March of Dimes
State Community Grants Program

Request for Proposals (RFP)

March of Dimes
Alaska
3209 Denali Street, Suite 200
Anchorage, AK 99503
(907) 222-4888
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I. MARCH OF DIMES ALASKA COMMUNITY GRANTS PROGRAM

Founded in 1938, the mission of the March of Dimes is to improve the health of babies by preventing birth defects, premature birth, and infant mortality. We do this by funding research to understand the problem and discover answers, helping moms have full-term pregnancies and healthy babies, and supporting families and comforting them when their baby needs help to survive and thrive.

Premature birth is the leading cause of newborn death worldwide. Even babies born just a few weeks too soon can face serious health challenges and are at risk of lifelong disabilities. In 2003, the March of Dimes launched the Prematurity Campaign to address the crisis and help families have healthy, full-term babies. The campaign funds research to find the causes of premature birth, and to identify and test promising interventions; educates health care providers and women about risk-reduction strategies; advocates to expand access to health care coverage to improve maternity care and infant health outcomes; provides information and emotional support to families affected by prematurity; and generates concern and action around the problem.

As part of this effort, the Alaska Community Grants Program is designed to invest in priority projects that further the March of Dimes mission, support campaign objectives, and further our strategic goal of promoting equity in birth outcomes. Tobacco cessation is an important strategy to reduce the risk of preterm birth and other maternal and infant health problems. "Smoking Cessation and Reduction in Pregnancy Treatment" (SCRIPT) is an evidence-based intervention March of Dimes supports. It is based on the 5 A's of smoking cessation and is comprised of a guide, DVD, counseling, and Quit Line referral. The SCRIPT model for smoking cessation has been introduced in three rural communities in Alaska.

Another evidence-based intervention March of Dimes supports is CenteringPregnancy®, a multifaceted model of group prenatal care. CenteringPregnancy integrates the three major components of care – *health assessment*, *education*, and *support* – into a unified program within a group setting. Both CenteringPregnancy® and SCRIPT have been nationally recognized by leading healthcare experts because of improved outcomes for important maternal child health indicators including preterm birth rates, low birth weight rates, small for gestational age, and others. There are three CenteringPregnancy® sites in Alaska.

II. AVAILABLE FUNDING AND 2017 FUNDING PRIORITY AREAS

The community grants fund for 2017 is approximately $8000. It is anticipated that one to four projects will be funded, with grants ranging from $1000 to $8000 each.

Proposed projects must aim to improve access to or delivery of care or education to pregnant women/women of childbearing age or to deliver education to health care providers on one or more of the following priority areas:

1. Reducing tobacco use among pregnant women: Tobacco use is a well-documented risk factor for preterm birth and other adverse birth outcomes, but as many as 55% of women smoke during the last 3 months of pregnancy in some regions of Alaska.

2. Expanding group prenatal care: Group prenatal care reduces rates of preterm birth by combining prenatal care with group education and support services.

III. ELIGIBILITY

In order to be eligible to receive a March of Dimes State grant, the applicant must provide services in Alaska. The applicant organization must be an incorporated not-for-profit 501(c)(3) or for profit organization or government agency. **The March of Dimes does not award grants to individuals.** Applicants must disclose any conflict of interest due to representation by their organization on the March of Dimes Maternal and Child Health (MCH) Statewide Committee or the Market Board.

The March of Dimes does not fund billable health care provider services. The March of Dimes community grants also do not fund scientific research projects. For information about research grants funded by the March of Dimes national office, please go to marchofdimes.org/research.

All grantees must (i) certify that they are not presently listed on the Federal Excluded Party List, debarred or suspended from the award of any federal or state contracts, or excluded from participation in any governmental medical reimbursement programs; and must (ii) attest that they /will comply with all laws and regulations (to include federal, state and local laws and regulations). Additionally, March of Dimes grantees may be screened to ensure that they are not debarred or suspended by the Federal Government and/or local State agencies.

