



March of Dimes  
Nevada Community Grants Program

Request for Proposals (RFP) Guidelines

**PROPOSAL DEADLINE:**  
September 1, 2017

March of Dimes Nevada  
(801) 509-3170  
[anussbaum@marchofdimes.org](mailto:anussbaum@marchofdimes.org)

## I. MARCH OF DIMES NEVADA 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 Nevada 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.

## II. AVAILABLE FUNDING AND 2017 FUNDING PRIORITY AREAS

The community grants fund for 2017 is approximately \$30,000. It is anticipated that 1-3 projects will be funded, with grants ranging from **\$10,000 to \$20,000** each.

Proposed projects must aim to improve access to or delivery of care and education to pregnant women/women of childbearing age in the following priority area:

1. **Expanding group prenatal care:** Group prenatal care reduces rates of preterm birth by combining prenatal care with group education and support services. Proposals specifically using the CenteringPregnancy® model will be prioritized.
2. **Increasing education of and use of progesterone for women with a history of prior preterm birth.** Weekly injections for at-risk women are proven to reduce preterm births in subsequent pregnancies but this therapy is dramatically underutilized.
3. **Increasing use of low-dose aspirin to prevent preeclampsia:** Preeclampsia involves high blood pressure and other factors during pregnancy, which can ultimately threaten the life or health of both mother and baby and can only be cured by delivering the infant, regardless of its gestational age. The U.S.

Preventive Services Task Force recommends all at-risk women take a daily low-dose aspirin, but few use this therapy.

4. **Encouraging women to space pregnancies at least 18 months apart:** Fully one-third of all pregnancies in the U.S. occur less than 18 months after the birth of a child. Interpregnancy spacing (the time between the end of one pregnancy and the beginning of the next one) of less than 18 months is associated with higher rates of premature birth and maternal complications, with very short pregnancy spacing (<6 months) carrying the highest risk. In fact, there is nearly a 4-fold increase in spontaneous early preterm births among women with very short pregnancy spacing of < 6 months.<sup>1</sup> **Prolonging interpregnancy intervals to greater than 18 months would measurably reduce national preterm birth rates.** **\*\*Please see examples below for specific intervention ideas**  
<sup>1</sup>Rodrigues T, Barros H. Short interpregnancy interval and risk of spontaneous preterm delivery. *Eur J Obstet Gynecol Reprod Biol.* 2008;136(2):184-188.

**\*\*Of particular interest, funding may be used to address birth spacing through models that focus on pre and interconception health/pregnancy intention screening.**

1. [One Key Question®](#) is a model that provides primary care health teams, community health workers, and other providers with a simple program to incorporate pregnancy intention screening, "Would you like to become pregnant in the next year?" into routine care and services. Women are then offered essential preconception care and reproductive health services (or referrals) depending on their needs.

One Key Question® grant sites can be individual clinics, health centers, community-based programs or agencies, or **ideally**, several partners within a community will come together to simultaneously implement – examples of partnerships:

- Clinics and Clinical providers: Ob/Gyn, family practice, primary care, midwifery, oral health care providers, etc
- Community-based organizations/non-clinical providers: promotoras, WIC, home visitors, community health workers, care coordinators, etc
- One agency/clinic/site may function as the coordinator/convenor for their community partners (and as the lead grant applicant)

One Key Question® Proposals:

- If your proposal includes One Key Question® implementation, you will be asked to sign an Implementers Letter. The ONE KEY QUESTION® mark and program are exclusively licensed to The National Campaign to Prevent Teen and Unplanned Pregnancy. The Implementers Letters outlines minimum requirements to ensure fidelity of the program.
- In your budget/staffing plan, we suggest considering if time to coordinate planning, implementation and evaluation can be built into existing staff time or if consultant/coordinator time needs to be included in the grant budget (for staff not already employed full time). Also, in your

budget under Operating Expenses, include support consultation, technical assistance and training from The National Campaign. This amount can vary and be up to \$5,000. It is suggested you contact OKQ® at [OneKeyQuestion@TheNC.org](mailto:OneKeyQuestion@TheNC.org) to assess feasibility at your site and required costs.

