**March of Dimes Florida Chapter**

**2014 Chapter Community Grants Program COMMUNITY AWARD APPLICATION**

**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 and in 2003 launched a campaign to address the increasing rate of premature birth.

As part of this effort, the Florida Chapter invites you to participate in our 2014 Community Awards Program. The goal of the community awards program is to identify and fund community-based programs addressing the health concerns of pregnant women and infants in the state of Florida.

Community Awards can be made to support activities such as: purchase and distribution of March of Dimes health education materials, implementation of March of Dimes community programs (e.g. *Becoming a Mom/Comenzando bien*®), or a grand rounds or conference for health professionals. We are particularly interested in professional education focusing on Centering Pregnancy initiatives, interconception health, and preconception health. To view our product catalog, visit the March of Dimes Web site at marchofdimes.com/catalog.

Please Note: Community Awards may not be used to support equipment or furniture, individual tuition or conference fees, dues or membership fees, employee salary or programs requiring long-term March of Dimes funding.

**Available Funding and Eligibility**

Awards may be granted up to $3,000. The applicant must provide services in Florida. For larger scale projects, contact the Florida Chapter to learn more about how to apply for a chapter grant.

In order to be eligible to receive a March of Dimes community award, an organization must be an incorporated not-for-profit 501(c)(3) or for profit organization or government agency. **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.

**Application Instructions**

1. Complete the attached Application Cover Sheet
2. Include a two-page letter of intent outlining the following:

* Name of agency/organization requesting the award
* Description of the program/project that the funds will support
* Description of budget items requested (details please), measurable objectives, how project success will be evaluated, and impact the project will have on target populations and communities affected
* How the program/project meets community needs and relates to the March of Dimes mission
* Time frame in which the funds will be spent

1. Emailed applications are preferred. Send your application by email to: [dpoynor@marchofdimes.com](mailto:dpoynor@marchofdimes.com) no later than **5:00 p.m. on November 15, 2013**.
2. Please also mail one signed hard copy to:

Donna Poynor, Director of Program Services

March of Dimes Florida Chapter

1831 NW 13th Street, Suite 3, Gainesville, FL 32609

1. Notification of decisions will take place by January 31, 2014 and check disbursement by March 30, 2014.
2. If you have questions about this application process, please contact:

In South Florida: Director of Program Services Patti Kodish, at 754-300-2609 or [pkodish@marchofdimes.com](mailto:pkodish@marchofdimes.com)

In North Florida: Director of Program Services Donna Poynor, at 352-642-8291 or [dpoynor@marchofdimes.com](mailto:dpoynor@marchofdimes.com)

In Central Florida: Regional Program Director Tracey Reed at 973-296-8805 or [treed@marchofdimes.com](mailto:treed@marchofdimes.com)

**Applications must be received by 5:00 p.m. on November 15, 2013. Late applications will not be accepted.**

**March of Dimes**

**Chapter Community Awards**

**2014 COMMUNITY AWARD FUNDING PRIORITY AREAS**

All community award 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.

PLEASE NOTE THAT THESE PRIORITIES ARE ONLY for COMMUNITY AWARDS OF $3,000 OR LESS.

1. Providing or enhancing **preconception health** education and/or services. For more information, see the National Preconception Curriculum and Resources Guide for Clinicians at [www.beforeandbeyond.org](file:///\\cl1file\Program\Planning%20&%20Comm.%20Svcs\CHAPTER%20GRANTS\2012%20Templates\www.beforeandbeyond.org).
2. 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. Click here for more information. (add link to

<http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Health_Care_for_Underserved_Women/Smoking_Cessation_During_Pregnancy>)

* + Increasing health education and information/referral services available to pregnant women who use **alcohol or other drugs.**
  + Focusing onpremature birth **recurrence prevention** such aseducation about “17P” (17α hydroxyprogesterone caproate) treatment for women who have had a previous singleton premature birth.
  + Implementing community programs that aim to **promote equity** in birth outcomes. This may include March of Dimes programs like *Becoming a Mom/Comenzando bien*® or The Coming of the Blessing®.
  + Increasing pregnant women’s **participation in state or local maternal child health programs** (e.g. Medicaid, CHIP, WIC) through enhanced outreach, education and public awareness.
  + Enhancing home visiting programs (i.e. Early Head Start-Home Visiting, Early Intervention Program for Adolescent Mothers, Healthy Families America (HFA), Nurse Family Partnership®). Click here for more information. <http://homvee.acf.hhs.gov/programs.aspx>
  + Enhancing services for pregnant women with **chronic diseases** that increase the risk of premature birth such as diabetes and hypothyroidism.

1. Enhancing care through the group prenatal care model (e.g. **CenteringPregnancy**®). Click here for more information: https://www.centeringhealthcare.org/pages/centering-model/pregnancy-overview.php

1. Enhance the availability, quality, awareness of and utilization of **genetics services** and other patient services, including newborn screening, to strengthen care and prevention of birth defects. This may include the implementation of the March of Dimes resource, the Pregnancy and Health Profile, a prenatal intake and screening tool to help patients and providers identify genetic, obstetric and behavioral risk factors. For more information: [www.nchpeg.org/index.php?option=com\_content&view=article&id=410&Itemid=277](http://www.nchpeg.org/index.php?option=com_content&view=article&id=410&Itemid=277).
2. 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 Policy Statement: [aappolicy.aappublications.org/cgi/reprint/pediatrics;116/5/1245.pdf](http://aappolicy.aappublications.org/cgi/reprint/pediatrics;116/5/1245.pdf)

**March of Dimes Florida Chapter**

**2014 Chapter Community Grants Program**

**COMMUNITY AWARD APPLICATION COVER SHEET**

Applicant Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description:**

(Please include a brief description of how Community Award funds would be used)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please indicate the following:**

Approximately how many individuals will be served by your project? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_**

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

Total Community Award requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

Check should be made payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**A Form W-9 (Request for Taxpayer Identification Number and Certification) will be sent to you upon notification that your oganization is a Community Award recipient. In order to receive payment, this form will need to be completed, signed and returned.**

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

Signature - Primary Staff Person Date Type Name and Title

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

Signature - Executive Director Date Type Name and Title

**Applications must be received by 5:00 p.m. on November 15, 2013.**

**Late applications will not be accepted.**