IV. APPLICATION TIMELINE AND FUNDING PERIOD

Proposals due:	09/16/16
Notification of awards:	11/31/16
Grant period:	01/01/17—12/31/17

All community grants are approved for one year only. Applicants may choose to submit a proposal that covers a two or three year project period. However, **March of Dimes only awards funds for one year at a time** (maximum three consecutive years). **Funding for years two and three is not guaranteed and will be based upon March of Dimes review of progress and expenditures, alignment with the state's strategic plan and the availability of funds.**

Multi-year project proposals must include a budget request and objectives for the two or three year time period under consideration, as well as a copy of the applicant's most recently audited financial statement.

V. APPLICANT INSTRUCTIONS

Interested applicants must submit a proposal by the date listed above in the "Application Timeline and Funding Period." Late submissions will not be reviewed. Proposals must:

- Adhere to the "Proposal Template" listed below
- Be no longer than 15 double-spaced pages (excluding Appendices); proposals that exceed 15 pages will not be reviewed
- Have a font size of 12 points or greater
- Have margins of at least 1 inch on all four sides

Applicants must submit one original proposal (with original signatures in appropriate places) to the address below by the date listed above. Applicants should also send an electronic copy of the proposal to the address below by the date listed above. The electronic copy should be one complete file, either a PDF document (recommended) or a Microsoft Word document. Do NOT fax applications.

Applications must be received by 4:00PM on 09/16/16. Late applications will not be accepted. Proposals should be sent to:

Debbie Golden, MCH Director
March of Dimes Alaska
3209 Denali Street, Suite 200
Anchorage, AK 99503
dgolden@marchofdimes.org
(907) 222-4888

You will receive an email confirming that your application has been received. If you do not receive this email, please call the person listed above to verify that your application was received.

The MCH Statewide Committee will review proposals. All applicants will be notified in writing of their application's status by 11/31/16.

All grant proposals must address the March of Dimes mission of improving the health of babies by preventing birth defects, premature birth and infant mortality. Priority will be given to projects that meet one or more of the following criteria: a) focused on prematurity prevention; b) evidence-based; c) include measurable outcomes; and d) promote equity in birth outcomes. Projects may focus on *consumers* and/or *health care providers*.

VI. PROPOSAL TEMPLATE

The full proposal template can be found in Appendix A. Applicants should answer all questions and include all components in submitted proposals. Submitted proposal with incomplete information will not be reviewed.

- Project Overview
- Project Abstract
- Project Description
- Project Objectives/Activities/Evaluation Methods/Outcomes Template
- Budget
- Optional Supplemental Information

VII. GRANTEE REQUIREMENTS

Upon notification of grant award, grantee must sign the March of Dimes grant agreement. If you are interested in reviewing the March of Dimes grant agreement prior to being notified if you have received a March of Dimes grant, contact the March of Dimes Alaska.

March of Dimes grantees are required to report on project progress and results six months into the grant agreement and at project end.

Grantees must also get written approval from the March of Dimes Alaska for any changes in project design or implementation, variance from the submitted budget, or changes in staff overseeing the project.

Appendix A: March of Dimes Proposal Template

Refer to the following checklist to ensure that your proposal is complete before submitting. Incomplete proposals will not be reviewed.

- ☐ Project Overview (2 pages)
  - Completely filled out
  - Signed by appropriate person
- ☐ Project Abstract (1 page)
  - Completely filled out
- ☐ Project Narrative (5-7 pages)
  - Addresses all items listed in that section
  - Includes at least one outcome objective that seeks to change knowledge, behavior or birth outcome
- ☐ Project Objectives/Activities/Evaluation Methods/Outcomes Template (3 pages)
  - Completely filled out
  - Proposal includes at least one outcome objective that seeks to change knowledge, behavior or birth outcome
- ☐ Budget (2 pages)
  - Budget form is completely filled out and signed by appropriate person
  - Grant amount requested falls within the allowable range, and requested line items fall within allowable cost items
  - Budget totals have been checked for accuracy
  - One page written justification is included
  - For multi-year project proposals, a copy of most currently audited financial statement including Statement of Income and Expenditure and Balance Sheet is included (not included in overall 15 page maximum)
- ☐ Optional supplemental information (not included in overall 15 page maximum)
- ☐ Application is no longer than 15 double-spaced pages (excluding a copy of most currently audited financial statement including Statement of Income and Expenditure and Balance Sheet for multi-year project proposals and optional supplemental information)
- ☐ Font size is at least 12 points
- ☐ Margins are at least 1 inch on all four sides

Applications must be received by 4:00PM on 09/16/16. Late applications will not be accepted. Proposals should be sent to:

Debbie Golden, MCH Director
March of Dimes Alaska
3209 Denali Street, Suite 200
Anchorage, AK 99503

If you have questions regarding the March of Dimes Alaska community grants application or need additional application forms, please contact Debbie Golden, MCH Director, at (907) 222-4888 or dgolden@marchofdimes.org.

