REQUEST FOR PROPOSALS

TRI·CITY
Mental Health

Community Wellbeing Grant

2026-2027 Application

Community Wellbeing Program

Behavioral Health Services Act (BHSA)

Early Intervention Program

Tri-City Mental Health • 2001 N. Garey Ave, Pomona, CA 91767 • www.tricitymhs.org

Introduction

The Community Wellbeing Grant Program is funded through the Behavioral Health Services Act (BHSA) and supports Early Intervention initiatives. These initiatives are designed to identify individuals who may be showing early signs of behavioral health needs and assist them in getting support as early as possible. Funded projects must incorporate outreach, access and linkage to care, and/or early intervention services. Programs must prioritize youth ages 0–25 and underserved communities.

About the Behavioral Health Services Act

The Behavioral Health Services Act (BHSA) is California's updated framework for planning, funding, and delivering behavioral health services. Enacted through Proposition 1 in March 2024, BHSA updates and expands the 2004 Mental Health Services Act (MHSA) to better meet current community needs. This reform builds upon the foundation established by the MHSA, which introduced a dedicated funding source through 1% tax on personal income over $1 million.

Requirements and Eligibility for the Community Wellbeing Grant

a) **Qualified Organizations:** Applicants must be a qualified community-based organizations serving children, youth, and transition age youth (ages 0–25) and underserved communities within the Tri-City service area of Pomona, Claremont, and La Verne.
b) **Eligible Project Activities:** Projects must include one or more of the following: Outreach, Access and Linkage to Care, and/or Early Intervention services.
c) **Nonprofit Status:** Tri-City can only contract with 501(c)(3) nonprofit organizations. Organizations without 501(c)(3) status must partner with a qualified fiscal sponsor. Documentation of 501c3 status is required with application. The fiscal sponsor will be responsible for managing grant funds, signing the contract, and completing all required financial reports.
d) **Leadership Team:** Applicants must designate a leadership team that includes a Community Leader, Project Leader, and Fiscal Sponsor. At least two individuals must be actively involved in the project. It is strongly recommended that these roles be filled by three different people.
e) **Use of Funds:** Grant funds may not be used for administrative expenses, including staff salaries or stipends for paid staff time.

Applications are due by **12:00 pm (noon) PST on Monday, April 13, 2026.**
Email one electronic copy to Daisy Martinez, Community Capacity Organizer, at dmartinez@tricitymha.ca.gov.

Community Wellbeing Grant

2026-2027 Application

Please submit the completed and signed application no later than:
12:00 p.m. (Noon) on Monday, April 13, 2026

Submit an electronic copy to: Daisy Martinez, Community Capacity Organizer, at dmartinez@tricitymha.ca.gov

What is the name of your project?	Does your organization directly serve individuals ages 0-25?	Which of the categories will your project focus on? *Check all that apply*	Which cities could benefit from the implementation of this project: *Check all that apply*
	☐ Yes ☐ No	☐ Outreach ☐ Access and Linkage to Care ☐ Early Intervention Services	☐ Pomona ☐ Claremont ☐ La Verne

I. Contact Information

A. Organization Contact Information

Name of agency/organization:

Phone Number: 501(c)3 STATUS? *(Please attach proof of status)* ☐ Yes ☐ No

Street Address: City: State: Zip Code:

Mailing Address: *(if different)* City: State: Zip Code:

B. Community Leader Information

Full Name *(First, Last)*: Title/Position:

Email: Phone Number:

Street Address: City: State: Zip Code:

C. Project Leader Information

Full Name *(First, Last)*: Title/Position:

Email: Phone Number:

Street Address: City: State: Zip Code:

D. Fiscal Sponsor Information

A fiscal sponsor is an individual authorized to sign contracts and submit financials. Please attach proof of 501(c)3 status.

Agency Name: Contact Person:

Email: Phone Number:

Street Address: City: State: Zip Code:

II. Application Narrative

Applicants may attach supplemental or supporting documents as part of their submission.

1. Please provide a brief description of the community who will benefit from this grant.

a. Who is the community this grant will serve?
b. Where is the community located, and how will this project serve them?
c. What behavioral health challenges, stressors or wellbeing needs does this community currently experience?

2. Tell us about the project your community will be using these funds for.

a. Explain the project and why it was chosen to serve the community.
b. How will this project support and improve their behavioral health wellbeing?
c. How will this project serve the targeted population?

Reminder: Projects must benefit children, youth, and young adults (0–25) and underserved communities.