**Resources:**

One Key Question: [onekeyquestion.org](http://onekeyquestion.org)

ACOG Committee Opinion 654, Reproductive Life Planning to Reduce Unintended Pregnancy: [acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Reproductive-Life-Planning-to-Reduce-Unintended-Pregnancy](http://acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Reproductive-Life-Planning-to-Reduce-Unintended-Pregnancy)

2. **IMPLICIT and the Interconception Care Project.** IMPLICIT (Interventions to Minimize Preterm and Low Birth Weight Infants through Continuous Improvement Technique) is a network founded in 2003 as a collaborative of family medicine residency programs throughout the Northeast United States. Its purpose is to educate faculty and residents about primary prevention of preterm birth. IMPLICIT recognizes that pregnancy outcomes often depend on the health and lifestyle of a woman prior to her first prenatal visit. Thus, health interventions aimed at improving health in the prenatal period alone, often fail to significantly reduce low birth weight and premature births. For this reason, IMPLICIT has developed an innovative new model for providing maternal care called the Interconception Care (ICC) Project.

The Interconception Care (ICC) Project focuses on maternal health screenings for four health risks during her child's well child visits between the ages of 0 and 2 years. These risks are: smoking, depression, contraception use, and multivitamin intake. While new mothers may not establish primary care for themselves, they often accompany their infants to preventative health visits. Utilizing well child visits as an opportunity for screening new mothers for health risks may improve maternal care and future pregnancy outcomes.

Interconception Care Project grant sites can be clinics which are part of a family medicine or pediatric residency program, individual clinics, or community based health care centers.

**IMPLICIT Interconception Care Proposals:**

- In your budget/staffing plan, we suggest considering if time to coordinate planning, implementation and evaluation can be built into existing staff time. Also, in your budget under Operating Expenses, include the IMPLICIT membership fee which is \$800. Multivitamins for distribution, patient education materials, EMR restructuring, and funding for contraception for uninsured should also be considered with budget planning.

- More information on the IMPLICIT Toolkit can be found at [www.prematurityprevention.org](http://www.prematurityprevention.org). Partners will need to log in to create an account and then click on 'Toolkits & Reports' in the drop down menu.

Additional Resources:

IMPLICIT ICC Brochure:

[http://www.fmec.net/numo//extensions/wysiwyg/uploads/u.8.revised\\_ICC%20Brochure\\_v4\\_10%2028%2013.pdf](http://www.fmec.net/numo//extensions/wysiwyg/uploads/u.8.revised_ICC%20Brochure_v4_10%2028%2013.pdf)

Peer Reviewed Publication:

<http://www.fmec.net/numo//extensions/wysiwyg/uploads/u.8.publication.pdf>

### III. ELIGIBILITY

In order to be eligible to receive a March of Dimes State grant, the applicant must provide services in Nevada. 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 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](http://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: September 1, 2017

Notification of awards via email: September 18, 2017

Signed March of Dimes Grant Agreement due: September 28, 2017

Grant period: October 1, 2017- September 30, 2018 (12 months)

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 pages (excluding optional supplemental materials and W9 form); proposals that exceed 15 pages will not be reviewed
- Use Arial font
- Have a font size of 11 points or greater
- Use 1.5 line spacing
- Have margins of at least 1 inch on all four sides

**Proposal Submission:** Applicants must submit one original proposal (with original signatures in appropriate places). Do NOT fax applications.

1. **Email your proposal to [anussbaum@marchofdimes.org](mailto:anussbaum@marchofdimes.org) by 5:00pm on September 1, 2017.** The electronic copy should be one complete file, either a PDF document (recommended) or a Microsoft Word document.
2. **Mail one original proposal (with original signatures in appropriate places) and a completed W-9 form to the address below. The hard copy must be postmarked or shipped by September 1, 2017.**

Aimee Nussbaum  
91 E Edgecombe Drive  
Salt Lake City, UT 84103

**Late applications will not be accepted.** You will receive an email confirming that your application has been received. If you do not receive this email, please call Aimee Nussbaum at (801) 509-3170 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 **September 18, 2017.**

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 D**, a separate Microsoft Word document. Applicants should answer all questions and include all components in submitted proposals. Submitted proposals with incomplete information will not be reviewed.

