

FY 2019 –
FY 2021

Safety PIN

Innovative Approaches to
Addressing Infant Mortality

Request for Applications

Indiana State Department of Health

Division of Maternal and Child Health



FUNDING OPPORTUNITY DESCRIPTION

PURPOSE:

The purpose of this Request for Applications (RFA) is to fund **competitive** grants for a health department, hospital, other healthcare related entity, or a nonprofit organization (as defined by the IRS Tax Determination) within the State of Indiana **to continue or expand existing 2017 Safety PIN programs** focused on reducing infant mortality.

SUBMISSION DETAILS:

To be considered for this competitive funding, a completed application must be received by ISDH by **NO LATER THAN:**

Tuesday, February 5, 2019 at 5pm EST

SUBMIT APPLICATIONS VIA EMAIL TO: MCHBusinessUnit@isdh.IN.gov

SUMMARY OF SAFETY PIN FUNDING

The Indiana State Department of Health (ISDH) Maternal and Child Health (MCH) Division is requesting applications from a health department, hospital, other healthcare related entity, or a nonprofit organization (as defined by the IRS Tax Determination) within the State of Indiana for **COMPETITIVE** grant funding. Applications must propose to provide services in high-risk locations and high-impact areas.

The Safety PIN – Protecting Indiana’s Newborns (PIN) – grant program supports Indiana’s goal of infant mortality reduction. The ISDH promotes the use of funding for continuation or expansion of existing Safety PIN funded programs. Grant applications must include the targeted region and a strategy for reducing the black infant mortality rate. The applicant will justify the size of the budget for each category of fundable services for the two year grant period.

This is a four year grant period during which the ISDH can provide up to 60% of the grant request at the start of the grant period and it can release the remainder as a performance award no sooner than the first quarter of the calendar year 2021. The performance award will be based on a reduction in the IMR in the region the grantee identified in their application. ISDH promotes the use of this performance award amount for continuation and expansion of successful projects. Each applicant is eligible for only one performance award. Applicants with a multi-region proposal will be eligible for the performance award based on the aggregated data for their identified regions.

SUMMARY OF INFANT MORTALITY:

The death of a baby before his or her first birthday is called infant mortality. The infant mortality rate is an estimate of the number of infant deaths for every 1,000 live births. This rate is often used as an indicator to measure the health and well-being of a nation because factors affecting the health of entire populations can also impact the mortality rate of infants. The most common causes of infant mortality are serious birth defects, preterm birth, low birthweight, sudden unexpected infant death syndrome, unintentional injuries, and maternal complications of pregnancy.

The ISDH is dedicated to decreasing the rate of infant mortality in Indiana, which historically has one of the nation's worst rates. In 2017, 602 Hoosier children (7.3 out of every 1,000 live births) died before reaching their first birthday. The ISDH is committed to supporting community-based interventions to address health disparities and inequities that impact infant mortality. A very concerning trend noted in Indiana is the increase in the black infant mortality rate. In 2017, Indiana's black infant mortality rate was 15.3 deaths per 1,000 live births compared to the white infant mortality rate of 5.9.

AWARD INFORMATION

ELIGIBILITY AND REQUIREMENTS:

APPLICANT ORGANIZATION:

- Must be a health department, hospital, other healthcare related entity, or a nonprofit organization (as defined by the IRS Tax Determination)
- **MUST BE A 2017 SAFETY PIN GRANT AWARDEE.** This list can be found on the ISDH website: <https://www.in.gov/isdh/19571.htm>
- Must collaborate with traditional and nontraditional agencies or organizations
- Must serve populations within Indiana
- Must comply with financial requirements as listed in the budget section

APPLICATION AND REVIEW INFORMATION:

Additional evaluative weight will be assigned to applicants that:

- Intend to provide services in areas of the state with the highest infant mortality rates (see included map)
- Propose a comprehensive strategy for reducing the black infant mortality rate that reflects the identified opportunities for improvement within the defined service area.

- Replicate Safety PIN program practices that have a demonstrated impact on reducing infant mortality and morbidity
- Improve access and coordination through outreach and follow-up services for pregnant women and fathers who are at risk of not receiving prenatal care and support
- Incentivize at-risk pregnant women and fathers to obtain prenatal care and support
- Decrease smoking rates among pregnant women and fathers
- Promote evidence-based home visitation by a trained provider or coordinator
- Incentivize collaboration between health care providers and other human services providers in providing outreach to at-risk pregnant women and fathers.

EXPECTED REPORTING AND PERFORMANCE CRITERIA:

- Applicants must submit quarterly reports to the ISDH.
- Applicants are required to report to the ISDH the unduplicated number of service recipients served for each program year.