3. Connection to the Behavioral Health Services Act (BHSA)

a. How does your project align with Behavioral Health Services Act (BHSA) Early Intervention (EI) requirements? Early intervention requires projects to incorporate outreach, access and linkage to care, and/or early intervention services.

b. What are the key project goals that align with Early Intervention?
EI efforts focus on identifying emerging behavioral health needs early, reducing escalation, and strengthening access to timely, culturally responsive care.

4. Implementation Strategies

a. Describe how the project will be implemented to serve the community.
b. What is the anticipated timeline (1 or 2 years) and what are the targeted deliverables?
c. How will the leadership engage with the community? Provide communication and outreach efforts your leadership will use to ensure the community will participate in the project.

5. Outcomes for Success

a. What does this project hope to achieve for its community members?
b. What key outcomes will be used to track project success?
c. How will you measure the project's success?

6. Role in the System of Care.

Describe how your project supports wellbeing in your community. What resources currently exist in your community that benefit your members? What can your community do to reduce the stigma around behavioral health?

For information on Tri-City resources and services, visit www.tricitymha.ca.gov.

III. Application Budget Form

2026-27 Budget

Project Budget Total for Year 2026-27	Total Amount Requested from Community Wellbeing Grant

Budget Category *(Supplies, Marketing, Materials, etc.)*	Community Wellbeing Grant Amount	Other Potential Funding Sources *(if applicable)*	Total Budgeted Amount
1.			
2.			
3.			
4.			
5.			
Grand Total:	$ 0.00		$ 0.00

Provide a narrative explanation for each of the above budget categories.
1.
2.
3.
4.
5.

IV. Demographics Tracking Form

In an effort to provide culturally competent services and programs, we would like demographic information about your community members. Please complete the following demographics using estimates of your individual community members. **This information is for tracking purposes only and has no impact on your Community Wellbeing Grant application.**

Community Name:	
Total Number (#) of Members:	

Age Group	# of Members
Children and youth (ages 0-15)	
Transition age youth (ages 16-25)	
Adult (ages 26-59)	
Older adult (ages 60+)	

Veteran Status	# of Members
Military veteran	
Not a military veteran	

Gender Identity	# of Members
Male	
Female	
Transgender male	
Transgender female	
Gender queer	
Questioning or unsure	
Other	

Sexual Orientation	# of Members
Heterosexual or straight	
Gay or lesbian	
Bisexual	
Queer	
Questioning or unsure	
Other	

Disability	# of Members
Difficult seeing	
Difficulty hearing or speaking	
Other communication disability	
Learning Disability	
Developmental Disability	
Dementia	
Mental disability not related to mental illness	
Physical mobility	
Chronic health condition	
Other type of disability	
No disability	

Primary Language					
Language	# of Members	Language	# of Members	Language	# of Members
Arabic		Italian		Spanish	
Armenian		Japanese		Tagalog	
Cambodian		Korean		Thai	
Cantonese		Lao		Turkish	
English		Mandarin		Vietnamese	
Farsi		Mien		American Sign Language	
French		Polish		Other Sign Language	
Hebrew		Portuguese		Other Chinese Dialect	
Hmong		Russian		Other language	
Ilocano		Samoan			

Race	# of Members
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Pacific Islander	
White	
Other race	
More than one race	

Ethnicity	# of Members
Hispanic or Latino	
Caribbean	
Mexican/Mexican American/Chicano	
Puerto Rican	
South American	
Other Hispanic/Latino	
African	
Asian Indian/South Asian	
Cambodian	
Chinese	
Japanese	
Filipino	
Korean	
Vietnamese	
Middle Eastern	
European	
Eastern European	
Other Ethnicity	

Acknowledgement

☐ **By checking this box, members of the applying community acknowledge and agree to the following:**

a. Collect data twice during the grant year (with training and support from Tri-City Mental Health Authority) to document the impact of the project on the emotional and behavioral wellbeing of community members.
b. Participate in one-to-one meetings with the Community Capacity Organizer to review progress and to develop skills that are helpful to the community.
c. Participate in quarterly meetings with the Community Capacity Organizer and other grantees throughout the year to learn about other grantees, share success, and discuss challenges communities may be facing.

V. Signature

Certification

I hereby certify that the information contained herein is true to the best of my knowledge and understand that falsification of this information is grounds to be excluded from the Community Wellbeing Grant program. All three participants must provide their original signatures upon submission.

Project Leader

Print Name:		Title/Position:	
Signature:		Date:	

Community Leader

Print Name:		Title/Position:	
Signature:		Date:	

Fiscal Sponsor

Print Name:		Title/Position:	
Name of organization:			
Signature:		Date:	