



March of Dimes Chapter Community Grants Program

2009 Request for Proposals Application Guidelines

March of Dimes
Alabama Chapter
450 Century Park S., Suite 200-B
Birmingham, AL 35226
205-824-0103
rallison@marchofdimes.com

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, contact the Alabama Chapter.

As part of this effort, the Alabama 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 availability and quality of health care/prevention services for all women of childbearing age and/or pregnant women
2. Increasing availability of genetics services and folic acid education

The applicant must provide services in Alabama. The chapter community grants fund for 2009 is approximately \$110,000. It is anticipated that 8 projects will be funded, with awards ranging from \$10,000 to \$20,000 each.

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.

2009 GRANT SCHEDULE

Applications due	October 1, 2008
Notification of awards	January ,2009
Grant period	January 2009-December 2009

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 grants are approved for one year. Consideration of continued support in subsequent years requires resubmission of a proposal or planned activities for the next year, and is based on review of progress and expenditure reports from the past years project, and the availability of funding. Grants may be renewed only twice for a total project time span of three years.

FUNDING PRIORITY AREAS

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.

Availability and Quality of Health Care/Prevention Services for:

All Women of Childbearing Age:

- a) Increasing risk reduction education and/or services (excluding billable services). This may include women at high-risk due to previous adverse pregnancy outcomes, chronic conditions or other risk factors in which pre/interconception or prenatal care could help prevent adverse outcomes. *
- b) Increasing education and services (excluding billable services) for urinary and reproductive tract infections identified before or during pregnancy. This may include sexually transmitted infections.

Pregnant Women:

- c) Increasing participation in state or local maternal child health programs (e.g. Medicaid, SCHIP, WIC) through enhanced outreach, education and public awareness.
- d) Enhancing education and support services that focus on reducing disparities in birth outcomes. This may include March of Dimes programs such as Stork's Nest® and *Comenzando bien*®. **
- e) Enhancing care through the CenteringPregnancy® model of group prenatal care and/or providing training to providers who plan on utilizing CenteringPregnancy®.***

- f) Increasing smoking cessation services. Preference will be given to prenatal health education and information/referral services that utilize the "5 A's" counseling approach. ****
- g) Increasing health education and information/referral services available to pregnant women who use alcohol or other drugs.
- h) Increasing professional education about "17P" (17 α hydroxyprogesterone caproate) treatment for women who have had a previous singleton preterm birth.

Availability of Genetics Services and Folic Acid Education

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

SIDS Education

- k) Increasing education related to reducing the risk of Sudden Infant Death Syndrome (SIDS) in high-risk communities, consistent with the 2005 American Academy of Pediatrics guidelines.

* For more information, go to www.marchofdimes.com/professionals/19695.asp for a list of specific risk areas.

** For more information on these March of Dimes programs, contact the local chapter.

*** For more information, visit www.centeringpregnancy.org

**** For more information on the "5'As" counseling approach, visit www.acog.org

OUTCOMES

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 one objective that seeks to change knowledge, behavior or birth outcomes. Proposals that meet this expectation will score higher in the review process.***

Information found on this website may help you identify an outcome objective for your project: http://www.managementhelp.org/evaluatn/fnl_eval.htm. 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 2008, 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 2008, 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 2008, 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 2008, 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 2008, 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.
- *Behavior Change* - By December 2008, 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 2008, 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.)

APPLICATION INSTRUCTIONS

Organizations interested in submitting an application that meets at least one of the listed funding priorities may apply for a grant between \$5,000 and \$25,000. Funds may be applied to support new or existing projects.

- Applications must be no longer than 12 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, 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 and 10 copies must be received by the deadline date.
- Applications may not be faxed.
- Applications that exceed the maximum page limitation will not be reviewed.
- Applications for continued funding must include a progress report and budget from current year project.

