



Healthy Native Babies Project **Outreach Stipend Application**

The *Healthy Native Babies Project*, a project of the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD), has created culturally appropriate materials with safe infant sleep messages for American Indian and Alaska Native communities. These materials can be tailored for local communities by selecting various photos, graphic designs, and phrases in Native languages from the *Healthy Native Babies Project* Toolkit Disk. Outreach stipends are available for printing customized outreach materials to disseminate in your community. Recipients must be from one of the following Indian Health Service (IHS) Areas: Alaska, Bemidji, Billings, Great Plains, and Portland. Information on IHS Areas can be found at: <https://www.ihs.gov/locations/>. To apply, please complete and submit this application. Applications will be accepted on a rolling basis as funds are available.

Tribe/Organization Contact Information (Click on the gray box before you begin typing in it):

Tribe/Organization Name:

Contact Name:

Shipping Address:

City:

State and Zip Code:

Phone Number: (Including Area Code)

Email:

IHS Area:

Tribes or Urban Indian Area Served by Your Organization

- ☐ Individual Tribe(s) or Regional Health Entities, please list:
- ☐ All Tribes in IHS Area
- ☐ Urban Area(s), please list:

Funding

The outreach stipend will cover the printing expense of your selected marketing/training piece(s) from the *Healthy Native Babies Project* Toolkit Disk. Available items include: brochures, flyers, posters, postcards, and hands-on training activities. The purpose of the stipend is to provide customized health education materials and/or teaching tools created by the *Healthy Native Babies Project*. Materials are to be disseminated through outreach activities and/or training sessions at the local, state, and regional level.

Once stipends have been awarded, recipients will receive a copy of the *Healthy Native Babies Project* Toolkit Disk and will then be contacted to select the print items. Materials will then be printed and shipped at no cost to the recipient. Up to \$1500 will be awarded in printed materials and training supplies to each recipient.

Project Elements Justification

Outreach stipend selection will be based on the clarity and strength of responses. Please limit your responses to sections I and II to one page.

I. Your Community:

Provide a very brief summary of the population you will reach with the *Healthy Native Babies Project* materials.

II. Activities:

Please select the locations or events where you will use the printed *Healthy Native Babies Project* materials as part of outreach efforts to reach parents, caregivers, and/or hard-to-reach groups.

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Annual Back to School Event | <input type="checkbox"/> Health Fair |
| <input type="checkbox"/> Annual Tribal Health Walk | <input type="checkbox"/> Home Visits |
| <input type="checkbox"/> Baby Fair | <input type="checkbox"/> Powwows |
| <input type="checkbox"/> Childbirth Parenting Class | <input type="checkbox"/> WIC office |
| <input type="checkbox"/> Day Care/Head Start in-service training | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Elder Fair | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Health Conference | |

Affirmation of the Following Agreements (Please read and sign this form):

To the best of my knowledge and belief, all information in this application is true and correct. And, I will comply with the following assurances if the outreach stipend is awarded.

- I will use the outreach stipend materials to disseminate safe infant sleep messages.
- I will report in the required timeframe on the use of the outreach stipend materials using the "*Healthy Native Babies Project* Report" template that will be sent to me by Native American Management Services, Inc.
- I understand that I may call the toll-free line, 1-888-996-9916, for technical assistance at any time during the award period.

Requested by: Name:

Signature _____

Submission:

1. You can send this form back electronically to largo@namsinc.org or fax it to 571-323-2102.
2. Call 1-888-996-9916 with questions or for further information.