



2007 Chapter Community Grants: Application Guidelines

*Washington State Chapter
1904 3rd Avenue, Suite 230
Seattle, WA 98101*

*1-800-291-DIME (3463)
206.624.1373*

The mission of the March of Dimes is to improve the health of babies by preventing birth defects and infant mortality.

Purpose

The March of Dimes is a national voluntary health agency whose mission is to improve the health of babies by preventing birth defects, premature birth and infant mortality. Founded in 1938, the March of Dimes funds programs of research, community services, education and advocacy to save babies.

Launched in 2003, the March of Dimes Prematurity Campaign is a multi-year, multi-million dollar research, awareness and education campaign to help families have healthier babies. The campaign includes: 1) funding research to find the causes of premature birth, 2) educating women about risk reduction strategies, including the signs and symptoms of premature labor, 3) providing support to families affected by prematurity, 4) expanding access to health care coverage so that more women can get early and adequate prenatal care, 5) helping health care providers learn ways to help reduce the risk of early delivery, and 6) advocating for access to insurance to improve maternity care and infant health outcomes. As part of this effort, the Washington Chapter community grants program is designed to invest in priority projects that further the March of Dimes mission, support national campaign objectives, and further our strategic goal of reducing disparities in birth outcomes.

Proposals will be accepted from organizations with the capacity, competence and experience to accomplish project goals and objectives through one of the following strategies:

1. Increasing Access to and Quality of Health Care for Women and Infants
2. Increasing Availability of Genetics Services and Folic Acid Education

Funding Available

The applicant must provide services in Washington State. The chapter community grants fund for 2007 is approximately \$105,000. It is anticipated that 6-7 projects will be funded, with awards ranging from \$10,000 to \$25,000 each. Chapter community grants are approved for one year. Community award applications for projects under \$3,000 are available throughout the year on our website or by contacting the Chapter office.

Eligibility

Proposals will be accepted from organizations with the capacity, competence and experience to accomplish project goals and objectives. The applicant must provide services in one or more of Washington State's counties. Applicants must disclose any conflict of interest due to representation by their organization on the chapter's program services committee. Only applicants who submitted a letter of intent that was accepted are eligible to submit a full proposal.

Application and Notification Procedure

Organizations interested in submitting an application that meets at least one of the listed funding priorities and whose letter of intent was accepted may apply for grants of up to \$25,000. Funds may support existing or new projects.

An electronic application in one document using either Microsoft Word or PDF format should be sent to Cherish Hart, State Program Director at chart@marchofdimes.com. One hard copy should also be sent to:

March of Dimes
Cherish Hart
1904 3rd Avenue, Suite 230
Seattle, WA 98101

A complete application must be received by email by 5pm on October 27, 2006. **Applications may not be faxed. Late applications will not be accepted.** A multi-disciplinary grants review committee will review the applications and applicants will be notified in writing of their application's status on January 5, 2007.

Multi-Year Funding

Chapter community grants are approved for one year. Continued support in subsequent years requires resubmission of a proposal for the next year, review of grant progress and budget management and availability of chapter grant funds. Grants may be renewed only twice for a total project time span of three years.

Funding Priorities

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, based on community needs, address increased access to health care and/or prevention services to help reduce disparities in preterm birth. Project interventions may be provider and/or consumer focused.

Increasing Access to and Quality of Health Care for Women and Infants

- a) Enhancing education and support services for high-risk pregnant women. Preference will be given to interventions that focus on reducing disparities in birth outcomes. This may include March of Dimes programs such as Stork's Nest® and Comenzando bien®.
- b) Increasing participation in state or local maternal child health programs (e.g. Medicaid, SCHIP, WIC) through enhanced outreach, education and public awareness.
- c) Enhancing preconception/interconception education and support services for women at high-risk due to previous poor outcomes, chronic conditions (i.e. diabetes, hypertension) or other risk factors.

Increasing Availability of Genetics Services and Folic Acid Education

- d) Enhancing the availability, quality and utilization of genetics services and/or other patient services related to preventable birth defects.
- e) Increasing folic acid education and use of multi-vitamins among women of childbearing age.

March of Dimes chapter grants program does not fund research projects. For information about research grants funded by the March of Dimes national office, please refer to the March of Dimes website (www.marchofdimes.com) or email the office of research and grants at researchgrants@marchofdimes.com

Application Format

All applications **must include** the seven required components, addressing each bullet point listed, and a completed cover sheet, budget form and proposal objectives form. Application forms are attached. Duplicate copies of these forms are available via email. Send any requests for forms to chart@marchofdimes.com.