SAFETY PIN: APPLICATION

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6-B: JOB DESCRIPTIONS
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ADDITIONAL REQUIRED DOCUMENTS

7-A: IRS NONPROFIT TAX DETERMINATION LETTER
7-B: PROGRAM ORG CHART
7-C: LETTERS OF SUPPORT / MOUS

APPLICATION INSTRUCTIONS

Please use this document for all required application information. **The application, in its entirety, including all required attachments cannot exceed 30 pages with one-inch margins, double spaced, Times New Roman 12-point font and should be submitted as a single PDF document.** Applications that exceed the page limit will be considered non-responsive and will not be entered into the review process. The budget worksheet and completion checklist are to be submitted with the application as separate documents and do not count towards the page limit.

The following outlines each section that must be completed in the application document.

SECTION 1: COMPLETION CHECKLIST

The completion checklist serves as a guide to ensure that all appropriate and required materials are submitted with the application document. Check each box to indicate completion and submit this form with the application.

SECTION 2: APPLICATION COVER PAGE

List the name, title, and signature of the following individuals within the applicant agency:

- Authorized Executive Director
- Project Director
- Person of contact
- Person authorized to make legal and contractual agreements

SECTION 3: SUMMARY

This **ONE PAGE** summary will provide a succinct and clear overview of the applicant’s plan to continue or expand their project. The summary should be the last section written and should

reflect the proposed project scope for this future funding opportunity, highlighting any changes that will be made from the original 2017 Safety PIN award.

SECTION 4: APPLICATION NARRATIVE

SECTION 4-A: ORGANIZATION BACKGROUND:

This section must provide a clear understanding of the project's historic ability to reduce infant mortality and morbidity within the project's area and population of focus. It should also highlight historic efforts made towards reducing the black infant mortality rate.

SECTION 4-B: STATEMENT OF NEED:

This section must describe the need for and significance of this program in the specific community or population as it relates to the program goals.

- Describe and justify the population of focus (demographic information on the population of focus such as race, ethnicity, age, socioeconomic status, and geography).
- Use data to describe the need and extent of the need (e.g. current prevalence or incidence rates) for the population of focus.
- Cite all references (do not include copies of sources).

SECTION 4-C: GOALS/OBJECTIVES:

This section must describe how the program intends to achieve the proposed goals and objectives.

- Provide the overall project goals and each objective.
- Clearly state the unduplicated number of individuals the project proposes to serve over the entire project period with grant funds.
- Describe how achievement of the goals will produce meaningful and relevant results.
- Describe the strategy to reduce the black infant mortality rate within the defined area.

SECTION 4-D: ACTIVITIES:

This section must describe the activities of the project and how they relate to the proposed objectives.

- Describe how the proposed project will continue or expand upon the program’s 2017 Safety PIN funded project.
- Identify any other organization that will participate in the proposed project. Describe their roles and responsibilities and demonstrate their commitment to the project.
- Describe the potential barriers to success of the project and how these barriers will be addressed.

SECTION 4-E: STAFFING PLAN:

This section must describe the staff currently available and staff to be hired to conduct the project activities.

- List and describe the staff positions for the project including the Project Director and other key personnel, showing the role of each and their level of effort of full-time equivalency (FTE).
- Regardless of whether a position is filled or to be filled, discuss how key staff have/will have experience working with the proposed population, appropriate qualifications to serve the population of focus, and their familiarity with cultures and languages of the proposed population.

SECTION 4-F: RESOURCE PLAN/FACILITIES:

This section must describe the facilities that will house the proposed services.

- Describe resources available (within the applicant agency and its partner organizations) for the proposed project (e.g., facilities, equipment).
- Assure that project facilities will be smoke, tobacco, alcohol, and drug-free at all times.
- Assure the facilities are compliant with the Americans with Disabilities Act (ADA) and amenable to the population of focus. If the ADA does not apply to the applicant organization, explain why.

SECTION 4-G: EVIDENCE-BASED PRACTICE

Identify the evidence-based service proposed to implement and discuss how it addresses the purpose, goals, and objectives of the proposed project. Cite the sources of all information.

- Discuss the evidence that shows that this practice is effective with the population of focus.

- If the evidence is limited or non-existent for your population of focus, provide other information to support the selection of the intervention(s) for the population.
- Identify and justify any modifications or adaptations that will need to be made (or have already been made) to the proposed project to meet the goals of the project and why the changes will improve the outcomes.

SECTION 4-H: EVALUATION PLAN

Describe the program’s ability to collect the data necessary to adequately demonstrate progress made in achieving the project’s goals and objectives.

