

**Better
WaysTo
Cope.org**



MILWAUKEE COUNTY
**DEPARTMENT OF
HEALTH & HUMAN
SERVICES**

MILWAUKEE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

In partnership with Hope House of Milwaukee

Better Ways to Cope for Families Grant Application

Issued: March 25th, 2026

Due: May 13th, 2026

APPLICATION VALUES

In this grant application, Milwaukee County Department of Health and Human program (DHHS) area is extending its Better Ways to Cope campaign to now include regranteeing of both Opioid Settlement Funds and TANF dollars. Since 2021, Better Ways to Cope has regranted substance abuse prevention funds to local community-based programs.

We are pleased to build upon the values and track record of Better Ways to Cope to meet the serious challenges presented by our county's SUD crisis. Milwaukee County DHHS is committed to championing transformative programs that increase access to life-saving resources and reduce the likelihood that people will die from an overdose or suffer other harmful effects of substance use. As you embark on the application journey, we invite you to reflect deeply on the following values:

Commit to What's Proven: We champion strategies, programs and approaches that have proven effective in reducing overdoses and preventing or addressing addiction. We aim to duplicate such efforts when necessary and also to leverage them to create additional strategies, programs and approaches that have not been implemented before.

Inspire Action: A compelling initiative transcends beyond filling a gap—it ignites a movement. We are searching for proposals that tackle critical issues and mobilize community members to take action. A successful program will catalyze change, sparking widespread participation and engagement, thereby forging a collective force for good.

Create Tangible Results: Concrete achievements are anchored in measurable results. We seek to support programs that promise discernible, substantial outcomes—those where the impact is not just anticipated but can be demonstrated and evaluated.

Be Innovative: Innovation is an important element of sustainable change. We encourage you to approach conventional challenges with an inventive mindset. Your proposal should present bold strategies or methodologies that offer fresh solutions to old problems.

INSTRUCTIONS

Please ensure you have thoroughly read the companion document to this packet, the Better Ways to Cope Grant Application Guidelines. A complete application will consist of the following required components:

- Cover Page
- Application Narrative
- Budget Template
- Budget Narrative
- A Form 990, if your organization has one. Lacking that, submit the most recent balance sheet and the overall agency budget for your organization.

Please email all of the components noted above to Kaitlan Devine Nash, Hope House Finance Director at kaitland@hopehousemke.org

by the application deadline, May 13, 2026.

POINTS PER APPLICATION SECTION

Your narrative proposal should address each area in the order they are presented below. This list represents the maximum points possible per application section.

Application Section	Score Points
Statement of the Problem	15
Collaboration	20
Program Design & Implementation	40
Organizational Capability	15
Measuring Success	20
Budget & Budget Narrative	10

Total: 120 Points

BETTER WAYS TO COPE APPLICATION COVER PAGE

ORGANIZATION INFORMATION:

Date of Submission: _____

Organization/Agency Name: _____

Address: _____

Contact Person Name and Job Title: _____

Contact Person Phone Number: _____

Contact Person Email Address: _____

POPULATION AND PROGRAM SERVICE:

Determine which population you will target and indicate the program you will provide. You must be prepared to explain how you will implement each service you will provide and why the target population needs it. Select one category only per proposal:

CATEGORY SELECTION:

Please select the category below that matches your proposed project (review category descriptions in the Better Ways to Cope Grant Application Guidelines). Select one category only per proposal:

PREVENTION: _____

HARM REDUCTION: _____

RECOVERY: _____

TREATMENT: _____

Total funding requested over the 24-month project period: _____

APPLICATION NARRATIVE INFORMATION

The narrative section of the application is the opportunity to convince reviewers that the proposed project meets the selection criteria outlined in the application. Below are some general recommendations to help guide description of the proposed project in a way the reviewers will find compelling and persuasive.

1. Lead from the program strengths and be explicit. Do not try to stretch or change the proposed program description to fit funding priorities described in the application.
2. Be clear and succinct. Do not use jargon or boilerplate language. Describe clearly what the proposed project will do and how the proposed project responds to the selection criteria.
3. Avoid circular reasoning. The problem should not be defined as the lack of the proposed project's solution.
4. Avoid simply stating that the criteria will be met. Explicitly describe how the proposed project will meet the criteria.
5. Don't make assumptions. Do not assume the reviewers know anything about the proposed program, partners, or beneficiaries. Avoid overuse of acronyms.
6. Use an impartial proofreader. Before applying, let someone who is completely unfamiliar with the proposed project read and critique the narrative.

