****

**March of Dimes**

**Chapter Community Grants Program**

2013 Request for Proposals

Application Guidelines

March of Dimes

Alaska Chapter

3209 Denali Street, Suite 200

Anchorage, AK 99503

jodgers@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.

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 [Prematurity Campaign](http://www.marchofdimes.com/mission/prematurity_campaign.html) was launched 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 Alaska Chapter 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.

The applicant must provide services in Alaska. The chapter community grants fund for 2013 is approximately $10,000. It is anticipated that 1-2 projects will be funded, with awards ranging from $5,000-$10,000 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.

**2013 GRANT SCHEDULE**

Applications due September 1, 2013

Notification of awards October 15, 2013

Grant period November 2013-October 2014

**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 go to [marchofdimes.com/research](http://www.marchofdimes.com/research).

**FUNDING PERIOD**

All chapter community grants are approved for one year only. 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 exports, 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 meet one or more of the following criteria: a) are evidence-based; b) include measurable outcomes; c) promote equity in birth outcomes. Projects may focus on *consumers* and/or *health care providers*. The March of Dimes does not fund billable health care provider services.

1. Providing or enhancingpremature birth **risk reduction** education and/or services. Risk reduction projects include, but are not limited to:
   * **Providing smoking cessation** education and/or services to pregnant women. Preference should be given to prenatal health education and information/referral services that utilize the "5 A's" counseling approach. For more information, go to the American Congress of Obstetrician and Gynecology website and read the following article: <http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Health_Care_for_Underserved_Women/Smoking_Cessation_During_Pregnancy>.
   * Implementing community programs that aim to **promote equity** in birth outcomes. This may include March of Dimes programs like Stork’s Nest®, Project Alpha, *Becoming a Mom/Comenzando bien*®, and The Coming of the Blessing®.
2. Enhancing care through the group prenatal care model (e.g. **CenteringPregnancy**®). For more information, visit: <http://dimension.marchofdimes.com/Interact/Pages/Content/Document.aspx?id=5449>.
3. Supporting a **quality improvement program** related to premature birth prevention with the goal of catalyzing systems change. An example of a QI program is reducing the number of elective deliveries that occur before 39 weeks gestation. For more information on this topic, please go to [www.marchofdimes.com/39weeks](http://www.marchofdimes.com/39weeks)

**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 2014, 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 2014, 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 2014, 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 2014, 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 2014, 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 2014, 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 2014, 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 $10,000. Funds may be applied to support new or existing projects.

* Applications must be no longer than 8 double-spaced pages (excluding 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 five required components, addressing each lettered bullet listed. 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 for CenteringPregnancy® funding must include a completed Site Readiness Form from the Centering Healthcare Institute. The use of March of Dimes process evaluation forms for reporting outcomes is required.
* An original application must be received by the deadline date.
* Applications may not be faxed.
* Applications that exceed the maximum page limitation will not be reviewed.

**Applications must be received by 4:00PM on September 1, 2013. Late applications will not be accepted. Proposals should be sent by email to: jodgers@marchofdimes.com**

If you have questions regarding the March of Dimes Alaska Chapter community grants application or need additional application forms, please contact Marianne Keuhn, Regional Program Director at 214-414-3520 or email at mkeuhn@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 October 2013

**GRANTEE REQUIREMENTS**

In order to receive grant funds, all grantees must sign the March of Dimes chapter grant agreement. 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 Alaska 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 overseeing the project. **APPLICATION FORMAT**

**I. COVER SHEET**

Completely fill out attached Cover Sheet

**II. PROJECT NARRATIVE**

**A. Project Abstract -** one (1) page max

Provide a one-page summary of the project

**B. Description -** suggested length 2-3 pages

Please include the following information/address the following questions in your description:

Which of the funding priorities is the project addressing? *Do not alter wording of the priority area.*

Of the target population in your area, what needs are you addressing in this initiative? How will the project have an impact on these needs?

What is the capacity of the applicant to carry out the project (include agency’s mission, key staff, clientele, and experience working with the target population group)? What planning activities will take place before project startup?

What are the staff responsibilities? What is the role of collaborating organizations (if applicable)?

1. **Project Objectives, Activities & Outcomes**

Please completely fill out the Methods, Activities & Outcomes form including information on baseline data, evaluation method and staff responsible.

For continuation funding, note progress made towards meeting objectives.

1. **Evaluation Plan -** suggested length 1 page

Please consider the following questions when describing your evaluation plan:

What is the measurable objective(s) the proposed project aims to achieve?

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, or*

*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 medical records review.*

How will you measure whether this objective was achieved?

What data or information will be needed to measure this?

How will this information be gathered? What tools will be used?

Who will be responsible for gathering this data?