- Project Overview (2 pages)
- Project Narrative (6-8 pages)
- Project Objectives/Activities/Evaluation Methods/Outcomes Form (3 pages)
- Budget (2 pages)
- Optional Supplemental Information
- Completed W-9 Form

## VII. GRANTEE REQUIREMENTS

Upon notification of grant award, grantee must sign and return the March of Dimes grant agreement by September 28, 2017. A sample grant agreement is included in Appendix C. Applicants should review the grant agreement prior to submitting the proposal to ensure the grant agreement deadline can be achieved.

For CenteringPregnancy® programs, grantees are required to submit group data through a March of Dimes online reporting system. In addition, March of Dimes CenteringPregnancy® 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 March of Dimes Nevada for any changes in project design or implementation, variance from the submitted budget, or changes in staff overseeing the project.

If you have questions about completing your proposal, please contact:

Aimee Nussbaum  
anussbaum@marchofdimes.org  
(801) 509-3170

## Application Checklist

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

- ☐ Project Overview (2 pages)
  - o Completely filled out
  - o Signed by appropriate person
- ☐ Project Narrative (6-8 pages)
  - o Addresses all items listed in that section
  - o Includes at least one outcome objective that seeks to change knowledge, behavior or birth outcome
- ☐ Project Objectives/Activities/Evaluation Methods/Outcomes Template (3 pages)
  - o Completely filled out
  - o Proposal includes at least one outcome objective that seeks to change knowledge, behavior or birth outcome
- ☐ Budget (2 pages)
  - o Budget form is completely filled out and signed by appropriate person
  - o Grant amount requested falls within the allowable range, and requested line items fall within allowable cost items
  - o Budget totals have been checked for accuracy
  - o One page written justification is included
  - o 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)
- ☐ Completed W-9 form from your organization/entity that will sign grant agreement/accept grant, if funding awarded
- ☐ Application is no longer than 15 pages (excluding a copy of most currently audited financial statement including Statement of Income and Expenditure and Balance Sheet for multi-year project proposals, W9 and optional supplemental information)
- ☐ Font size is at least 11 points, using Arial font and 1.5 line spacing
- ☐ Margins are at least 1 inch on all four sides



## Appendix A: 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 give 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.*
- *Behavior Change - By MM/YY, increase the percentage of pregnant women enrolled in the project who have a prenatal visit in the first trimester of pregnancy from 40% (baseline) to 50%, as measured by medical records review.*
- *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.*
- *Health Indicator Change - By MM/YY, 50% of program participants will achieve optimal blood glucose levels, as measured by clinical assessment and medical records review.*

## Appendix B: 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 personnel 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.

## Appendix C: Sample March of Dimes Grant Agreement

### MARCH OF DIMES FOUNDATION COMMUNITY GRANT AGREEMENT

#### SUPPORTED BY FUNDING THROUGH ANTHEM FOUNDATION, INC.

<b>Grantor (March of Dimes):</b> _____	<b>Contact Person:</b> _____
<b>Address:</b> _____	<b>Phone #:</b> _____
(____) _____	
<b>Grantee: (Organization):</b> _____	<b>Contact Person:</b> _____
_____	
<b>Address:</b> _____	<b>Phone #:</b> _____
(____) _____	
<b>Grant Award: \$</b> _____	<b>Grant Period:</b> _____ to _____
<b>Project Name and General Description:</b>	
_____	
_____	
_____	

Congratulations on your Award! The award of grant funds for your project (the "Project") is contingent upon your agreement to comply with these guidelines:

**March of Dimes is the recipient of a grant from Anthem Foundation (Branded Locally by Market).** It is through this grant that we are funding your Project. We have listed below specific guidelines all March of Dimes Grant Award recipients must follow.

- 1. Subject to Grant.** This Grant Agreement is conditioned upon and subject to the terms of the Letter of Agreement ("Supporting Grant") entered into by and between Anthem Foundation, Inc. ("Funder") and the March of Dimes Foundation ("MOD" or "Grantor") set forth under this Grant Agreement. Grantee agrees to provide its full cooperation to MOD in connection with the satisfaction of responsibilities and compliance with obligations under the Supporting Grant.
- 2. Grant Announcement and Publicity.** Grantee (or "you") must submit a press release announcing the receipt and purpose of the Grant Award (the "Grant") to the March of Dimes ("MOD", "we" or "us") for our review and approval. Acknowledgment of both March of Dimes and Anthem Foundation is required.  
**NOTE:** Anthem Foundation, Inc. is branded locally by market. Local branding requirements for references to the Anthem Foundation, Inc. grant will need to be followed in accordance with Paragraph 8 (Trademarks), below. Our communications staff will assist you in developing a suitable press release and will make recommendations to you for its distribution. You may be requested to attend a photo session for presentation of the Grant Award. We may request you or representatives of the Project to participate as speakers at March of Dimes events, such as fundraisers, educational conferences, press conferences, March for Babies promotions, volunteer leadership meetings, etc. Participation is not mandatory.
- 3. Grant Application.** The Grant Application and supporting documentation that you submitted to the March of Dimes is the basis for your Grant and is incorporated by reference into this Grant Agreement.