PAGE LIMIT & FORMATTING REQUIREMENT

Application responses in the Narrative section (not including cover page, budget, or budget narrative) must be single-spaced, font size not less than 11-point, with one-inch margins, ***not exceeding a limit of 8 single-spaced pages.***

Restate each bolded heading below in your proposal. Applicants do not need to restate the entire wording of questions below, but each area should be addressed as fully as possible to gain maximum points during scoring.

NARRATIVE QUESTIONS

Your proposal should answer the following in this order:

STATEMENT OF THE PROBLEM

1. Identify the problem your proposed project seeks to address related to the opioid crisis. Describe the prevalence of the problem in the geographic area you plan to serve. Describe any relevant trends related to the problem. When possible, use data to back up your points.
2. Describe the target population and geographic area you intend to serve. What are the demographics and unique characteristics of your proposed target population and/or geographic area? How have the target population and geographic area been impacted by the opioid crisis? Why have you chosen to serve this population and geographic area?

COLLABORATION

1. Please describe your existing collaborations relevant to the program as well as any new collaborations that will be established as part of this program.
2. If funded, grantees will be part of a cohort that will, at times, attend meetings and trainings together to build skills, share peer support, and learn together. Please describe your willingness to participate and how these connections might benefit your organization and/or program.
3. Describe any potential contractors or partnerships that will be used to provide the program. Include: The extent of the program the contractor will be providing.
4. Discuss whether the contractor/partner relationship has already been established. If the program of the contractor/partnership have not been established yet, describe how your agency plans to identify potential contractors/partners for the work to be performed and whether those agencies will have capacity to perform the work required.
5. Provide copies of any Memoranda of Understanding or Letters of Support from providers for any necessary service components.

PROGRAM DESIGN & IMPLEMENTATION

1. Describe the proposed intervention/program and the outcomes you are seeking to produce. Please be specific, as this is the most highly weighted section for scoring. The intervention should be clearly responsive to the **Statement of the Problem** in section 2.
2. Describe the program's goal(s) and objectives. Include number of people, sessions, events, and amount of services along with outputs and deliverables. For evidence-based or evidence-informed approaches, include how evidence suggests your approach will be successful in this context.
3. Include a brief timeline to illustrate relevant phases and responsibilities related to your implementation plan. It should include a list of tasks, the person responsible, and the date.

ORGANIZATIONAL CAPABILITY

1. Describe your organization's mission, brief history, leadership, and overall services. Ensure it is clear how the proposed project is part of the overall organization.
2. Describe how your organization is qualified to succeed at the proposed project. How has your past experience as an organization prepared you to succeed at this? If the proposed project will be part of an ongoing program, describe that program.
3. Describe your staffing plan for the project, clarifying who will have oversight over the grant management, who will implement the work, who will submit grant progress reports, etc. Include job titles and brief descriptions.

4. Describe your organization’s past experience and capabilities to take in and manage grant funds, including fiscal management, tracking performance measures, submitting grant reports, etc. If you are a newer or lower-capacity applicant, describe what technical assistance or mentoring might be useful to ensure capacity for effective grant management, and how you see your organization developing in this regard.
5. Describe your organization’s past experience and capabilities to take in and manage grant funds, including fiscal management, tracking performance measures, submitting grant reports, etc. If you are a newer or lower-capacity applicant, describe what technical assistance or mentoring might be useful to ensure capacity for effective grant management, and how you see your organization developing in this regard.
6. Describe your organization’s commitment to work toward racial equity and how that is demonstrated in your application. Describe your organization’s cultural competence in working effectively with underserved and racial minority populations, and how that will be demonstrated in the proposed project’s implementation.

MEASURING IMPLEMENTATION SUCCESS

Describe how you will know the project is successful, specifying what elements will be tracked and reported on.

1. Describe how your organization will measure project success and impact. Include all that is applicable:

- Number of individuals served
- Zip codes or municipalities served
- Demographic information of people served (when possible)
- Substances used (when possible)
- Number of events/sessions/workshops/etc.
- Number of supplies or resources distributed, etc.

2. Please also provide information on the number/percentage of people showing your desired outcome (example: an increase in coping skills or knowledge).

3. Describe how this information will be collected and who will be tasked with collecting it. Specify if you will be collecting feedback forms, pre- and post-tests, testimonials or narratives, event attendance or sign-up sheets, case notes, etc. Specify the cadence of how these materials will be collected. All materials provided will be deidentified to ensure the privacy of the individuals served.

BUDGET & BUDGET NARRATIVE

The budget will be scored based on clarity/thoroughness, cost-effectiveness, and adequacy and appropriateness for accomplishing the proposed project. The budget should enable reviewers to assess and understand how each line item was calculated (for example, “3 carts @ \$70 per cart”). Complete the budget template and add any additional sources of revenue. All costs needed for a project should be included in the budget form, including direct and administrative expenses.

