



March of Dimes Florida Chapter Community Grants Program

2010 Intent to Negotiate
Application Guidelines

March of Dimes
Florida Chapter
341 N. Maitland Ave, Suite 115
Maitland, FL 32751

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 multiyear, multimillion-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.

For information about how your organization can become more involved with this campaign, please contact the Florida Chapter at marchofdimes.com/florida.

As part of this effort, the Florida 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.

ELIGIBILITY

In order to be eligible to receive a March of Dimes chapter grant, an 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 chapter's Program Services Committee or the Chapter or Division Board of Directors. All grantees must sign the March of Dimes chapter grant agreement if they are offered funding and before funds can be disbursed. The inclusion of this agreement is non-binding, and intended only to highlight for potential grantees the basic terms and conditions under which they will be expected to operate should they be awarded a grant. Responsibilities include submission of quarterly progress and expenditure reports to the March of Dimes Florida Chapter office. Grantees must also get written approval for any changes in project design or implementation, variance from the submitted budget or changes in staff oversight of the project.

2010 GRANT SCHEDULE

Applications due	December 14, 2009
Notification of awards	February 2010
Grant period	March 2010 - February 2011

PLEASE NOTE: March of Dimes chapter community grants do not fund scientific research projects. For information about research grants funded by the March of Dimes national office, please refer to the March of Dimes Web site at marchofdimes.com or e-mail the Office of Research and Grants Administration at researchgrants@marchofdimes.com.

FUNDING PERIOD

Chapter community grant applicants may apply for funding for a 2 or 3 year project period. To be considered, multi-year project proposals must include a budget request and objectives for each year of the proposed project (up to 3 years total), as well as a copy of the applicant's most recently audited financial statement. *While the project content for these grants may be approved for a multi-year period, funding renewal is not guaranteed and will be based upon continuing review of quarterly progress and expenditure reports, and the availability of funding.* It is anticipated that up to two projects will be funded. Funding requests may range from \$50,000 to \$100,000 per year of the proposed project.

FUNDING PRIORITY AREA

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. The chapter would like to invite applicants to submit proposals for **Comprehensive Interconception Health Services for High-risk women**. The Florida Chapter is interested in funding multi-year demonstration projects that provide comprehensive pre/interconception health services, education, and referrals to women who have an infant in a Neonatal Intensive Care Center or have recently experienced a fetal or infant death. Our overarching goal is to develop a replicable model for comprehensive interconception health care for high-risk women, with a particular emphasis on women living in rural communities. Programs for these women should begin prior to the infant's discharge from the hospital and follow the women for as long as possible. The goal is to develop a model of interconception health that can be incorporated into the existing system of care without putting an excessive burden on existing resources. Programs must be replicable. Programs will be required to work collaboratively over the course of the project. The foundation of any funded program must be based on the CDC recommendations on Preconception Health & Care, 2006: <http://www.cdc.gov/mmwr/PDF/rr/rr5506.pdf>

GUIDELINES FOR INTERCONCEPTION HEALTH PROJECTS

Agencies are being invited to submit proposals that meet the following guidelines for **Comprehensive Interconception Health Services for High-risk women**:

- Interconception Health Projects should be multi-year demonstration projects that provide comprehensive interconception health services, education, and referrals to women who have an infant in a Neonatal Intensive Care Center or have recently experienced a fetal or infant death.
- Programs should provide a replicable model for *comprehensive* interconception health care for high-risk women.
- Programs for these women should begin prior to the infant's discharge from the hospital and follow the women for as long as possible.
- The goal is to develop a model of interconception health that can be incorporated into the existing system of care without putting an excessive burden on existing resources.
- Programs must be replicable.
- Programs will be required to work collaboratively over the course of the project.
- The foundation of any funded program must be based on the CDC recommendations on Preconception Health & Care, 2006: <http://www.cdc.gov/mmwr/PDF/rr/rr5506.pdf>

In 2009, the March of Dimes Florida Chapter Program Services Committee awarded funding to two Interconception Health Projects, located in Broward and Hillsborough Counties.

Any newly funded site will work collaboratively with the two existing Florida sites. Collaboration will include conference calls, group meetings in Orlando twice each year, and sharing of ideas and tools. An evaluation consultant, provided by the March of Dimes, will assist each site in order to facilitate consistent evaluation measures, collaboration and sharing of best practices.

Our priority for new sites will be to fund projects that identify high-risk women while their infants are still in the NICU, with a particular emphasis on supporting rural women after their infants are discharged from the hospital.