Applications must be received by 4:00PM on October 1, 2008. Late applications will not be accepted. Proposals should be sent to:

Robin Allison Collins State Director of Program Services
March of Dimes Alabama Chapter
450 Century Park S., Suite 200-B
Birmingham, AL 35226

If you have questions regarding the March of Dimes Alabama Chapter community grants application or need additional application forms, please contact Robin Allison Collins, State Director of Program Services, at 205-824-0103 and rallison@marchofdimes.com

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 January, 2009

GRANTEE REQUIREMENTS

In order to receive grant funds, all grantees must sign the March of Dimes chapter grant agreement (copy attached). 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 two written progress and expenditure reports to the March of Dimes Alabama Chapter office. Grantees must also secure written approval for any changes in project design or implementation, variance from the submitted budget or changes in staff overseeing the project.

The grant agreement is for review only. A completed agreement will be executed in conjunction with the grant award. **Please do not submit with your application.**

APPLICATION FORMAT

I. COVER SHEET

Completely fill out attached Cover Sheet

II. PROJECT NARRATIVE - Not to exceed 12 double-spaced pages total

A. Project Abstract - one (1) page

Provide a one-page summary of the project

B. Description - suggested length 3-4 pages

1. Which of the funding priorities is the project addressing?
2. What needs or problems would be addressed through this initiative?
3. How will the project have an impact on these needs or problems?
4. Who will be the primary beneficiaries of this project?
5. What is the capacity of the applicant to carry out the project (include experience working with the primary participant group)?
6. How will the project be announced to the community?
7. How will the project results be shared?

C. Project Objectives, Activities & Outcomes - suggested length 3-4 pages, not including form

1. What planning activities will take place before project startup?
2. How will progress be monitored?
3. How will outcomes be measured?
4. What are the staff responsibilities?
5. What is the role of collaborating organizations (if applicable)?
6. Using the enclosed form, list the project's measurable objectives, activities and outcomes.
7. For continuation funding, include progress made during the current year toward meeting objectives.

D. Evaluation Plan - suggested length 1-2 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 are needed to make these decisions?
3. How, where and from whom will this information be gathered?
4. How will participant input be incorporated?
5. How will this information measure the outcome for project objectives?
6. Who will design and carry out the project evaluation? (If at all possible, have someone other than the program managers determine evaluation results.)

E. Project Impact - suggested length < 1 page

1. How will the project make a difference in the lives of participants?
2. 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.

F. Budget

Please complete the attached budget form, and provide written budget justifications to detail each item on the budget form. Please include the calculation(s) used to estimate 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)
- 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 for grants of \$25,000 or more only and **cannot exceed** 10% of total costs.
-

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.

- Optional attachments may also be submitted, such as Letters of Support and 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 12 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.
- Application includes all required attachments
 - Completed and signed Cover Sheet (indicate one primary priority area)
 - Completed and signed Budget Form
 - Completed Objectives, Activities & Outcomes Form
 - Documentation of IRB submission as deemed appropriate
- Application includes optional attachments as deemed relevant to the application.
- Submission includes an original plus 10 copies** and has been sent to:
Robin Allison Collins, State Director of Program Services
March of Dimes Alabama Chapter
450 Century Park S., Suite 200-B
Birmingham, AL 35226

March of Dimes
Chapter Community Grants Program
APPLICATION COVER SHEET

**Applications must be received by 4:00 PM on October 1, 2008.
Late applications will not be accepted.**

Applicant Organization _____

Project Title _____

Address _____

Contact Name _____

Phone/Fax _____ E-mail _____

Please provide a brief synopsis of your project (2 sentences are sufficient):

Approximately how many unduplicated individuals* will be served by your project during the grant year?

Include individuals receiving direct service such as prenatal care, smoking cessation support, or participation in an educational workshop. Do not include brief contacts at events such as health fairs or mailings.

Identify the race/ethnicity of the majority of individuals served by your project (if applicable): _____

Please list the **one primary** funding priority that the application addresses from the Request for Proposals:

Please indicate the change(s) that will be measure/reported as a result of this project:
 Knowledge Behavior Birth Outcome Other: _____

Total grant amount requested: \$_____ Cost Per individual (See above) \$_____

Check should be made out to: _____

Is your agency willing to accept partial funding? Yes No
Does the budget include funds for a subcontract? Yes No

_____/_____/_____
Signature - Primary Staff Person Date Type Name and Title

_____/_____/_____
Signature - Executive Director Date Type Name and Title

March of Dimes
Chapter Community Grants Program
OBJECTIVES, ACTIVITIES & OUTCOMES FORM