Program Budget Instructions: For the Program Budget, please complete the Revenues and Expenses tab specific to this program. For the description/justification column, please provide an explanation of costs specific to the intended program.

[DOWNLOAD](#)

Agency Budget Instructions: Please fill out the Agency Budget only if your agency does not have a 990. Please be sure to fill out the Revenue and Expenses tab. Please note that only Revenues over \$5,000 need to be listed.

[DOWNLOAD](#)

In addition to the completion of this application, please email the following documents to Wendy Weckler, Hope House Executive Director at: kaitland@hopehousemke.org

- Most Recent Form 990 or,
- If there is no Form 990, the most recent Balance Sheet and the completed Agency Budget
- Better Ways to Cope with Program Revenue and Expenses

In preparing budget and budget narrative submissions, applicants must submit documents matching the budget and accompanying budget narrative.

Any funds that are not used within the 24-month period will lapse and revert back to the Milwaukee County Department of Health and Human Services.

Budget Template Instructions:

For Program Budget, please complete Grant Request Budget tab in the BWTC 2026 Budget Template. For the description/justification column, please provide an explanation of costs specific to the intended program.

Budget Narrative

A Budget Narrative explains or “justifies” the estimated costs by line item or category in the budget. Budget Narratives should explain how the costs associated with each line item or category relate to the implementation of the proposed project. The Budget Narrative is used to determine reasonableness and allowability of costs in an application, as well as to demonstrate an applicant’s comprehensive understanding of how to implement the overall project or program. Budget Narratives should explain any assumptions that have been made to estimate costs for each budgeted item.

Please use the structure below to organize your response. Ensure that a response is provided for each heading/category below. There is no set page limit for the Budget Narrative and this portion of your application does not count toward your eight page limit.

Budget Narrative Structure

- A. Personnel:** Personnel are employees of the applying agency whose work is tied to the application. These costs should only include the labor costs of the organization’s staff (or staff to-be-hired) assigned to the project, and not those of contractors, consultants, or other third parties. Provide a brief explanation of the work to be completed by each position budgeted for the project and how the work of each budgeted position will support the purpose and goals of the overall project. Indicate their level of effort (% FTE) devoted to the proposed project.

Response:

B. Fringe Benefits: Fringe benefits may include contributions for items such as Social Security, employee health insurance, and pension plans. Enter a description of the fringe benefits provided.

Response:

C. Mileage. Describe the purpose and location of travel and how costs were determined.

Response:

D. Supplies/Equipment and Other Expenses: Enter a description of the supplies, a breakdown of their various costs, and how their purchase will support the purpose and goals of this proposal. Non-expendable supplies such as computer equipment can also be described here. Also add explanation of other expenses like Telephone, Postage, Office Rent, Printing/publications, Meeting Expenses and how they will support the purpose and goals of the proposal.

Response:

E. Other: This category should provide a narrative justification for expenses not covered in any of the previous budget categories. Explain the use of each item requested. Explain the need for each item and how it will support the purpose and goals of this proposal.

Response:

F. Contracts/Consultants: If there is more than one contractor, each must be budgeted separately. A consultant is a non-employee retained to provide advice and expertise in a specific program area for a fee. Specify each contractor or consultant's rate, overall cost per project year, and how their purpose/role will support the goals of the project.

Response:

G. Space and Occupancy: Rental costs and minor alterations and renovations (A&R) should be listed as a line item in your budget if they are spaced where program/activities related to this application will take place. Include an explanation of the square footage and cost per square foot of the rental space, an explanation of the monthly rent, the number of months that rent will be needed and a justification for the need for the rental space.

Describe the minor A&R work that is needed. Explain how the improvements to the existing facility will enable it to be used more effectively for its designed purpose to meet a programmatic need or requirement.

Applicants may request up to 10 percent of the total approved budget (direct and indirect costs) for minor A&R of existing facilities, if necessary and appropriate for the project. Minor A&R may not include a structural change.

Response:

H. Indirect/Overhead Costs: Including indirect costs is optional for this application. If applicants choose to budget for indirect costs/overhead, such costs are capped at 10% of total costs. If relevant, please describe what types of costs/items/needs will be covered by this area.

Response:

ADDITIONAL DOCUMENTS

In addition to the completion of this application's Cover Page, Narrative, Budget, and Budget Narrative, please email the following documents to Kaitlan Devine Nash, Hope House Finance Director at kaitland@hopehousemke.org

- Most Recent Form 990 or,
- If there is no Form 990, most recent Balance Sheet and completed Agency Budget.