SCOPE OF SERVICES

At a minimum, new proposals should address the following concerns:

1. Providing services and education to women that encourage changes in knowledge and behavior contributing to risk reduction. How will women increase their use of services focused on risk-reduction? What barriers contribute to women not making these improvements?
2. What factors affect the success of a given health or social service provider in effectively incorporating the key interconception program elements into a site's core service delivery? Which types of program strategies are most effective and least effective in incorporating the added resources?

3. Will project resources be adequate for the site in their effort to provide education and services to their population (such as BMI measurement, nutrition planning and support, bereavement services, referral and follow-up, fitness education and programs, home visits, etc.?) What resources are least and most effective?
4. What are the recommendations for maintaining and/or expanding the project? What additional evaluation questions would be worthy of further research?
5. Sites must measure, at a minimum the following core indicators, (but may also include additional indicators):
 - number of women in attendance at each educational program
 - number of women with initial assessments and risk reduction goals (for BMI, smoking, etc.)
 - number of women who receive education, referrals and services related to specific health issues
 - self-reported ethnicity and age of participants
 - percentage of women who receive a post-partum visit
 - percentage of women who become pregnant within 6 months of delivery
 - percentage of women who become pregnant within one year of delivery
 - percentage of women who report taking a multivitamin at least 3-4 times a week.

APPLICATION INSTRUCTIONS

- Applications must be no longer than 16 double-spaced pages (excluding forms and attachments).
- Font size must be at least 12 point and margins must be at least 1 inch.
- All applications must include a Cover Sheet, Narrative (including Abstract), Budget Form and Objectives/Activities/Outcomes Form. The Narrative section must include the six required components (A through F under Section II., PROJECT NARRATIVE), addressing each bullet listed. Application forms are attached.
- Attachments may be included; however, all information requested under each of the required components must be provided within the proposal narrative, observing page limitations.
- An original application with signatures should be mailed to the address below, and a complete proposal *including all attachments* in PDF format should be emailed to Lori Reeves at the Maitland office address.
- Applications may not be faxed.
- Applications that exceed the maximum page limitation will not be reviewed.
- Applications must include at least two letters of support from partner agencies, detailing their contributions to the project.
- Submission of a Logic Model for your project is recommended, but not required.

OUTCOME MEASUREMENT

Reporting outcomes for your grant funded project does not have to be complicated. Outcomes are benefits to clients from participation in the program. Outcomes for March of Dimes projects are usually in terms of changes in knowledge, behavior or birth outcomes. Outcomes are often mistaken with program outputs or units of services such as the number of clients who went through a program. To measure outcomes, baseline data is needed for comparison with data collected during and after project implementation. **Proposals are expected to include at least four objectives that seek to change knowledge, behavior or birth outcomes. Proposals that do not meet this expectation will not be funded.**

Information found on this website may help you identify an outcome objective for your project: http://www.managementhelp.org/evaluatn/fnl_eval.htm. Sample outcome objectives are also included as an addendum to this instruction packet.

If you have questions regarding the March of Dimes Florida Chapter community grants application or need additional application forms, please contact Lori Reeves, State Program Director, at Lreeves@marchofdimes.com or 407-599-5077.

Review and Announcement Information

The Chapter's multi-disciplinary Program Services Committee will review the applications, and applicants will be notified in writing of their application's status in **February, 2010**. Projects are expected to begin between March 1 2010 and April 1, 2010.

APPLICATION COMPONENTS

I. COVER SHEET

Completely fill out attached Cover Sheet

II. PROJECT NARRATIVE - Not to exceed 16 double-spaced pages total

A. Project Abstract - one (1) page

Provide a one-page summary of the project

B. Description - suggested length 4-5 pages

1. What needs or problems of the target population in your area would be addressed through this initiative?
2. How will the project have an impact on these needs or problems?
3. Who will be the primary beneficiaries of this project?
4. What is the capacity of the applicant to carry out the project (include agency's mission, key staff, clientele, and experience working with the primary participant group)?

C. Project Objectives, Activities & Outcomes - 4-5 pages, not including form

1. What planning activities will take place before project startup?
2. What are the measurable objectives (process and/or outcome) of the project?
3. What are the staff responsibilities?
4. What is the role of collaborating organizations (if applicable)?
5. Using the enclosed form, list the project's measurable objectives, methods/activities and outcomes.