Project Title: _____

Applicant: _____

Amount of Funding Requested/Received: \$ _____

TO SUPPLEMENT (check one): Application 6 Month Report Year-End/Final Report

Page: _____

Project Objectives (please number) Methods/Activities To Achieve Objectives Outcomes to Measure Success for Each Objective (Please limit proposal to no more than 3 objectives.)	Person/Agency Responsible	Start/End Dates	Number of Individuals Served/Reached/Educated Goal Actual	
OBJECTIVE # 1 Baseline: Evaluation Method:				
1. Activity		mm/yy - mm/yy		
2. Activity				
3. Activity				
Actual Outcomes for Objective #1 (progress reports only):				
OBJECTIVE #2 Baseline: Evaluation Method:				

1. Activity				
2. Activity				
3. Activity				
Actual Outcomes for Objective #2 (progress reports only):				
OBJECTIVE # 3				
Baseline: Evaluation Method:				
1. Activity				
2. Activity				
3. Activity				
Actual Outcomes for Objective #3 (progress reports only):				

Outcomes are benefits to clients from participation in the program. Outcomes for March of Dimes projects are usually changes in knowledge, behavior or birth outcomes. Outcomes are often confused with program outputs or units of services, e.g., the number of clients who went through a program. Proposals are expected to include at least one objective that seeks to change knowledge, behavior or birth outcomes. Proposals that include such an objective will score higher in the review process. In order to measure the change, baseline data is often needed for comparison to data collected during and after project implementation. If you do not have baseline data at the time of proposal submission, the application can include an activity related to securing the baseline. Evaluation methods can include but are not limited to: Pre-test/Post-test, Interviews, Surveys, Focus Groups, Medical Records Review, Client Records Review, Patient/Provider Self-Report

MARCH OF DIMES FOUNDATION

CHAPTER GRANT AGREEMENT

Grantor : Alabama Chapter

Contact Person: Robin Allison Collins

Address: 450 Century Park S., Suite 200-B, Birmingham, AL 35226

Phone #: 205-824-0103

Grantee: _____

Contact Person: _____

Address: _____ Phone #: (____) _____

Grant Award: \$ _____

Grant Period: January to December 2009

Project Name and General Description: _____

Congratulations on your Grant Award! We have listed below specific guidelines all March of Dimes Grant Award recipients must follow. The award of grant funds for your project (the "Project") is contingent upon your agreement to comply with these guidelines:

- 1. 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 Chapter (the "Chapter", "we" or "us") for our review and approval. 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.
- 2. 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.
- 3. Payment and Audit.** You will receive 50 % of your Grant award upon receipt of the signed grant agreement and the remaining 50 % 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
- 4. 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.
- 5. Materials Development, Ownership and Licensing.** All rights, title and interest in materials ("Works") developed under this Grant shall be owned by you. You hereby grant 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 Works 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 Chapter for review and approval prior to their final production and distribution.]** You will give us credit on all Works developed under this Grant. The credit you are required to give us must say "*Funded by a Community Grant from the March of Dimes*". All Works consisting of medical, or educational materials developed under the Grant also must be imprinted with a disclaimer that says: "*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*".
- 6. 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 other a credit for the other's contribution on any such publication.

7. **Trademarks.** Except as provided under Paragraphs 5 and 6 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 the other's written approval.
8. **Directive Advice.** You agree not to give directive advice concerning abortion, as part of a March of Dimes funded Project.
9. **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.
10. **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.
11. **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.
12. **De-funding, 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 improperly expended funds plus all unexpended funds. Paragraphs 3, 5, 6 and 10 shall survive the term of this Grant Agreement.
13. **Headings.** The headings used in this Grant Agreement are for convenience only and are not intended to have any legal effect.
14. **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.

READ AND AGREED TO:

Grantee (Organization): _____

Grantor: *March of Dimes Foundation*

By: _____

By: _____
Signature

Please Print Name and Title
Dated: _____, 2009

Please Print Name and Title
Dated: _____, 2009

Federal I.D. No.: _____