**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 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 5:00 PM PT on 06/29/18. Late applications will not be accepted. Proposals should be sent to:**

Aimee Nussbaum, MD

March of Dimes Nevada

91 E Edgecombe Dr.

Salt Lake City, UT 84103

If you have questions regarding the March of Dimes Nevada community grants application or need additional application forms, please contact Aimee Nussbaum, at (801) 509-3170 and anussbaum@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 IV):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 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 |  |  |  |  |
| 1. Activity |  |  |  |  |
| 1. 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 |  |  |  |  |
| 1. Activity |  |  |  |  |
| 1. 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 |  |  |  |  |
| 1. Activity |  |  |  |  |
| 1. 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** | **PROPOSED** | | | | |
| (see application guidelines for an explanation of allowable/not allowable expenses) | **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 Supportive Pregnancy Care)
* Group prenatal care (other)
* 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 give you 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.