Applications must be no longer than 12 double-spaced pages (excluding forms and attachments). Font size must be at least 12 pt and margins must be at least 1 inch. Attachments may be included, however, all information requested under each of the required components must be provided within the proposal narrative, observing page limitations. **Applications which exceed the maximum page limitation will not be reviewed.**



Required Components

1. **Project Abstract (page limit- 1 page)**
 - Provide a one-page summary of the project
2. **Project Description. (3-4 pages)**
 - Which of the priorities is the project supporting?
 - What needs or problems would be addressed through this initiative?
 - How will the project have an impact on these needs or problems?
 - Who will be the primary beneficiaries of this project?
 - What is the capacity of the applicant to carry out the project (include experience working with the primary participant group)?
 - How will the project be announced to the community?
 - How will the project results be shared?
3. **Project Objectives and Activities/Methods (3-4 pages, not including form)**
 - Using the enclosed form, list the project's measurable objectives and activities.
Please answer the following questions in narrative form
 - What planning activities will take place before project startup?
 - How will progress be monitored?
 - What are the staff responsibilities?
 - What is the role of collaborating organizations (if applicable)?
4. **Evaluation Plan (1-2 pages)**
 - How will the successes, challenges, and impact of the project be evaluated? (include how the project objectives will be evaluated and how participant input will be incorporated)
 - Who will design and carry out the project evaluation?
5. **Project Impact (< 1 page)**
 - How will the project make a difference in the lives of participants?
6. **Project Sustainability (< 1 page)**
 - How will the project be sustained once the funding cycle is completed?
7. **Budget (no page limit)**
 - Complete enclosed budget form (see allowable and prohibited costs)
 - Provide budget justifications that give more detail on items included in the budget form, including the calculation used to estimate costs.

Please include **letters of support** from community collaborators and other supporting materials as attachments. There is no limit on the number of pages for attachments. If you have questions regarding the Washington State Chapter community grants application, please contact Cherish Hart, State Program Director, at 1-800-291-DIME (3463) or chart@marchofdimes.com.



2007 Grant Schedule

Applications due
Notification of awards
Grant period

October 27, 2006
January 5, 2007
January 2007 - January 2008

Allowable Costs

Allowable costs include salary, consultant fees, materials and supplies, printing and travel that are reasonable and necessary for project implementation.

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.

Prohibited Costs

The following items are not allowable and should not be included in the grant budget request:

- Salary costs for staff who are already employed full-time by their organization
- Construction, alteration, maintenance of buildings or building space
- Dues for organizational membership in professional societies
- Tuition, conference fees, or awards for individuals
- Billable services provided by physicians or other providers
- Permanent equipment (computers, printers, furniture) unless **essential** to project implementation and not available from other sources
- Educational materials from non-March of Dimes sources if comparable materials are available from the March of Dimes
- Indirect costs

Grantee Requirements

All grantees must sign a March of Dimes grant guidelines agreement in order to receive grant funds. Grantees must submit six-month and annual progress and expenditure reports to the Washington State Chapter office.

Grantees must get written approval from the Washington State Chapter for any changes in project design or implementation, variance from the submitted budget, or changes in staff overseeing the project. All such requests should be sent to the attention of Cherish Hart, State Program Director.





March of Dimes Chapter Community Grants **APPLICATION COVER SHEET**

Applicant Organization _____

Address _____

Phone/Fax _____

Email _____

Project Title _____

Priority Area (Please circle the **primary** priority that the application addresses)

- a. Pre-pregnancy and prenatal care
- b. Provider services related to prematurity
- c. Smoking cessation
- d. Services related to urinary and reproductive tract infections
- e. Participation in MCH (Maternal Child Health) programs
- f. Outreach worker training and support programs
- g. Pregnancy support and education programs
- h. Folic acid education
- i. Services related to alcohol or other drug use during pregnancy
- j. Genetics services
- k. Provider services related to preventable birth defects

Total grant amount requested _____

Check should be made out to: _____

The budget includes funds for a consultant or other subcontract yes no

Signature/Date
Primary Staff Contact

Signature/Date
Executive Director

Type Name and Title

Type Name and Title



**March Of Dimes Chapter Community Grants
BUDGET FORM**

Check one: Application Progress Report Grant Period From: 01/07 To: 1/08

Grantee _____ Name of Project _____ Date _____

BUDGET	APPLICATION Total Budget		EXPENDED (Progress Reports Only)	
A. Salaries Name and Position				
Total Salaries				
B. Expendable Supplies				
Total Expendable Supplies				
C. Equipment				
Total Equipment				
D. Other Expenses/Fees List each item and amount over \$50.				
Total Other Expenses				
1. TOTAL COSTS ABOVE (A+B+C+D)				
TOTAL AMOUNT REQUESTED				

Signature - Executive Director Date

Signature-Director of Operations Date



March of Dimes Chapter Community Grants Proposal Objectives and Methods/Activities

Name of Project _____

(Photocopy as needed)

Project Objectives/Outcomes (please number)	Activities to achieve objectives/outcomes	Person/Agency Responsible	Start/End Dates
Objective___	Activity		
	Activity		
	Activity		
	Activity		
Objective___	Activity		
	Activity		
	Activity		
	Activity		

Applicant: _____

Page : _____