

FY 2021 –
FY 2023

Safety PIN

Innovative Approaches to
Addressing Infant Mortality

Request for Applications

Indiana 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 local health department, hospital, other healthcare-related entity, or a nonprofit organization (as defined by the IRS Tax Determination) within the State of Indiana to implement or expand programs focused on reducing infant mortality. Applicants must submit a proposal to provide services in their target population to improve infant mortality and identify the region(s) they plan to impact. Each applicant can apply for funding up to \$450,000 a year for the first two year and up to \$300,000 a year for the final 2 years.

SUBMISSION DETAILS:

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

Wednesday, November 25th, 2020 at 5pm EST

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

SUMMARY OF SAFETY PIN FUNDING

The Safety PIN – Protecting Indiana’s Newborns (PIN) – grant program supports Indiana’s goal in reducing infant mortality. Organizations must use funding to implement new, innovative programs or expand current programming. Grant applications must include the targeted county or region and a strategy for reducing the infant mortality rate. This is designed to be a two-year grant period starting January 15th, 2021 through January 14th, 2023 with a potential for an additional two years of funding. The Indiana Department of Health will provide up to 60% of the grant funding requested in year one and year two. A performance award can be released with the remaining 40% for an addition 2-year grant period. The performance award will be given out no sooner than the last quarter of the calendar year 2022 and no later than the first quarter of the calendar year 2023. The performance award will be based on grantee ability to reduce the infant mortality rate (IMR) in their identified target region. The 40% performance award should be used for the continuation and expansion of successful projects for the additional two years. Each applicant is eligible for only one performance award. Applicants with a multi-region proposal will be eligible for the performance award based on aggregated IMR data for their identified regions.

Please note: Safety PIN funding is secured through the 2021- 2023 cohort and will be up for a renewal of funds from state legislation in 2021. If the funds are not renewed, the performance awards will not be dispersed.

SUMMARY OF INFANT MORTALITY:

The death of a baby before their first birthday is known as 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.

IDOH is dedicated to decreasing the rate of infant mortality in Indiana, which historically has one of the nation's worst rates. In 2018, 559 Hoosier children (6.8 out of every 1,000 live births) died before reaching their first birthday. IDOH 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 disparity in the black infant mortality rate. In 2018, Indiana's non-Hispanic black infant mortality rate was 13.0 deaths per 1,000 live births, compared to the white infant mortality rate of 6.0 and the Hispanic rate of 6.1. Preliminary data for 2019 was released by IDOH on October 1st, 2020. The 2019 infant mortality rate was reduced to 6.5 per 1,000 live births and the non-Hispanic black infant mortality rate was reduced to 11.0 per 1,000 live births.

AWARD INFORMATION

ELIGIBILITY AND REQUIREMENTS:

THE APPLICANT ORGANIZATION:

- Must be a health department, hospital, other healthcare related entity, or a nonprofit organization (as defined by the IRS Tax Determination);
- Does not need to be a current Safety PIN grantee. However, if the applicant is a current Safety PIN grantee, they must include their plan to expand their reach or the services offered in their grant proposal;
- 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;
- Must be able to comply with evaluation and data collection requirements.

APPLICATION AND REVIEW INFORMATION:

Applications will be reviewed for the following components:

- Intent to provide services in areas of the state with the highest infant mortality rates (see included map);
- A well-developed plan to either expand existing services to new geographic areas, additional clients not already served by other funding, or continued funding for recently ended SafetyPIN grants;
- Use of evidence-based program practices that have a demonstrated impact on reducing infant mortality and morbidity;
- Proven capacity to receive grant dollars, invoice, provide administrative and HR support, and collect evaluation data.

The Maternal and Child Health Division encourages projects which focus on the following suggested topics: (note: applications are NOT limited to the following)

- Improve access and coordination of care 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 and other family members;
- Promote evidence-based home visitation by a trained provider or coordinator;
- Expand mental health and substance use services to women before, during, and after pregnancy;
- Implement group prenatal care that can offer women continuous support before, during, and after pregnancy;
- Continue to work with women during the 4th trimester to ensure they are getting adequate trusted postpartum care for themselves and their newborn;
- Reduce barriers to social determinants of health such as housing insecurity, food insecurity, domestic violence, or transportation;
- Provide bereavement resources, information, or services;
- Hold parenting education classes or demonstrations that include topics such as safe sleep, Shaken Baby Syndrome, proper prenatal nutrition, etc.;
- Implement social support groups or opportunities for expecting or new mothers/ caregivers/ families;

- Incentivize collaboration between health care providers and other human services providers in providing outreach to at-risk pregnant women and fathers;
- A combination of the above projects (or others) that provide a menu of services for women.