Project Overview (2 pages)

Applicant Organization: _____

Address: _____

City: _____ State:_____ Zip: _____

Project Title: _____

Contact Name : _____

Phone: _____ Fax: _____

E-mail: _____

Institution Type (choose one):
[ ] Clinic
[ ] Community-based Organization
[ ] Educational Institution
[ ] Health Department (State/Local)
[ ] Hospital
[ ] Other For-Profit Organization
[ ] Professional Association
[ ] Other _____

Have you previously received March of Dimes grant funding for the same project in the last 5 years? [ ] Yes, please specify years_____ [ ] No

Is this a proposal for a multi-year project? [ ] Yes, please specify # of years_____ [ ] No

Please provide a brief synopsis of your project (2 sentences are sufficient):
_____
_____
_____
_____
_____

Please list the **one primary March of Dimes priority funding area** that the proposal addresses (funding priority areas listed in Section II):

_____

Please list the **one primary and one secondary purpose category** that the proposal addresses (categories listed in Appendix B):
Primary: _____
Secondary: _____
Approximately how many **unduplicated** individuals will be served during year one? _____

Does this project target adolescents (17 and under)? [ ] Yes [ ] No

Does this project aim to reduce disparities? [ ] Yes [ ] No

Select the race/ethnicity of the *majority* of individuals expected to be served by this project (if applicable):
RACE:
[ ] White
[ ] Black or African American
[ ] American Indian or Alaska Native
[ ] Asian
[ ] Native Hawaiian or Other Pacific Islander
[ ] Other

ETHNICITY:
[ ] Hispanic

Please indicate what will be measured and reported on throughout the project:
[ ] Change in knowledge [ ] Change in behavior [ ] Change in birth outcomes
[ ] Other _____

Will grant funding be used to support an evaluation of this project? [ ] Yes [ ] No

Total amount requested: $_____ Cost per individual: $_____

Is your agency willing to accept partial funding? [ ] Yes [ ] No

If awarded, check should be made out to: _____

_____	___/___/___	_____
Signature - Primary Staff Person	Date	Type Name and Title

Project Abstract (1 page)

Problem Statement: What is the problem that this project will try to address? Why do we care about the problem? What gaps will the project fill?

Methods: What activities will you undertake to achieve results?

Expected Results: What changes do you expect to occur as a result of the activities described above?

Conclusions/implications: What are the larger implications of your findings? What impact will this project have on the problem identified above?

Project Narrative (5-7 pages)

- **Project goal**: What is the goal of the project?

- **Target population**: What is the target population? What needs of the target population are you addressing with this project? How will the project have an impact on these needs?

- **Project objectives**: What are the measurable objective(s) the proposed project aims to achieve? Proposals are expected to include at least one objective that seeks to change knowledge, behavior or birth outcomes. Additional information about objectives and outcomes can be found in Appendix C.

- **Project activities**: What activities will you undertake to achieve results?

- **Expected results**: What do you expect to change as a result of this project?

- **Expected outcomes**: What impact will this project have on the problem identified above?

- **Organizational capacity and staffing**: Description of the organization's capacity to carry out the project. Include agency's mission, key staff, clientele, and experience working with the target population group. What will be the responsibilities of the staff members listed in the proposal?

- **Project timeline:** Provide the timeline on which project activities and results are expected to occur.

- **Evaluation plan**: How will you measure whether the project objective(s) was achieved? What data or information will be needed to measure this?

- **Evaluation tools**: What tools will be used to measure whether objective(s) have been achieved? Include any evaluation tools that will be used (e.g. surveys, attendance sheets, summary health information)

- **Sustainability**: Describe the plan for sustainability beyond the funding period through alternate sources of funding or a change in organizational systems or procedures that will sustain the project's impact.

- **Collaborating organizations**: If applicable, list names and roles of collaborating organizations.