SECTION 4-I: SUSTAINABILITY PLAN

Outline a plan for how the program activities will be sustained at the conclusion of this funding and how the program will move forward if it is not awarded this funding.

This plan may include, but is not limited to:

- Anticipated contributors of sustained funding (e.g. Medicaid, private funder)
- Plans to ensure dedicated staff after the conclusion of grant funding.

THE SUSTAINABILITY PLAN SHOULD NOT BE TO APPLY FOR FUTURE STATE FUNDING.

SECTION 5: BUDGET WORKSHEET

The budget worksheet must be submitted with the application as a separate Microsoft Excel document. **Do NOT substitute a different format.** The budget must correlate with project duration:

- **April 1, 2019 through March 31, 2021**

Create separate budgets for each Fiscal Year (FY) using the appropriate tabs for each worksheet:

- FY 2019 (April 1, 2019 – June 30, 2019)
- FY 2020 (July 1, 2019 – June 30, 2020)
- FY 2021 (July 1, 2020 – March 31, 2021)

The budget is an estimate of what the project will cost. In this section, demonstrate that:

- All expenses are directly related to project;
- The relationship between budget and project objectives is clear; and
- The time commitment to the project is identified for major staff categories and is adequate to accomplish project objectives.

All staff listed in the budget must be included in the staffing plan as indicated in section 4 above. In-state travel information must include miles, mileage reimbursement rate, and reason for travel. Travel reimbursement may not exceed state rates. Currently, the in-state travel reimbursement is \$0.38 per mile, \$26 per day per diem, and \$89 plus tax per night of lodging. In completing the budget, all amounts should be rounded to the nearest penny.

Completing the Budget Worksheet

There are a total of seven tabs in the workbook – a Summary tab, as well as a Schedule A, Schedule B, and Out of State travel tab for each fiscal year. Please complete the information about your organization at the top of the Summary tab. The tables at the bottom of the Summary tab will automatically populate the totals for each category when you fill in the information on Schedule A and Schedule B for each year. **Do not change any of the formulas already populated in the totals columns.**

Schedule A

For each individual staff member, provide the name of the staff member and their title or role in the project. Each staff member's hourly rate, hours per week, and weeks per year should be entered, and the annual MCH salary column will automatically calculate the total. Common fringe categories have been provided but please only fill in the fringe based on what is used by each staff member. Again, the annual fringe benefits column will automatically calculate the total.

Schedule B

Typical contractual service categories have been provided as a guide. List each contract, general categories of supplies (office supplies, medical supplies, etc.), travel by staff members, rent/utilities, communication, and other expenditures in the appropriate section. Formulas have already been entered into the total column for each section.

Travel must be calculated for each staff member who will be reimbursed and may not exceed the State's rates as indicated for each item. Please be aware that indirect costs are not allowed as a set amount or percentage of the agreement. Any indirect costs such as rent, utilities, etc. should be listed out as separate line items.

Out-of-State Travel

If you choose to include out-of-state travel, complete the appropriate tab for each fiscal year. The gray cells already contain formulas that will calculate the amounts based on the information you enter. Be sure to complete the justification section at the bottom for each trip. Any out-of-state travel requested that does not include a justification is subject to denial by the ISDH.

EXAMPLES OF EXPENDITURE ITEMS THAT WILL NOT BE ALLOWED

The following may not be paid for with Safety PIN grant funds:

1. Construction of buildings, building renovations
2. Depreciation of existing buildings or equipment
3. Contributions, gifts, donations
4. Entertainment, food
5. Automobile purchase
6. Interest and other financial costs
7. Costs for in-hospital patient care
8. Fines and penalties
9. Fees for health services
10. Accounting expenses for government agencies
11. Bad debts
12. Contingency funds
13. Executive expenses (car rental, car phone, entertainment)
14. Fundraising expenses
15. Legal fees
16. Legislative lobbying
17. Equipment (over \$5,000 per unit)
18. Dues to societies, organizations, or federations
19. Incentives

SECTION 6: REQUIRED ATTACHMENTS

SECTION 6-A: BIO-SKETCHES

- For positions already filled, provide a brief bio-sketch for key personnel.

SECTION 6-B: JOB DESCRIPTIONS

- Provide a brief job description for key personnel for both positions currently filled and positions to be filled.

SECTION 6-C: TIMELINE

- List activities to occur within the project period (April 2019 – June 2021).

SECTION 7: ADDITIONAL REQUIRED DOCUMENTS

Include the following additional documents (no specific format required):

SECTION 7-A: IRS NONPROFIT TAX DETERMINATION LETTER

If applicable, include a PDF copy of the organization's IRS Nonprofit Tax Determination Letter.