EXPECTED REPORTING AND PERFORMANCE CRITERIA:

- Applicants must submit quarterly and annual reports utilizing the IDOH reporting tool created by IDOH MCH;
- Applicants must report subrecipients to IDOH, use of funds and resources provided, and reflect this in the budget of the application with a detailed budget narrative;
- Applicants must host IDOH for a site visit upon request to ensure progress of the program.

For additional information for proposals using safe sleep or home visiting, please see the recommendations highlights in the appendices:

- *Required Components of Safe Sleep Service or Program if providing that program, see Appendix A.*
- *Required Components of Home Visiting Services or Programs if providing that program, See Appendix B.*

EVALUATION EXPECTATIONS

Evaluation expectations will be finalized within 60 days of contract execution. All applicants are required to collect data for reporting and monitoring purposes. This information must be collected on an on-going basis and reported quarterly and annually. IDOH will create reporting templates for both the quarterly and annual report. These will be personalized for each grantee based off inputs and stated goals, objectives, and outcomes. The grantee will have 60 days from execution of the grant to agree to the template from IDOH or request changes with justification. However, the quarterly and annual reports will have required data collection from IDOH that cannot be changed. IDOH is subject to change the report template at any time if deemed necessary. The reporting template that IDOH will provide will include, but is not limited to, mandatory items such as:

- *Population Served Numbers*
- *Demographics of Population Served*
- *Trainings*
- *Events*
- *Initiatives during the quarter*
- *Partnerships*
- *Resources Used*
- *Specific Program Data (Safe Sleep, Breastfeeding, etc.)*

SAFETY PIN: APPLICATION

SECTION	SECTION HEADING
1	COMPLETION CHECKLIST
2	APPLICATION COVER PAGE
3	SUMMARY
4	APPLICATION NARRATIVE
	4-A: ORG BACKGROUND
	4-B: STATEMENT OF NEED
	4-C: GOALS / OUTCOMES / OBJECTIVES
	4-D: ACTIVITIES
	4-E: STAFFING PLAN
	4-F: EVALUATION PLAN
	4-G: SUSTAINABILITY PLAN
5	BUDGET WORKSHEET
6	REQUIRED ATTACHMENTS
	6-A: WORK PLAN
	6-B: LOGIC MODEL
7	ADDITIONAL REQUIRED DOCUMENTS
	7-A: IRS NONPROFIT TAX DETERMINATION LETTER
	7-B: PROGRAM ORG CHART
	7-C: LETTERS OF SUPPORT / MOUS
	7-D: OTHER STATE FUNDING SYNOPSIS

APPLICATION INSTRUCTIONS

Please refer to this document for all required application information. **The application narrative, in its entirety cannot exceed 25 pages with one-inch margins, single-spaced, Times New Roman 12-point font, and should be submitted as a single PDF document.** The completion checklist, cover page, budget worksheet, and additional required documents are to be submitted with the application as separate documents and **do not** count towards the page limit.

Applications that exceed the page limit will be considered non-responsive and will not be entered into the review process. 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 executive** summary will provide a succinct and clear overview of the applicant's plan to implement or expand their project. The summary should be the last section written and should reflect the proposed project scope for this future funding opportunity with the following:

- Brief description of the target population and its needs and discuss why the specific interventions proposed are expected to have a substantial positive impact on the appropriate performance measure(s).
- Brief description of existing community partnerships (e.g. referral sources, clinics, healthcare providers, etc.) and how the applicant will work to create new partnerships.

