you will collect and how you will share the data with us*)**
EXAMPLE: Improved Mental Health Service Utilization for Clearwater County Residents	**EXAMPLE**: **Objective #1:** Program staff will host or attend 4 community events in Clearwater County to promote mental health resources in 2027. **Objective #2:** Program staff will offer in-person mental health skills groups once a month for adults referred by Clearwater County Health and Human Services (HHS).	**EXAMPLE**: - Outreach staff and program director will coordinate with local mental health service providers to plan and host a community event - Outreach staff will have a resource table at the Clearwater county fair - Outreach staff will print fliers and brochures and distribute them to local business, organizations, etc. to promote the events and skills groups - Program director will work with Clearwater County HHS staff to determine referral process - Program director and mental health staff will develop lessons plans and gather materials for the skills groups.	**EXAMPLE:** - Event fliers, photos, and interest/sign up sheets from all 4 events - Number of skills group participants via sign-in sheet. - Skills group demographic information (including SPMI status) from registration form
GOAL #1	**Objective #1:** **Objective #2:**		
GOAL #2	**Objective #1:** **Objective #2:**		