4. **Payment and Audit.** You will receive 50% of your Grant on or before October 16, 2017; and the other 50% of your Grant after our approval of your 6-month progress report. You agree to use the Grant for the Project described in the Grant Application unless prior written approval is received from our Program Service Committee. We may review or audit any charges to the Project related to the Grant and may require you to refund the Grant if you improperly expend any portion of the Grant. Also, we may require you to refund the Grant if you fail to fulfill mutually agreed upon Project objectives or promises you have made in this Agreement.
5. **Reporting.** You will give us at least two written progress and expenditure reports summarizing the Project's progress and expenses, and evaluating its overall success. You will give us additional reports that we reasonably request. You agree to cooperate with us in connection with the Project. We may make visits to your site, but you will be contacted in advance to schedule visits.
6. **Materials Development, Ownership and Licensing.** All rights, title and interest in materials ("Work(s)") developed under this Grant shall be owned by the Grantee. The Grantee hereby grants to the March of Dimes a royalty free irrevocable world-wide license in perpetuity to reproduce, publish or otherwise use and authorize others to use the Work(s) created under this Grant. Grantees developing public or professional education products or other materials with support from this Grant must submit copies of those Work(s) to the MOD for review and approval prior to their final production and distribution. Grantee will provide Grantor with a credit on any and all Work(s) developed under this Grant; such credit to state "Funded by a Community Grant from the March of Dimes and Anthem Foundation". Additionally, any and all Work(s), consisting of medical, or educational materials, developed under the Grant must be imprinted with a disclaimer which will advise the user as follows: "This material is for information purposes only and does not constitute medical advice. The opinions expressed in this material are those of the author(s) and do not necessarily reflect the views of the March of Dimes or Anthem Foundation, Inc." As applicable, Grantee shall fulfill any promises it may make in connection with publication of Project results achieved hereunder; and shall provide Grantor with its full cooperation with any and all Grantor proposed publication(s) related to the Project. This paragraph shall survive the term of this Grant.
7. **Academic and Professional Publication Rights and Credits.** *Each of us may exercise publication rights and privileges in connection with professional or academic papers or other writings it may develop in connection with the Works, project activities, findings and data relating to this Grant. The one of us who publishes will give the others a credit each for their respective contribution on any such publication.*
8. **Trademarks.** Except as provided under Paragraphs 6 and 7 above, neither of us may use the other's name, logo, project (or program name), or any of its other trademarks (or service marks) without first obtaining written approval. Kindly note that Funder's prior written consent must be obtained for any and all use of its name and branding, and MOD will provide you with assistance in connection with your requests for use of same. You will need to use the corresponding local branding for all references to the Anthem Foundation, Inc. grant. Please contact your local MOD for guidance.
9. **Directive Advice.** You agree not to give directive advice concerning abortion, as part of a March of Dimes funded Project.
10. **Insurance and Compliance.** You promise to maintain insurance coverage in an amount that is not less than the coverage customarily maintained by someone engaged your activities. You also promise to comply with all laws and regulations that apply to you and the project, and pay all of your own license fees and taxes. Each of us agrees to comply with the Health Insurance Portability and Accountability Act of 1996 and its privacy rules and all other laws regulating patient privacy and other patient rights. We will cooperate with each other in complying with these rules and regulations.
11. **Indemnification.** To the maximum extent permitted by law, you agree to indemnify and hold us and all of our officers, directors, employees, and [Trustees] harmless from and against all liability, damage or expense (including reasonable attorneys' fees) which we may incur as a result of your acts or omissions, or those of any of your employees, consultants, contractors or agents, in connection with the Project or

any breach by you this Agreement.