SECTION 4: APPLICATION NARRATIVE

SECTION 4-A: ORGANIZATION BACKGROUND:

This section must provide a clear understanding of the organization and its ability to carry out the proposed project. This section should include capability, experiences, major accomplishments, history of partnerships and any historic efforts made towards reducing the infant mortality rate. If utilizing subrecipients, include a history of partnerships or shared work with the applicant organization. *(suggested one to two pages)*

SECTION 4-B: STATEMENT OF NEED:

This purpose of this section is to describe the need for and significance of this program in the specific community or population as it relates to the program goals. *(suggested five pages)*

- Define the target area for the program and the region(s) which the program will function in, see map at the end of the document for regions.
- Describe the population of focus (demographic information on the population of focus such as race, ethnicity, age, socioeconomic status, and geography). Why was this particular population the focus of your intervention?
- 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/OUTCOMES/OBJECTIVES:

This section should describe how the program intends to achieve the proposed goals, outcomes, and objectives. See FAQ for resources to help with the creation these. *(suggested two to three pages)*

- Provide the overall project goals, outcomes, and objectives for the proposed program(s). Ensure SMARTIE objectives are used: Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable.
- Describe how achievement of the goals will produce meaningful and relevant results.

SECTION 4-D: ACTIVITIES:

This purpose of the section is to describe the activities of the project and how they will lead to success of the program goals, outcomes, and objectives. *(Suggested six to seven pages)*

- Describe how the target population will be identified, recruited, and retained.

- Clearly state the unduplicated number of individuals the project proposes to serve over the entire project period with grant funds. For example, women prenatally and postnatally, partners, caregivers, family members, infants, etc.
- Describe how the proposed project(s) or service(s) will implemented or expanded.
 - Identify any other organization that will participate in the proposed project. Describe their roles, responsibilities, funding, or resources being provided and commitment to the project.
- Describe the strategy to reduce the infant mortality rate within the defined area. Ensure to describe how strategies are appropriate culturally appropriate.
- Describe timeline for program implementation. Include activities such as: hiring staff, making subawards, development and implementation of contracts, etc.
- 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. *(suggested one page)*

- 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).

SECTION 4-F: EVALUATION PLAN

In this section, please describe the evaluation capacity of the organization. Please be sure to include the following: *(suggested one to two pages)*

- Your organizations' capability to collect data using. Provide any history of data collection.
- The plan for data management, analysis, and dissemination to stakeholders.
- All methods of quality improvement that takes into consideration equity outcomes and privacy protection.

SECTION 4-G: 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: *(suggested one paragraph)*

- Anticipated contributors of sustained funding (e.g. Medicaid, private funder)
- Plans to ensure dedicated staff after the conclusion of grant funding.
- Plan to continue and expand on collaborating partnerships.

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:

- January 15, 2021 through January 14th, 2023

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

Budget years with 60% of the finding:

- FY 2021 (January 15, 2021 – June 30, 2021)
- FY 2022 (July 1, 2021 – June 30, 2022)
- FY 2023 (July 1, 2022 – January 14, 2023)

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 \$0.39 per mile, \$26 per day per diem, and \$96 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 fiscal 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, subrecipient funds and supplies, 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 IDOH.

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: WORK PLAN

- List in chronological order the activities to occur within the project period (January 2021 – January 2025)
- Please ensure these activities and dates of occurrence correspond with the activities and dates listed in the Activities narrative.

SECTION 6-B: LOGIC MODEL

- Complete a logic model diagram to illustrate project scope and outcomes for the project period of January 2021- January 2023. A template has been provided, but other formats can be utilized.

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. LIMIT FIVE.

ATTACHMENT 7-D: OTHER STATE FUNDING SYNOPSIS

Include an overview of what other State Agency, Indiana Department of Health, or MCH funding you currently hold. Please provide a general synopsis of what the funding is being used for and who your contact is. Format as a PDF.