- **Sharing results and outcomes**: In addition to the March of Dimes, *with whom* and *how* will project impact be shared?

- **Visibility**: Describe the ways in which March of Dimes will be visible throughout the project period?

Project Objectives/Activities/Evaluation Methods/Outcomes Template. Proposals are expected to include at least one objective that seeks to change knowledge, behavior or birth outcomes. Additional information about objectives and outcomes can be found in Appendix C.

Description of Objective and Activities to Achieve Objectives	**Person/ Agency Responsible**	**Start/End Dates**	**Number of Individuals *Expected* to be Served/ Reached/ Educated**	**Description of *Expected* Outcomes/Impact**
OBJECTIVE # 1		MM/DD/YY MM/DD/YY		
1. Activity				
2. Activity				
3. Activity				
Describe the methods that will be used to evaluate the success of these activities and whether or not the objective will be achieved at the end of the project period. Include source of baseline data.				

Description of Objective and Activities to Achieve Objectives	Person/ Agency Responsible	Start/End Dates	Number of Individuals ***Expected*** to be Served/ Reached/ Educated	Description of ***Expected*** Outcomes/Impact
OBJECTIVE # 2		MM/DD/YY MM/DD/YY		
1. Activity				
2. Activity				
3. Activity				
Describe the methods that will be used to evaluate the success of these activities and whether or not the objective will be achieved at the end of the project period. Include source of baseline data.				

Description of Objective and Activities to Achieve Objectives	Person/ Agency Responsible	Start/End Dates	Number of Individuals ***Expected*** to be Served/ Reached/ Educated	Description of ***Expected*** Outcomes/Impact
OBJECTIVE # 3		MM/DD/YY MM/DD/YY		
1. Activity				
2. Activity				
3. Activity				
Describe the methods that will be used to evaluate the success of these activities and whether or not the objective will be achieved at the end of the project period. Include source of baseline data.				

Budget Form and Written Justification. Complete the budget form and provide a one-page written budget justification to detail the items on the budget form. Please include the calculation(s) used to estimate costs. The attached budget form is not acceptable without a written budget justification.

Allowable and non-allowable costs are described in Appendix D.

If you are submitting a multi-year proposal, include a copy of your agency's most currently audited financial statement including Statement of Income and Expenditure and Balance Sheet.

BUDGET (see application guidelines for an explanation of allowable/not allowable expenses)	**PROPOSED** **Year 1**	**Year 2** (if submitting a multi-year proposal)	**Year 3** (if submitting a multi-year proposal)
A. Salaries (include name, position, and FTE)			
Sub-total A	**$0**	**$0**	**$0**
B. Expendable Supplies			
Sub-total B	**$0**	**$0**	**$0**
C. Equipment			
Sub-total C	**$0**	**$0**	**$0**
D. Other Expenses/Fees			
Sub-total D	**$0**	**$0**	**$0**
TOTAL COSTS (Sub-total A+B+C+D)	**$0**	**$0**	**$0**
Indirect Costs 10% (only for proposals $25,000 or over)			
TOTAL AMOUNT REQUESTED	**$0**	**$0**	**$0**

_____ ___/___/___ _____

Signature - Primary Staff Person Date Type Name and Title

Optional Supplemental Information. No page limit. Please submit additional information that supports your proposal. Additional items may include the following:

- Letters of Support from collaborating organizations.
- Evidence of Institutional Review Board (IRB) submission as deemed appropriate.
- Other supporting materials relevant to the proposed project.

Appendix B: Primary and Secondary Purpose Categories

Primary purpose category **(*select one*):**

- Interconception education and healthcare
- Preconception education and healthcare
- Prenatal care services
- Prenatal adjunct services
- Prenatal education and social support
- Professional education and training
- Quality improvement
- Other (please specify)