ATTACHMENT 7-B: ORG CHART

Include a PDF copy of the project's organizational chart which must include program partners, existing program staff, program staff to be hired, and other key personnel.

ATTACHMENT 7-C: LETTERS OF SUPPORT / MOUS

Include a PDF copy of letters of support, letters of agreement, and/or memoranda of understanding. These documents must include date, contact information of individual endorsing letter, and involvement with the project or organization.

ADDITIONAL RESOURCES

MCH CONTACT

Martha Allen

ISDH MCH Division Director

(317) 233-1252

MarAllen@isdh.in.gov

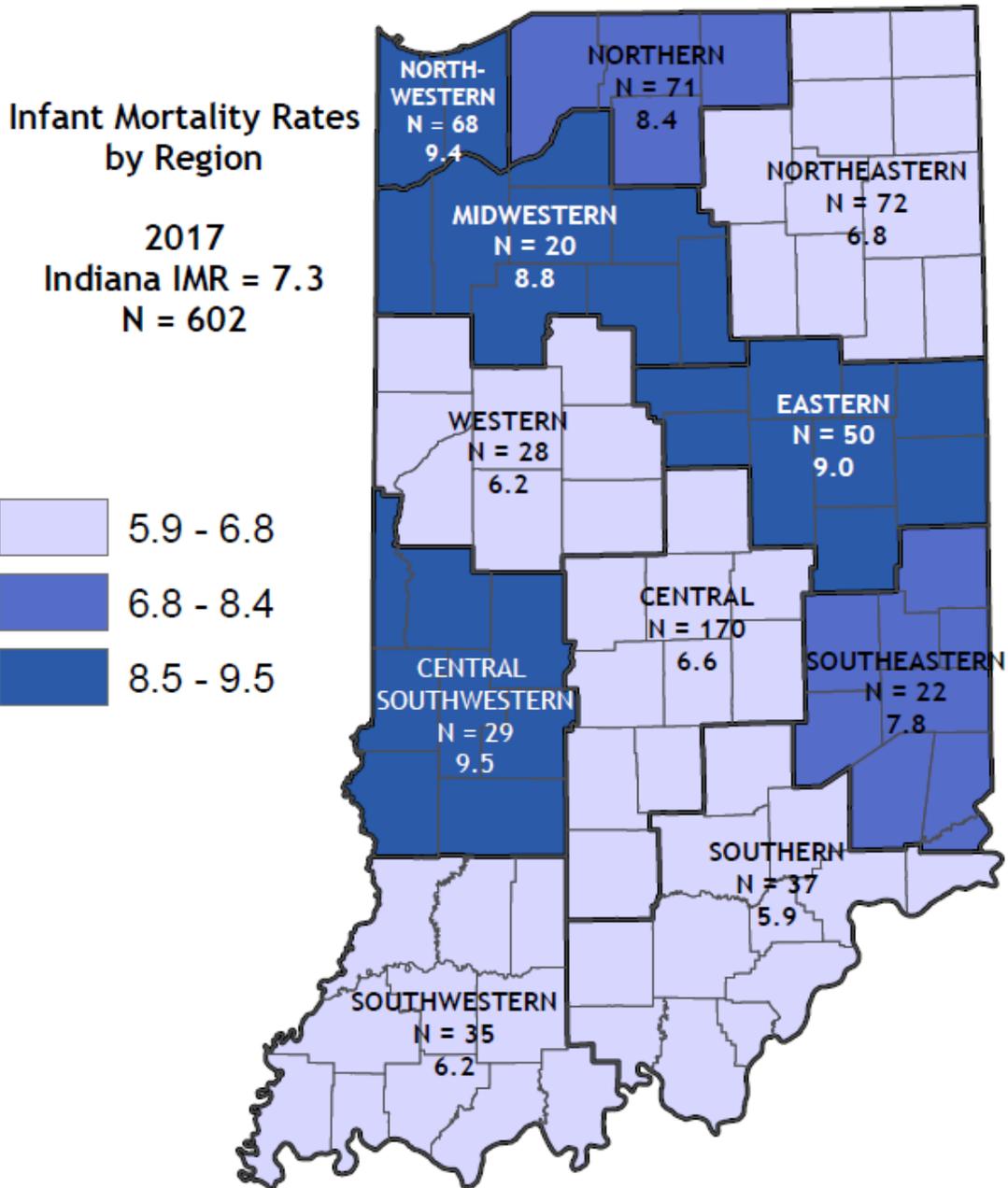
GRANTS MANAGEMENT CONTACT

Rebecca Chauhan

ISDH Director of Grants and Contracts

(317) 233-7087

RChauhan1@isdh.in.gov



Source: Indiana State Department of Health, Division of Maternal and Child Health
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