Please include any evaluation tools (i.e. surveys, attendance sheets, summary health information) you will use to capture participant information, evaluate progress, etc.

**F. Budget**

Please complete the attached budget form, and provide a one-page written budget justification to detail each item 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 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.

**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

**APPLICATION SUBMISSION CHECKLIST**

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

* Narrative Application is not longer than 8 pages
* 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 (ATTACHMENT A)
* Completed and signed Budget Form (ATTACHMENT B)
* Completed Objectives, Activities & Outcomes Form (ATTACHMENT C)
* Documentation of IRB submission as deemed appropriate
* Application includes optional attachments as deemed relevant to the application.
* Submission includes 1 copy plus attachments and has been sent by email to: Janie Odgers at jodger@marchofdimes.com

**Applications must be received by 4:00PM on September 1, 2013.**

**Late applications will not be accepted.**

**March of Dimes ATTACHMENT A**

**2013 Chapter Community Grants Program**

**APPLICATION COVER SHEET**

**\* ALL SECTIONS MUST BE COMPLETED for proposal to be considered \***

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 during the grant year? **\_\_\_\_\_\_**

List the race/ethnicity of the *majority* of individuals served (if applicable):

Please indicate the positive impact that the project will measure and report on:

[ ] Increase in knowledge [ ] Behavior change [ ] Improved birth outcomes

[ ] Other

Please list the **one primary** funding priority that the application addresses from the numbered funding priority areas on page 2 of the RFP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total amount requested: $

Check should be made out to:

Is your agency willing to accept partial funding? [ ]Yes [ ]No

Does the budget include funds for a consultant or other subcontract? [ ]Yes [ ]No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_

Signature - Primary Staff Person Date Type Name and Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_

Signature - Executive Director Date Type Name and Title

**ATTACHMENT B**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  | | --- | | **March of Dimes** | | | | |
| **Chapter Community Grants Program** | | | |
| **BUDGET FORM** | | | |
|  |  | |  |
| **Check One:** [ ] Application [ ] Progress Report | **Grant Period From**: mm/dd/yy **To:** mm/dd/yy | | |
| **Applicant Name:** | | | |
| **Project Title:** | | | |
|  | |  |  |
| **BUDGET** (see application guidelines for an explanation of allowable/not allowable expenses) | | **APPLICATION** Total Budget | **EXPENDED** (Progress Rpts Only) |
| **A. Salaries** (include name, position, and FTE) \* | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| **Sub-total A** | | **$0** | **$0** |
| **B. Expendable Supplies** | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| **Sub-total B** | | **$0** | **$0** |
| **C. Other Expenses/Fees** | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| **Sub-total C** | | **$0** | **$0** |
| **D. In-Kind Donations/Revenue** | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| **Sub-total D** | | **$0** | **$0** |
|  | |  |  |
| **GRAND TOTAL (A+B+C+D)** | | **$0** | **$0** |
|  | |  |  |
| **TOTAL AMOUNT REQUESTED (A+B+C)** | | **$0** | **$0** |
|  | |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mm/dd/yy | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ m/dd/yy | |
| Signature - Executive Director Date | | Signature - Director of Operations Date | |
|  | |  |  |
| ***Please round figures to the nearest dollar and check budget totals.*** | | | |
|  | |  |  |
| ***\* Indication of whether staff position is new, an increase in hours, etc.*** | | | |
| ***is required in narrative.*** | | | |

**March of Dimes ATTACHMENT C**

**2013 Chapter Community Grants Program**

**OBJECTIVES, METHODS/ACTIVITIES & OUTCOMES FORM**

Project Title:

Applicant: Grant Amount:

Contact:

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Objectives** (*please number*)\*  **Methods/Activities To Achieve Objectives**  **Outcome Measures** | **Person/Agency Responsible** | **Start/End Dates** | **Number of Individuals Served/Reached/ Educated**  **Goal Actual** | |
| **OBJECTIVE # 1** |  | mm/yy -mm/yy |  |  |
| Baseline:  **EVALUATION METHOD:** | | | | |
| 1. Activity |  |  |  |  |
| 1. Activity |  |  |  |  |
| 1. Activity |  |  |  |  |
| **Actual Outcomes for Objective #1** (*change in knowledge, behavior and/or birth outcomes -* *progress reports only*)**:** | | | | |
|  |  |  |  |  |
| **OBJECTIVE # 2** |  | mm/yy – mm/yy |  |  |
| Baseline:  **EVALUATION METHOD:** | | | | |
| 1. Activity |  |  |  |  |
| 1. Activity |  |  |  |  |
| 1. Activity |  |  |  |  |
| **Actual Outcomes for Objective #2:** | | | | |

\*Please use no more than 3 objectives per grant.