Secondary purpose category **(*select one*):**

- Aspirin for preeclampsia
- Becoming a Mom/*Comenzando bien*
- Birth Spacing
- Care coordination (case management, patient navigator, medical home, etc.)
- Chronic disease management in pregnancy (hypertension, diabetes, obesity, etc.)
- Coming of the Blessing
- Early elective delivery prevention
- Early entry into prenatal care
- Education materials
- Folic acid
- Genetic services for pregnant women
- Group prenatal care (CenteringPregnancy®)
- Group Prenatal Care (March of Dimes Pilot Model)
- Group prenatal care (other than CenteringPregnancy)
- Home visiting
- Interconception education
- Maternal/Child Health (MCH) program enrollment (getting women into WIC, Medicaid, CHIP, etc.)
- Post-polio activities
- Preconception education
- Prenatal education/incentive (Stork's Nest®)
- Prenatal education/incentive (models other than Stork's Nest)
- Preterm labor prevention
- Project Alpha
- Preterm birth recurrence prevention education (about 17P)
- Preterm birth recurrence prevention education (other than 17P)
- Risk reduction education/services (alcohol and drug use)
- Risk reduction education/services (smoking cessation)

Appendix C: Additional Information about Project Objectives and Outcomes

Project objectives should be specific and measurable. For example:

- *One measurable objective of this project is to increase the percentage of pregnant women enrolled who have a prenatal visit in the first trimester of pregnancy from 40% (baseline) to 50% as measured by medical records review.*

- *One measurable objective of this project is to decrease the percentage of preterm births among women enrolled in the project from 18% (baseline) to 16.5% as measured by medical records review.*

Outcomes are benefits to clients from participation in the program, yet are often mistaken with program outputs or units of services such as the number of clients who went through a program. Outcomes for March of Dimes projects are usually in terms of changes in knowledge, behavior, or birth outcomes. To measure outcomes, baseline data is needed for comparison with data collected during and after project implementation. Below are sample objectives to provide ideas for content and wording about outcomes. Please notice the references to baseline data.

- *Knowledge Change - By MM/YY, 60% of program participants will demonstrate an increase in the perinatal knowledge test as measured by pre/post-tests. (Baseline will come from pre-test results.)*

- *Intent to Change Behavior - By MM/YY, 80% of participants will agree to make at least one positive behavior change as a result of attending the prenatal classes as measured by client interviews. (Baseline will come from intake interviews.)*

- *Behavior Change - By MM/YY, the number of women accessing adequate perinatal care (at least 13 prenatal visits beginning in the first trimester of pregnancy) at XYZ Health Center will increase from 125/year (baseline) to 150/year through the services of a Patient Navigator as measured by a review of client records.*

- *Change in Birth Outcome - By MM/YY, decrease the percentage of preterm births among women enrolled in the project from 18% (baseline) to 16.5% as measured medical records review.*

Appendix D: Allowable and Non-allowable Costs

Allowable Costs Include:

- Salary - grant funds may be used to cover salaries for project-related employees, but cannot be used to pay salary costs for employees who are already employed full-time. Exceptions may be made in circumstances where a specified position is supported primarily by grant funds and the applicant can demonstrate that the requested funds would replace existing grant funds.
- Consultant fees.
- Materials and supplies (e.g. office supplies, health-related materials, refreshments, incentives) necessary to accomplish the specific objectives of the proposal that are usually "used up" in the course of the project. Incentives are items used to enable or ensure participants are able to take advantage of services provided by grantees, for example metro or bus cards to assist women in attending prenatal care appointments or educational sessions.
- Printing and travel that are reasonable and necessary for project implementation. March of Dimes funds may NOT be used to pay for first class travel.
- Facilities - rental costs associated with using a physical location for an activity necessary to accomplish the specific objectives of the proposal are permitted.
    - Indirect costs are allowable for grants of $25,000 or more only and **cannot exceed** 10% of total costs.
    -

Non-Allowable Costs Include:

- Salary costs for staff who are already employed full-time by their organization (see exceptions under salary above)
- Staff that are employed by the March of Dimes
- Construction, alteration, maintenance of buildings or building space
- Dues for organizational membership in professional societies
- Tuition, conference fees, awards
- Cash stipends for individuals
- Child care services
- Billable services provided by physicians or other providers
- Permanent equipment (e.g. computers, video monitors, software printers, furniture) unless essential to project implementation and not available from other sources
- Educational materials that do not meet the quality or evidence-based standards provided by March of Dimes
- Nicotine patches
- Indirect costs for grants under $25,000
- Advertising materials and purchase of media time/space: Budget costs relating to these items may not be allowable depending on project specifics. Please consult with the State contact listed in this application regarding whether proposed items are allowable.