12. **Assignment.** Except as expressly permitted under the Grant Application, you shall not assign this Grant Agreement or subcontract work in connection with the Project without our prior written approval. All permitted subcontract agreements entered into between you and any subcontractor in connection with this Grant must obligate the subcontractor to comply with the terms of the Grant Agreement and act in a manner consistent with the Grant Application.
13. **Prohibition on Political Activities.** No part of the Grant Funds shall be used for lobbying or political activities.
14. **Defunding, Termination and Survival.** Your Grant is subject to the availability of funding and we may terminate or modify your Grant if funding is discontinued or reduced. This Grant Agreement also may be terminated by us if you improperly expend funds that you are provided under this Grant Agreement or you fail to fulfill mutually agreed upon Project objectives or promises. We also may terminate this Grant Agreement if there are adverse changes in your business circumstances, capacity, fiscal stability, or if any Grant related applications, forms or other documentation have been falsified. If this Grant Agreement is terminated, you will promptly return to us a total amount equal to all unexpended funds, all improperly expended funds plus unexpended funds, all improperly expended funds plus any and all court costs and reasonable legal fees incurred by us in connection with your organization. Paragraphs 4, 6, 7 and 11 shall survive the term of this Grant Agreement.
15. **Certification.** Grantee certifies that is not presently listed on the Federal Excluded Party List or on the Federal Watch List. Additionally, Grantee certifies that it is not debarred, suspended, proposed for debarment, declared ineligible for the award of contracts by any federal or state agency or excluded from participation in Medicaid, Medicare or any other government medical reimbursement programs; and has not been convicted of a criminal offense related to the provision of health care items or services. Grantee will provide MOD with prompt written notice if it learns that its certification was erroneous when submitted or is erroneous by reason of a change in circumstances or change in Grantee's status. In the event of erroneous certification, the March of Dimes Foundation may terminate this Grant Agreement immediately.
16. **Headings.** The headings used in this Grant Agreement are for convenience only and are not intended to have any legal effect.
17. **Entire Agreement.** This Grant Agreement is the entire agreement between us and may be modified only in a written document that has been signed by both of us

**Grantor: March of Dimes Foundation**

By: \_\_\_\_\_  
Regional Director of MCH Program Impact

\_\_\_\_\_  
Please Print Name and Title  
Dated: \_\_\_\_\_, 20XX

**READ AND AGREED TO:**

**Grantee (Organization):** \_\_\_\_\_  
By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Name and Title  
Dated: \_\_\_\_\_, 20XX

Federal I.D. No.: \_\_\_\_\_

## Appendix D: Application Template

### Project Overview (2 pages)

Applicant Organization:

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Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Project Title:

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Contact Name :

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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):

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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 E):

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 Narrative (6-8 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 A.
- **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 A.

Description of Objective and Activities to Achieve Objectives	Person/ Agency Responsible	Start/End Dates	Number of Individuals <u>Expected</u> to be Served/ Reached/ Educated	Description of <u>Expected</u> Outcomes/Impact
<b>OBJECTIVE # 1</b>		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 <u>Expected</u> to be Served/ Reached/ Educated	Description of <u>Expected</u> Outcomes/Impact
<b>OBJECTIVE # 2</b>		MM/DD/YY MM/DD/YY		
1. Activity				
2. Activity				
3. Activity				
<p>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.</p>				

Description of Objective and Activities to Achieve Objectives	Person/ Agency Responsible	Start/End Dates	Number of Individuals <u>Expected</u> to be Served/ Reached/ Educated	Description of <u>Expected</u> Outcomes/Impact
<b>OBJECTIVE # 3</b>		MM/DD/YY MM/DD/YY		
1. Activity				
2. Activity				
3. Activity				
<p>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.</p>				

**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 B.

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)
<b>A. Salaries</b> (include name, position, and FTE)			
<b>Sub-total A</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>B. Expendable Supplies</b>			
<b>Sub-total B</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. Equipment</b>			
<b>Sub-total C</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>D. Other Expenses/Fees</b>			
<b>Sub-total D</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL COSTS (Sub-total A+B+C+D)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Indirect Costs 10%</b> (only for proposals \$25,000 or over)			
<b>TOTAL AMOUNT REQUESTED</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
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 E: 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)