D. Evaluation Plan - suggested length 2-3 pages

1. What do you want to be able to decide about the project as a result of the evaluation?
2. What kinds of information and data are needed to make these decisions? Please explain how you will measure the core indicators required for this application.
3. How will progress be monitored, and outcomes (process and/or outcome) be measured?
4. How, where and from whom will this information be gathered? Please include any evaluation tools you will use to capture participant information, evaluate progress, etc.
5. How will participant input be incorporated?
6. How will this information measure the outcome for project objectives?
7. Who will design and carry out the project evaluation? (If at all possible, have someone other than the program managers determine evaluation results.)
8. Who will have primary responsibility for working with the March of Dimes evaluation team?

E. Project Impact and Visibility - suggested length < 1 page

1. How will the project make a difference in the lives of participants?
2. How will the project be announced to the community? In what ways will March of Dimes be visible?
3. How will the project results be shared?
4. Describe the potential 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.
5. Budget Justification

F. Budget -- 1 page, in addition to budget form

Please complete the attached budget form, in addition to the written budget justification detailing each item on the budget form. Please include the calculation(s) used to estimate costs. Be sure to include travel for group meetings twice each year in your budget – approximately \$2500 will cover costs for three people.

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)
- Printing and travel that are reasonable and necessary for project implementation. March of Dimes funds will not pay for first class travel.
- Indirect costs are allowable *only* for grants over \$25,000.

Not Allowable Costs Include:

These items should not be included in the grant budget request:

- Salary costs for staff who are already employed full-time by their organization (see exceptions above)
- 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 (e.g. computers, video monitors, software 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 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 chapter contact listed in this application regarding whether proposed items are allowable.

Please see the March of Dimes Policy on Child Care (February 2007) for recommendations regarding the provision of child care services for participants at trainings and/or workshops funded by chapter community grants.

III. ATTACHMENTS - No Page Limit

1. In addition to the required attachments referenced above, please also include evidence of Institutional Review Board (IRB) submission as deemed appropriate.
2. Optional attachments may also be submitted, such as additional Letters of Support, a Logic Model, and/or other supporting materials relevant to the proposed project.

APPLICATION SUBMISSION CHECKLIST

Please refer to the following checklist to ensure that your application submission is complete.

- Application is not longer than 16 double-spaced pages (excluding forms and attachments).
- Font size is at least 12 point and margins are at least 1 inch.
- Project narrative (including one page abstract) includes all required components and addresses all questions.
- Priority area is clearly marked on the Cover Sheet and project objectives and activities are tightly focused on the selected priority area.
- Proposal includes at least one outcome objective that seeks to change knowledge, behavior or birth outcome.
- Grant amount requested falls within the allowable range, and requested line items fall within allowable cost items.
- Budget totals have been checked for accuracy and budget justification clearly explains all items.
- Application includes all required attachments
 - Completed and signed Cover Sheet (using 2009 priority area)
 - Completed and signed Budget Form
 - Completed Objectives, Activities & Outcomes Form
 - A copy of the completed mid-year progress report
- A minimum of two letters of support from partnering agencies detailing their contributions to the project. An entire copy, including attachments, must be sent via email to Lreeves@marchofdimes.com
- Application includes optional attachments as deemed relevant to the application.
- Submission includes 6 copies and has been sent to:**
Lori Reeves, MPH
State Program Director
March of Dimes Florida Chapter
341 Maitland Ave., Suite 115
342 Maitland, FL 32751

**Applications must be received by 4:00PM on December 14 2009.
Late applications will not be accepted.**

Sample Outcome Objectives (SMART Objectives)

Here are some sample objectives to give you ideas for content and wording. Please notice the references to baseline data.

- *Intent to Change Behavior* - By December 2010, 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 December 2010, at least 50% of participants enrolled in the program will have improved eating habits by reporting increased intake of fruits/vegetables and water consumption as measured by client surveys. (Baseline will come from intake interviews.)
- *Behavior Change* - By December 2010, 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 December 2010, decrease the percentage of preterm births among women enrolled in the project from 18% (baseline) to 16.5% as measured medical records review.
- *Behavior Change* - By December 2010, increase the percentage of pregnant women enrolled in the project that have a prenatal visit in the first trimester of pregnancy from 40% (baseline) to 50% as measured by medical records review.
- *Behavior Change* - By December 2010, 50% of program participants will demonstrate a decrease in stress as measured by pre/post-tests. (Baseline will come from pre-test results.)
- *Knowledge Change* - By December 2010, 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.)