ADDITIONAL RESOURCES

MCH CONTACT

Mary Ellen Potts

IDOH MCH Safety PIN Coordinator

(317) 232-3491

MaPotts@isdh.in.gov

GRANTS FINANCE CONTACT

Leigh Brown

IDOH MCH Finance Manager

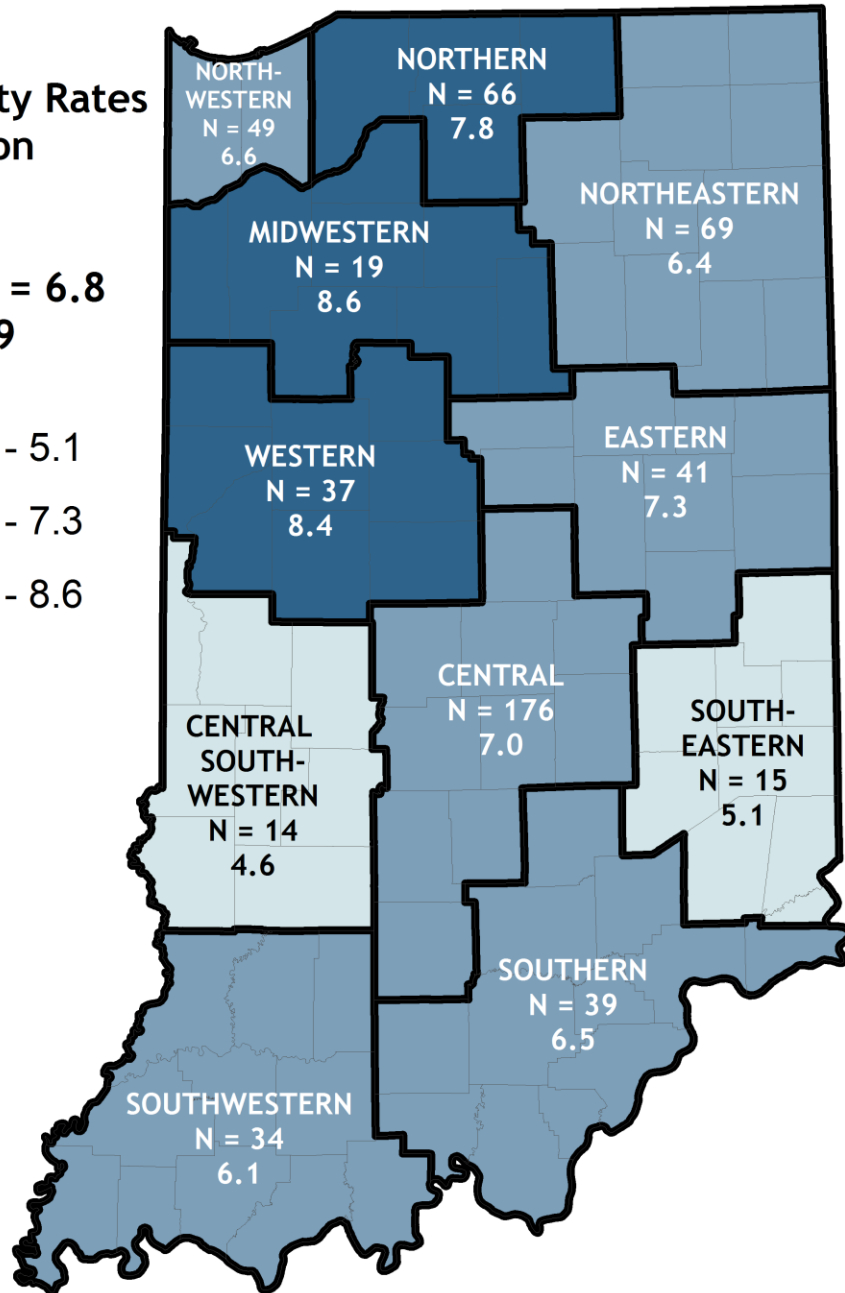
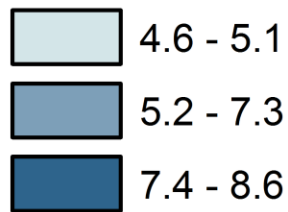
317-233-9901

lebrown@isdh.in.gov

FAQ and Information is posted to the Funding Opportunity at:
<https://www.in.gov/isdh/22430.htm>

2018 Infant Mortality Rates by Region

Indiana IMR = 6.8
N = 559



Note: Rates based on counts less than 20 are considered unstable and should be interpreted with caution.
Source: Indiana State Department of Health, Division of Maternal and Child Health, February 13, 2020
Data Source: Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team